

## **BlueJourney Classic (PPO) offered by Capital Advantage Insurance Company<sup>®</sup>**

### **Annual Notice of Changes for 2023**

You are currently enrolled as a member of BlueJourney Classic PPO. Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 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 [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com). You may also call Member Services 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 2023 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 [www.Medicare.gov/plan-compare](http://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 BlueJourney Classic PPO.
- 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 BlueJourney Classic PPO.
- 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 Services number at 1-866-987-4213 for additional information. (TTY users should call 711.) Hours are Monday through Friday, 8:00 AM to 8:00 PM, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.
- This information may be available in different formats, including CD, and large print. Please call Member Services at the numbers listed above if you need plan information in another format.
- **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 BlueJourney Classic PPO

- Capital Blue Cross is a PPO Plan with a Medicare Contract. Enrollment in Capital Blue Cross depends on contract renewal. Capital Blue Cross is an independent licensee of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

- When this document says “we,” “us,” or “our”, it means Capital Blue Cross. When it says “plan” or “our plan,” it means BlueJourney Classic PPO.
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## ***Annual Notice of Changes for 2023***

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## Summary of Important Costs for 2023

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

| Cost                                                                                                                                                                   | 2022 (this year)                                                                                                                                                                                                                         | 2023 (next year)                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly plan premium*</b><br>* Your premium may be higher or lower than this amount. See Section 1.1 for details.                                                   | \$50                                                                                                                                                                                                                                     | \$51                                                                                                                                                                                                                                     |
| <b>Maximum out-of-pocket amounts</b><br>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:<br>\$6,700<br>From network and out-of-network providers combined: \$10,000                                                                                                                                       | From network providers:<br>\$6,700<br>From network and out-of-network providers combined: \$10,000                                                                                                                                       |
| <b>Doctor office visits</b>                                                                                                                                            | <b>In-Network</b><br>Primary care visits:<br>\$5 copay per visit.<br>Specialist visits:<br>\$30 copay per visit.<br><b>Out-of-Network</b><br>Primary care visits:<br>\$5 copay per visit.<br>Specialist visits:<br>\$30 copay per visit. | <b>In-Network</b><br>Primary care visits:<br>\$5 copay per visit.<br>Specialist visits:<br>\$30 copay per visit.<br><b>Out-of-Network</b><br>Primary care visits:<br>\$5 copay per visit.<br>Specialist visits:<br>\$30 copay per visit. |

| Cost                                                                                                    | 2022 (this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2023 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Inpatient hospital stays</b></p>                                                                  | <p><b>In-Network:</b><br/>                     \$240 copay per day for days 1-5 per admission.<br/>                     Our plan covers an unlimited number of medically necessary days for an inpatient hospital stay.</p> <p><b>Out-of-Network:</b><br/>                     \$240 copay per day for days 1-5 per admission.</p>                                                                                                                                                                                                                                                                                                                                                                         | <p><b>In-Network:</b><br/>                     \$240 copay per day for days 1-5 per admission.<br/>                     Our plan covers an unlimited number of medically necessary days for an inpatient hospital stay.</p> <p><b>Out-of-Network:</b><br/>                     \$240 copay per day for days 1-5 per admission.</p>                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>Part D prescription drug coverage</b><br/>                     (See Section 1.5 for details.)</p> | <p>Deductible: \$0</p> <p>Copayment or Coinsurance during the Initial Coverage Stage:</p> <p><b>Drug Tier 1 – Preferred Generic Drugs:</b><br/> <i>Standard cost-sharing:</i><br/>                     \$10 copay per prescription.<br/> <i>Preferred cost-sharing:</i><br/>                     \$0 copay per prescription.</p> <p><b>Drugs Tier 2 – Generic Drugs:</b><br/> <i>Standard cost-sharing:</i><br/>                     \$20 copay per prescription.<br/> <i>Preferred cost-sharing:</i><br/>                     \$5 copay per prescription.</p> <p><b>Drug Tier 3 – Preferred Brand Drugs:</b><br/> <i>Standard cost-sharing:</i><br/>                     \$47 copay per prescription.</p> | <p>Deductible: \$0</p> <p>Copayment or Coinsurance during the Initial Coverage Stage:</p> <p><b>Drug Tier 1 – Preferred Generic Drugs:</b><br/> <i>Standard cost-sharing:</i><br/>                     \$10 copay per prescription.<br/> <i>Preferred cost-sharing:</i><br/>                     \$0 copay per prescription.</p> <p><b>Drugs Tier 2 – Generic Drugs:</b><br/> <i>Standard cost-sharing:</i><br/>                     \$20 copay per prescription.<br/> <i>Preferred cost-sharing:</i><br/>                     \$5 copay per prescription.</p> <p><b>Drug Tier 3 – Preferred Brand Drugs:</b><br/> <i>Standard cost-sharing:</i><br/>                     \$47 copay per prescription.</p> |

| Cost | 2022 (this year)                                                                                                  | 2023 (next year)                                                                                                                       |
|------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
|      | <i>Preferred cost-sharing:</i><br>\$40 copay per prescription.                                                    | <i>Preferred cost-sharing:</i><br>\$40 copay per prescription.                                                                         |
|      | <b>Drug Tier 4 – Non-Preferred Drugs:</b><br><i>Standard cost-sharing:</i><br>\$100 copay per prescription.       | <b>Drug Tier 4 – Non-Preferred Drugs:</b><br><i>Standard cost-sharing:</i><br>\$100 copay per prescription.                            |
|      | <i>Preferred cost-sharing:</i><br>\$93 copay per prescription.                                                    | <i>Preferred cost-sharing:</i><br>\$93 copay per prescription.                                                                         |
|      | <b>Drug Tier 5 – Specialty Drugs:</b><br><i>Standard cost-sharing:</i><br>33% of the total cost.                  | <b>Drug Tier 5 – Specialty Drugs:</b><br><i>Standard cost-sharing:</i><br>33% of the total cost.                                       |
|      | <i>Preferred cost-sharing:</i><br>33% of the total cost.                                                          | <i>Preferred cost-sharing:</i><br>33% of the total cost.                                                                               |
|      | <b>Drug Tier 6 – Select Care Drugs:</b><br><i>Standard cost-sharing:</i><br>\$7 copay per prescription.           | <b>Drug Tier 6 – Select Care Drugs:</b><br><i>Changed to a 5-Tier formulary, please refer to the Drug List for your new drug tier.</i> |
|      | <i>Preferred cost-sharing:</i><br>\$0 copay per prescription.                                                     |                                                                                                                                        |
|      | <b>Part D Insulin Saver</b><br><i>Standard cost-sharing:</i><br>\$5 copay for a 30-day supply of Select Insulins. | <b>Part D Insulin Saver</b><br><i>Standard cost-sharing:</i><br>\$5 copay for a 30-day supply of Select Insulins.                      |
|      | <i>Preferred cost-sharing:</i><br>\$5 copay for a 30-day supply of Select Insulins.                               | <i>Preferred cost-sharing:</i><br>\$5 copay for a 30-day supply of Select Insulins.                                                    |

To find out which drugs are Select Insulins, review the most recent Drug List provided electronically. You can identify Select Insulins by referring to tier 3 of the Drug List. All insulins on tier 3 are included in the Part D Insulin Saver Program. If you have any questions about the Drug List, you can also call Member Services (Phone number for Member Services are printed on the back cover of this booklet.)

## 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) |
|-----------------------------------------------------------------------------------------|------------------|------------------|
| <b>Monthly premium</b><br>(You must also continue to pay your Medicare Part B premium.) | \$50             | \$51             |

- 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 5 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                                                                                                                                                                                                                                                                                                                                                                | 2022 (this year)                                          | 2023 (next year)                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>In-network maximum out-of-pocket amount</b></p> <p>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.</p>                                              | <p><b>In-Network</b><br/>\$6,700</p>                      | <p><b>In-Network</b><br/>\$6,700</p> <p>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.</p>                                         |
| <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. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p> | <p><b>In-and-Out-of-Network</b><br/>\$10,000 combined</p> | <p><b>In-and-Out-of-Network</b><br/>\$10,000 combined</p> <p>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.</p> |

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### Section 1.3 – Changes to the Provider and Pharmacy Networks

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Updated directories are located on our website at [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 Provider/Pharmacy 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 2023 Provider/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 Member Services 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Ambulatory Surgical Center Services (ASC)</b></p> | <p><b>In-Network:</b><br/>You pay a \$225 copay per surgery.</p> <p><b>Out-of-Network:</b><br/>You pay a \$225 copay per surgery.</p> | <p><b>In-Network:</b><br/>You pay a \$0 copay per surgery for dermatology and podiatry ambulatory surgical center services received in an office setting and Outpatient Electroconvulsive Therapy services.<br/>You pay a \$225 copay per surgery for all other outpatient ambulatory surgical center services.</p> <p><b>Out-of-Network:</b><br/>You pay a \$0 copay per surgery for dermatology and podiatry ambulatory surgical center services received in an office setting and Outpatient Electroconvulsive Therapy services.<br/>You pay a \$225 copay per surgery for all other</p> |

| Cost                                                               | 2022 (this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2023 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | outpatient ambulatory surgical center services. Please refer to the Evidence of Coverage for additional information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Dental Services</b><br><br><b>Preventive Services (Routine)</b> | <p><b>In-Network:</b><br/>                     You pay a \$10 copay for visit that includes:</p> <ul style="list-style-type: none"> <li>- Oral exam.</li> <li>- Cleaning.</li> <li>- Bitewing X-rays (Set of 2).</li> </ul> <p>*Fluoride treatments excluded.</p> <p>2 visits per year.</p> <p><b>Out-of-Network:</b><br/>                     You pay 50% coinsurance applied to the provider billed amount for visit that includes:</p> <ul style="list-style-type: none"> <li>- Oral exam.</li> <li>- Cleaning.</li> <li>- Bitewing X-ray (Set of 2).</li> </ul> <p>*Fluoride treatments excluded.</p> <p>2 visits per year.</p> | <p><b>In-Network:</b><br/>                     You pay a \$10 copay for visit that includes:</p> <ul style="list-style-type: none"> <li>- Oral exam.</li> <li>- Cleaning.</li> <li>- Bitewing X-rays (Set of 2).</li> </ul> <p>- Fluoride treatment.</p> <p>2 visits per year.</p> <p><b>Out-of-Network:</b><br/>                     You pay 50% coinsurance applied to the provider billed amount for visit that includes:</p> <ul style="list-style-type: none"> <li>- Oral exam.</li> <li>- Cleaning.</li> <li>- Bitewing X-ray (Set of 2).</li> </ul> <p>- Fluoride treatment.</p> <p>2 visits per year.</p> |
| <b>Comprehensive Dental</b>                                        | <p><b>In-or-Out-of-Network:</b><br/>                     You have a \$2,000 combined annual maximum allowance for comprehensive dental services. You are responsible for all costs once the maximum is met.</p>                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>In-or-Out-of-Network:</b><br/>                     You have a \$2,000 combined annual maximum allowance for comprehensive dental services. You are responsible for all costs once the maximum is met.</p> <p><b>In-Network:</b><br/>                     You pay 50% coinsurance</p>                                                                                                                                                                                                                                                                                                                        |

| Cost                                         | 2022 (this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2023 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                              | <p><b>In-Network:</b><br/>                     You pay 50% coinsurance applied to the Plan allowed amount for:</p> <ul style="list-style-type: none"> <li>- Restorative services.</li> <li>- Oral surgery.</li> <li>- Endodontics.</li> <li>- Prosthodontics.</li> <li>- Non-routine services.</li> </ul> <p><b>Out-of-Network:</b><br/>                     You pay 50% coinsurance up to the billed amount until the annual maximum is met for:</p> <ul style="list-style-type: none"> <li>- Restorative services.</li> <li>- Oral surgery.</li> <li>- Endodontics.</li> <li>- Prosthodontics.</li> <li>- Non-routine services.</li> </ul> <p>Please refer to the Evidence of Coverage for additional information.</p> | <p>applied to the Plan allowed amount for:</p> <ul style="list-style-type: none"> <li>- Restorative services.</li> <li>- Periodontal maintenance.</li> <li>- Oral surgery.</li> <li>- Endodontics.</li> <li>- Prosthodontics.</li> <li>- Non-routine services.</li> </ul> <p><b>Out-of-Network:</b><br/>                     You pay 50% coinsurance up to the billed amount until the annual maximum is met for:</p> <ul style="list-style-type: none"> <li>- Restorative services.</li> <li>- Periodontal maintenance.</li> <li>- Oral surgery.</li> <li>- Endodontics.</li> <li>- Prosthodontics.</li> <li>- Non-routine services.</li> </ul> <p>Please refer to the Evidence of Coverage for additional information.</p> |
| <p><b>Diabetic Supplies and Services</b></p> | <p><b>In-Network:</b><br/>                     You pay a \$0 copay for diabetic supplies (e.g., test strips, lancets).</p> <p><b>Out-of-Network:</b><br/>                     You pay 20% coinsurance of the total cost for diabetic supplies.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><b>In-Network:</b><br/>                     You pay a \$0 copay for blood glucose monitors and test strips <b>from our preferred manufacturer - LifeScan.</b></p> <p>You pay 20% coinsurance for blood glucose monitors and test strips for any other manufacturer.</p> <p>You pay a \$0 copay for lancets and blood glucose</p>                                                                                                                                                                                                                                                                                                                                                                                          |

| Cost                                                                            | 2022 (this year)                                                                                                                                                                                                                                                      | 2023 (next year)                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                 |                                                                                                                                                                                                                                                                       | <p>solutions from <b>any</b> manufacturer.</p> <p>Please refer to the Evidence of Coverage for additional information.</p> <p><b>Out-of-Network:</b><br/>You pay 20% coinsurance of the total cost.</p>                                                         |
| <b>Emergency Care</b>                                                           | <p><b>In-or-Out-of-Network:</b><br/>You pay a \$90 copay per visit.</p> <p><i>waived if admitted within 24 hours.</i></p>                                                                                                                                             | <p><b>In-or-Out-of-Network:</b><br/>You pay a \$95 copay per visit.</p> <p><i>waived if admitted within 24 hours.</i></p>                                                                                                                                       |
| <p><b>Hearing Services</b></p> <p><b>Routine Hearing Fitting/Evaluation</b></p> | <p><b>In-Network:</b><br/>You pay a \$0 copay for fitting/evaluation for aid once every 3 years (combined In-and-Out-of-Network).</p> <p><b>Out-of-Network</b><br/>You pay 50% coinsurance of the total cost once every 3 years (combined In-and-Out-of-Network).</p> | <p><b>In-Network:</b><br/>You pay a \$0 copay for fitting/evaluation for aid once every year (combined In-and-Out-of-Network).</p> <p><b>Out-of-Network</b><br/>You pay 50% coinsurance of the total cost once every year (combined In-and-Out-of-Network).</p> |
| <b>Hearing Aid</b>                                                              | <p><b>In-or-Out-of-Network:</b><br/>You have a \$800 allowance every 3 years.</p>                                                                                                                                                                                     | <p><b>In-or-Out-of-Network:</b><br/>You have a \$800 allowance every year.</p> <p>Maximum applies to both ears (combined-In-and-Out-of-Network).</p>                                                                                                            |

| Cost                                                      | 2022 (this year)                                                                                                                                                                                                                     | 2023 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                           | Maximum applies to both ears (combined-In-and-Out-of-Network).                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>In-Home Support Services</b>                           | <p><b>In-or-Out-of-Network:</b><br/>                     You pay a \$0 copay for up to 5 hours of in-home support services received from Papa Pals<br/>                     Must use our Papa Pals for in-home support services.</p> | <p><b>In-or-Out-of-Network:</b><br/> <u>Not</u> Covered.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Medicare-covered Pulmonary Rehabilitation Services</b> | <p><b>In-Network:</b><br/>                     You pay a \$30 copay per visit.</p> <p><b>Out-of-Network:</b><br/>                     You pay a \$30 copay per visit.</p>                                                            | <p><b>In-Network:</b><br/>                     You pay a \$20 copay per visit.</p> <p><b>Out-of-Network:</b><br/>                     You pay a \$20 copay per visit.</p>                                                                                                                                                                                                                                                                                                                                    |
| <b>Outpatient Hospital Services - Surgery</b>             | <p><b>In-Network:</b><br/>                     You pay a \$300 copay per surgery.</p> <p><b>Out-of-Network:</b><br/>                     You pay a \$300 copay per surgery.</p>                                                      | <p><b>In-Network:</b><br/>                     You pay a \$0 copay per surgery for dermatology and podiatry surgical services received in an office setting and Outpatient Electroconvulsive Therapy services.<br/>                     You pay a \$300 copay per surgery for all other outpatient surgical services.</p> <p><b>Out-of-Network:</b><br/>                     You pay a \$0 copay per surgery for dermatology and podiatry surgical services received in an office setting and Outpatient</p> |

| Cost                                              | 2022 (this year)                                                                                                                                                                                                                                                                                                                                             | 2023 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                   |                                                                                                                                                                                                                                                                                                                                                              | <p>Electroconvulsive Therapy services.</p> <p>You pay a \$300 copay per surgery for all other outpatient surgical services. Please refer to the Evidence of Coverage for additional information.</p>                                                                                                                                                                                                                                                                        |
| <p><b>Over-The-Counter (OTC) Items</b></p>        | <p><b>In-or-Out-of-Network:</b><br/>                     You receive a <b>\$25</b> allowance per month for OTC items available through select retail providers (e.g., Rite Aid, CVS, Walmart) or ordering from our mail-order vendor.</p> <p>Unused OTC balance does not carry over to the next month.</p>                                                   | <p><b>In-or-Out-of-Network:</b><br/>                     You receive a <b>\$75 OTC allowance per quarter</b> for OTC items available through select retail providers (e.g., Rite Aid, CVS, Walmart) or ordering from our mail-order vendor.</p> <p>Unused OTC balance does not carry over to the next quarter.</p> <p>Members will receive a new <b>My Benefit Card</b> for OTC purchases in 2023. Please continue to use your existing card through December 31, 2022.</p> |
| <p><b>Skilled Nursing Facility (SNF) Care</b></p> | <p><b>In Network:</b><br/>                     You pay a \$0 copayment per day, for days 1-20.<br/>                     You pay a \$188 copayment per day, for days 21-100 per benefit period.</p> <p><b>Out-of-Network:</b><br/>                     You pay a \$0 copayment per day, for days 1-20.<br/>                     You pay a \$188 copayment</p> | <p><b>In Network:</b><br/>                     You pay a \$0 copayment per day, for days 1-20.<br/>                     You pay a \$196 copayment per day, for days 21-100 per benefit period.</p> <p><b>Out-of-Network:</b><br/>                     You pay a \$0 copayment per day, for days 1-20.<br/>                     You pay a \$196 copayment</p>                                                                                                                |

| Cost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2022 (this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2023 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | per day, for days 21-100 per benefit period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | per day, for days 21-100 per benefit period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>SSBCI – Food and Produce</b></p> <p>The Healthy Food &amp; Produce allowance is available to members that have one of the following chronic medical conditions and are identified through medical claims data:</p> <ul style="list-style-type: none"> <li>• Diabetes.</li> <li>• Chronic lung disorders.</li> <li>• Chronic heart failure.</li> <li>• Cardiovascular disorders.</li> </ul> <p>Qualified members will receive information on how to enroll (opt in). Please refer to the Evidence of Coverage (EOC) for additional information.</p> | <p><b>In-or-Out-of-Network:</b> Qualified members receive a <b>\$20</b> monthly Healthy Food and Produce allowance that can be used to purchase healthy food at participating retail stores, such as Giant, Weis, and Walmart (participating stores must be used).</p> <p>The food and produce allowance is monthly, any unused balance will not carry over to the next month. The food and produce allowance will be loaded onto the same card that you will receive for OTC items (NOTE: the food allowance will be tracked separately).</p> <p>Cigarettes, alcohol, soda, and junk food items are excluded from the allowance. Qualified members must have one of the chronic medical conditions listed in the first column and be identified through medical claims data to be eligible to enroll.</p> | <p><b>In-or-Out-of-Network:</b> Qualified members receive a <b>\$60 quarterly Healthy Food and Produce allowance</b> that can be used to purchase healthy food at participating retail stores, such as Giant, Weis, and Walmart (participating stores must be used).</p> <p>The food and produce allowance is quarterly, any unused balance will not carry over to the next quarter. The food and produce allowance will be loaded onto your <b>My Benefit Card</b>. This is the same card that you will receive for OTC items (NOTE: the food allowance will be tracked separately).</p> <p>Cigarettes, alcohol, soda, and junk food items are excluded from the allowance. Qualified members must have one of the chronic medical conditions listed in the first column and be identified through medical claims data to be eligible to enroll.</p> <p>Members will receive a new</p> |

| Cost                                                                                                                                 | 2022 (this year)                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2023 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>My Benefit Card</b> for Food and Produce in 2023. Please continue to use your existing card through December 31, 2022.</p>                                                                                                                                                                                                                                                                                                                                |
| <p><b>Telemonitoring Services</b></p>                                                                                                | <p><b>In-or-Out-of-Network:</b><br/>                     You pay a \$0 copay for telemonitoring for the following conditions: Congestive Heart Failure (CHF), diabetes and hypertension.<br/>                     Must use our telemonitoring vendor.<br/>                     Please refer to the Evidence of Coverage for additional information.</p>                                                                                                       | <p><b>In-or-Out-of-Network:</b><br/> <u>Not</u> Covered.</p>                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>Transportation Services</b></p> <p>Mode of transportation includes: van, medical transport, rideshare services (Uber/Lyft)</p> | <p><b>In-or-Out-of-Network:</b><br/>                     You pay a \$0 copay for up to <b>24</b> round trip transportation services (non-emergent) to plan approved locations.<br/>                     You must contact our Plan at least <b>2 business days</b> in advance of your appointment to arrange and approve each transportation request with our vendor.<br/>                     Transportation mileage maximum of 120 miles per round trip.</p> | <p><b>In-or-Out-of-Network:</b><br/>                     You pay a \$0 copay for up to <b>48 one-way</b> trip transportation services (non-emergent) to plan approved locations.<br/>                     You must contact our Plan at least <b>2 business days</b> in advance of your appointment to arrange and approve each transportation request with our vendor.<br/>                     Transportation mileage maximum of 60 mile per one-way trip.</p> |

| Cost                                                      | 2022 (this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2023 (next year)                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Vision Care</b></p> <p><b>Routine Eye Exams</b></p> | <p><b>In-Network:</b><br/>You pay a \$20 copay per visit.</p> <p><b>Out-of-Network:</b><br/>You pay 50% coinsurance of the total cost.</p>                                                                                                                                                                                                                                                                                                                                               | <p><b>In-Network:</b><br/>You pay a \$20 copay per visit.</p> <p><b>Out-of-Network:</b><br/>You pay a 50% coinsurance of the total cost.</p>                                                                                                                                               |
| <p><b>Routine Eyewear</b></p>                             | <p><b>In-or-Out-of-Network:</b><br/>You have a <b>\$125</b> combined allowance for routine eyewear (frames or contact lenses) every year.</p> <p><b>In-Network:</b><br/>You pay a \$0 copay for standard lenses (single, bifocal, and trifocal) every year.</p> <p><b>Out-of-Network</b><br/>Our Plan will reimburse the member up to our in-network provider allowed amount for eyeglass lenses (single, bifocal, trifocal) once every year. You pay all costs above the allowable.</p> | <p><b>In-or-Out-of-Network:</b><br/>You have a <b>\$125</b> combined allowance for routine eyewear (<b>including frames and eyeglass lenses (single, bifocal, trifocal) or contact lenses</b>) every year.</p> <p>Please refer to the Evidence of Coverage for additional information.</p> |
| <p><b>Worldwide Emergency Coverage</b></p>                | <p><b>In-or-Out-of-Network:</b><br/>You pay a \$90 copay per visit.</p> <p><i>waived if admitted within 24</i></p>                                                                                                                                                                                                                                                                                                                                                                       | <p><b>In-or-Out-of-Network:</b><br/>You pay a \$95 copay per visit.</p> <p><i>waived if admitted within 24</i></p>                                                                                                                                                                         |

| Cost | 2022 (this year)                                                                                             | 2023 (next year)                                                                                             |
|------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
|      | <p><i>hours.</i></p> <p>You have a \$20,000 maximum allowance per year (combined In-and-Out-of-Network).</p> | <p><i>hours.</i></p> <p>You have a \$20,000 maximum allowance per year (combined In-and-Out-of-Network).</p> |

## 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, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

We have made changes to the list of insulin drugs that will be covered as Select Insulins at a lower cost-sharing. To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically. You can identify Select Insulins by referring to tier 3 of the Drug List. All insulins on tier 3 are included in the Part D Insulin Saver program. If you have questions about the Drug List, you can also call Member Services (Phone numbers for Member Services are printed on the back cover of this booklet).

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 Member Services 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, please call Member Services 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                                   | 2022 (this year)                                                         | 2023 (next year)                                                         |
|-----------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>Stage 1: Yearly Deductible Stage</b> | Because we have no deductible, this payment stage does not apply to you. | Because we have no deductible, this payment stage does not apply to you. |

### Changes to Your Cost Sharing in the Initial Coverage Stage

| Stage                                                                                                                                                                                                                                                                                         | 2022 (this year)                                                                                                                                                                                                                                                                | 2023 (next year)                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy.</p> | <p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Drug Tier 1 – Preferred Generic Drugs:</b></p> <p><i>Standard cost sharing:</i><br/>You pay \$10 copay per prescription.</p> <p><i>Preferred cost sharing:</i><br/>You pay \$0 copay per prescription.</p> | <p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Drug Tier 1 – Preferred Generic Drugs:</b></p> <p><i>Standard cost sharing:</i><br/>You pay \$10 copay per prescription.</p> <p><i>Preferred cost sharing:</i><br/>You pay \$0 copay per prescription.</p> |

| Stage                                                                                                                                                                                                                                                                                                                 | 2022 (this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2023 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>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><b>Drugs Tier 2 – Generic Drugs:</b><br/> <i>Standard cost sharing:</i><br/>                     You pay \$20 copay per prescription.</p> <p><i>Preferred cost sharing:</i><br/>                     You pay \$5 copay per prescription.</p> <p><b>Drug Tier 3 – Preferred Brand Drugs:</b><br/> <i>Standard cost sharing:</i><br/>                     You pay \$47 copay per prescription.</p> <p><i>Preferred cost sharing:</i><br/>                     You pay \$40 copay per prescription.</p> <p><b>Drug Tier 4 – Non-Preferred Drugs:</b><br/> <i>Standard cost sharing:</i><br/>                     You pay \$100 copay per prescription.</p> <p><i>Preferred cost sharing:</i><br/>                     You pay \$93 copay per prescription.</p> <p><b>Drug Tier 5 – Specialty Drugs:</b><br/> <i>Standard cost sharing:</i><br/>                     You pay 33% coinsurance of the total cost.</p> <p><i>Preferred cost sharing:</i><br/>                     You pay 33% coinsurance of the total cost.</p> | <p><b>Drugs Tier 2 – Generic Drugs:</b><br/> <i>Standard cost sharing:</i><br/>                     You pay \$20 copay per prescription.</p> <p><i>Preferred cost sharing:</i><br/>                     You pay \$5 copay per prescription.</p> <p><b>Drug Tier 3 – Preferred Brand Drugs:</b><br/> <i>Standard cost sharing:</i><br/>                     You pay \$47 copay per prescription.</p> <p><i>Preferred cost sharing:</i><br/>                     You pay \$40 copay per prescription.</p> <p><b>Drug Tier 4 – Non-Preferred Drugs:</b><br/> <i>Standard cost sharing:</i><br/>                     You pay \$100 copay per prescription.</p> <p><i>Preferred cost sharing:</i><br/>                     You pay \$93 copay per prescription.</p> <p><b>Drug Tier 5 – Specialty Drugs:</b><br/> <i>Standard cost sharing:</i><br/>                     You pay 33% coinsurance of the total cost.</p> <p><i>Preferred cost sharing:</i><br/>                     You pay 33% coinsurance of the total cost.</p> |

| Stage | 2022 (this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2023 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       | <p><b>Drug Tier 6 - Select Care Drugs:</b><br/> <i>Standard cost sharing:</i><br/>                     You pay \$7 copay per prescription.</p> <p><i>Preferred cost sharing:</i><br/>                     You pay \$0 copay per prescription.</p> <p><b>Part D Insulin Saver</b><br/> <i>Standard cost sharing:</i><br/>                     You pay \$5 copay for a 30-day supply of Select Insulins.</p> <p><i>Preferred cost sharing:</i><br/>                     You pay \$5 copay for a 30-day supply of Select Insulins.</p> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p> | <p><b>Drug Tier 6 – Select Care Drugs:</b><br/> <i>Changed to a 5-Tier formulary, please refer to the Drug List for your new drug tier.</i></p> <p><b>Part D Insulin Saver</b><br/> <i>Standard cost sharing:</i><br/>                     You pay \$5 copay for a 30-day supply of Select Insulins.</p> <p><i>Preferred cost sharing:</i><br/>                     You pay \$5 copay for a 30-day supply of Select Insulins.</p> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p> |

**Important Message About What You Pay for Vaccines** – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

**Important Message About What You Pay for Insulin** – You won’t pay more than \$5 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on.

**Getting Help from Medicare** – If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a days, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.

**Additional Resource to Help** – Please contact our Member Services number at 1-866-987-4213 for additional information. (TTY users should call 711). Hours are Monday through Friday, 8 a.m. to 8 p.m., with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

## **SECTION 2      Deciding Which Plan to Choose**

### **Section 2.1 – If you want to stay in BlueJourney Classic PPO**

**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 BlueJourney Classic PPO.

### **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, 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 ([www.Medicare.gov/plan-compare](http://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).

As a reminder, Capital Blue Cross offers other Medicare health plans and/or 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 BlueJourney Classic PPO.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from BlueJourney Classic PPO.

- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services 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 Pennsylvania, the SHIP is called PA MEDI.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. PA MEDI 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 PA

MEDI at 1-800-783-7067. You can learn more about PA MEDI by visiting their website ([Aging.state.pa.us](http://Aging.state.pa.us)).

## SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8:00 AM and 7:00 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).
- **Help from your state’s pharmaceutical assistance program.** Pennsylvania has a program called PACE that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **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 Pennsylvania Department of ADAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Pennsylvania Department of Health at 1-977-PA-HEALTH (1-877-724-3258).

## SECTION 6 Questions?

### Section 6.1 – Getting Help from BlueJourney Classic PPO

Questions? We’re here to help. Please call Member Services at 1-866-987-4213. (TTY only, call 711). We are available for phone calls Monday through Friday, 8:00 AM to

8:00 PM, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system. 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 BlueJourney Classic PPO. 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 [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

### **Visit our Website**

You can also visit our website at [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider/Pharmacy Directory*) and our list of covered drugs (Formulary/Drug List).

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## **Section 6.2 – 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 ([www.Medicare.gov](https://www.Medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.Medicare.gov/plan-compare](https://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 ([www.Medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](https://www.Medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.