

# **BlueMedicare Select (PPO) offered by Florida Blue**

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

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

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [www.floridablue.com/medicare](http://www.floridablue.com/medicare). 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.**

---

### **What to do now**

#### **1. ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost-sharing.
- Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

#### **2. COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's

website.

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

- If you don't join another plan by December 7, 2023, you will stay in BlueMedicare Select.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with BlueMedicare Select.
- 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

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-800-926-6565 for additional information. (TTY users should call 1-800-955-8770). Hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 through March 31, except for Thanksgiving and Christmas. From April 1 through September 30, our hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday, except for major holidays. This call is free.
- This information is available in an alternate format, including large print, audio and braille. Please call Member Services at the number 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 BlueMedicare Select

- Florida Blue is a PPO plan with a Medicare contract. Enrollment in Florida Blue depends on contract renewal.
- When this document says "we," "us," or "our", it means Florida Blue. When it says "plan" or "our plan," it means BlueMedicare Select.

***Annual Notice of Changes for 2024***  
**Table of Contents**

|  |           |
|--|-----------|
| <b>Summary of Important Costs for 2024 .....</b>                                     | <b>4</b>  |
| <b>SECTION 1      <b>Changes to Benefits and Costs for Next Year.....</b></b>        | <b>7</b>  |
| Section 1.1 – Changes to the Monthly Premium.....                                    | 7         |
| Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts .....                    | 7         |
| Section 1.3 – Changes to the Provider and Pharmacy Networks.....                     | 8         |
| Section 1.4 – Changes to Benefits and Costs for Medical Services.....                | 9         |
| Section 1.5 – Changes to Part D Prescription Drug Coverage .....                     | 14        |
| <b>SECTION 2      <b>Deciding Which Plan to Choose.....</b></b>                      | <b>18</b> |
| Section 2.1 – If you want to stay in BlueMedicare Select .....                       | 18        |
| Section 2.2 – If you want to change plans.....                                       | 18        |
| <b>SECTION 3      <b>Deadline for Changing Plans .....</b></b>                       | <b>19</b> |
| <b>SECTION 4      <b>Programs That Offer Free Counseling about Medicare.....</b></b> | <b>19</b> |
| <b>SECTION 5      <b>Programs That Help Pay for Prescription Drugs .....</b></b>     | <b>20</b> |
| <b>SECTION 6      <b>Questions? .....</b></b>  | <b>20</b> |
| Section 6.1 – Getting Help from BlueMedicare Select.....                             | 20        |
| Section 6.2 – Getting Help from Medicare .....                                       | 21        |

## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for BlueMedicare Select in several important areas. **Please note this is only a summary of costs.**

| Cost   | 2023 (this year)  | 2024 (next year)  |
|--|---|---|
| <b>Monthly plan premium*</b><br><br>* Your premium may be higher or lower than this amount. (See Section 1.1 for details.)   | \$108.70  | \$97.70   |
| <b>Maximum out-of-pocket amounts</b><br><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>\$5,900<br><br>From network and out-of-network providers combined:<br>\$8,950  | From network providers:<br>\$5,900<br><br>From network and out-of-network providers combined:<br>\$8,950  |
| <b>Doctor office visits</b>  | <b><u>In-Network</u></b><br>Primary care visits:<br>\$5 copay per visit<br><br>Specialist visits:<br>\$45 copay per visit<br><br><b><u>Out-of-Network</u></b><br>Primary care visits:<br>40% of the total cost per visit<br><br>Specialist visits:<br>40% of the total cost per visit | <b><u>In-Network</u></b><br>Primary care visits:<br>\$0 copay per visit<br><br>Specialist visits:<br>\$45 copay per visit<br><br><b><u>Out-of-Network</u></b><br>Primary care visits:<br>40% of the total cost per visit<br><br>Specialist visits:<br>40% of the total cost per visit |
| <b>Inpatient hospital stays</b>  | <b><u>In-Network</u></b><br>Days 1-7: \$225 copay per day (per Medicare-covered stay)   | <b><u>In-Network</u></b><br>Days 1-7: \$225 copay per day (per Medicare-covered stay)   |

| Cost   | 2023 (this year)   | 2024 (next year)   |
|--|--|--|
|  | <p>After the 7th day, the plan pays 100% of the covered expenses</p> <p><b>Out-of-Network</b><br/>Days 1-27: \$200 copay per day (per Medicare-covered stay)</p> <p>Days 28-90: \$0 copay per day (per Medicare-covered stay)</p>  | <p>After the 7th day, the plan pays 100% of the covered expenses</p> <p><b>Out-of-Network</b><br/>Days 1-27: \$200 copay per day (per Medicare-covered stay)</p> <p>Days 28-90: \$0 copay per day (per Medicare-covered stay)</p>  |
| <p><b>Part D prescription drug coverage</b><br/>(See Section 1.5 for details.)</p> | <p>Deductible: \$305</p> <p>Applies to Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier) except for covered insulin products and most adult Part D vaccines.</p> <p>Copay/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$3 copay</li> <li>• Drug Tier 2: \$10 copay</li> <li>• Drug Tier 3: \$40 copay</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier</p> <ul style="list-style-type: none"> <li>• Drug Tier 4: \$93 copay</li> </ul> | <p>Deductible: \$305</p> <p>Applies to Tier 1 (Preferred Generic), Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier) except for covered insulin products and most adult Part D vaccines.</p> <p>Copay/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$3 copay</li> <li>• Drug Tier 2: \$10 copay</li> <li>• Drug Tier 3: \$40 copay</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier</p> <ul style="list-style-type: none"> <li>• Drug Tier 4: \$93 copay</li> </ul> |

| Cost | 2023 (this year)  | 2024 (next year)  |
|------|---|---|
|      | <ul style="list-style-type: none"> <li>• Drug Tier 5:<br/>28% of the total cost</li> <br/> <li>• Drug Tier 6:<br/>\$0 copay</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays most of the cost for your covered drugs.</li> <li>• For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called <b>coinsurance</b>), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs).</li> </ul> | <ul style="list-style-type: none"> <li>• Drug Tier 5:<br/>28% of the total cost</li> <br/> <li>• Drug Tier 6:<br/>\$0 copay</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</li> </ul> |

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

### Section 1.1 – Changes to the Monthly Premium

| Cost  | 2023 (this year) | 2024 (next year) |
|---|------------------|------------------|
| <b>Monthly premium</b>  | \$108.70         | \$97.70          |
| (You must also continue to pay your Medicare Part B premium.) |                  |                  |

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 5 regarding “Extra Help” from Medicare.

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

| Cost   | 2023 (this year) | 2024 (next year)  |
|--|------------------|---|
| <b>In-network maximum out-of-pocket amount</b>   | \$5,900          | \$5,900   |
| Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. |                  | Once you have paid \$5,900 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. |
| Your plan premium and your costs for prescription drugs do not count toward your   |                  |   |

| Cost   | 2023 (this year) | 2024 (next year)  |
|--|------------------|---|
| maximum out-of-pocket amount.  |                  |   |
| <b>Combined maximum out-of-pocket amount</b>   | \$8,950          | \$8,950   |
| 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. |                  | Once you have paid \$8,950 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. |

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.

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

Updated directories are located on our website at [www.floridablue.com/medicare](http://www.floridablue.com/medicare). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact 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  | 2023 (this year)   | 2024 (next year)   |
|---|--|--|
| <b>Acupuncture</b>                            | Prior Authorization is required for over 12 visits, in-network only.   | Medical Necessity review is required for over 12 visits, in-network only.  |
| <b>At Home Care Program</b>                   | <b><u>In-Network</u></b><br>You pay a \$0 copay for At Home Care, 60 hours per year. Services include support with Instrumental Activities of Daily Living (IADL).                           | At Home Care is <u>not</u> covered   |
| <b>Cardiac Rehabilitation</b>                 | Prior Authorization may be required for services, in-network only.<br><br><b><u>In-Network</u></b><br>You pay a \$40 copay for cardiac rehabilitation services                               | Prior authorization is <u>not</u> required for cardiac rehabilitation.<br><br><b><u>In-Network</u></b><br>You pay a \$35 copay for cardiac rehabilitation services                                     |
| <b>Dental Services* (additional benefits)</b> |  |  |
| <b>Periodic Oral Evaluation</b>               | <b><u>Out-of-Network</u></b><br>Member pays up front and is reimbursed 53% of non-participating rates  | <b><u>Out-of-Network</u></b><br>Member pays up front and is reimbursed 55% of non-participating rates  |
| <b>Comprehensive Oral Evaluation</b>          | <b><u>In-Network</u></b><br>You pay a \$0 copay for 1 per lifetime, per dentist<br><br><b><u>Out-of-Network</u></b><br>Member pays up front and is reimbursed 53% of non-participating rates | <b><u>In-Network</u></b><br>You pay a \$0 Copay for Comprehensive oral evaluations (D0150) are limited to 1 per lifetime, per dentist but also count against the 2 evaluation limit per calendar year. |

| Cost  | 2023 (this year)  | 2024 (next year)  |
|---|---|---|
| <p><b>Diagnostic Imaging (X-rays)</b></p> <p><b>Dental Prophylaxis (Cleanings)</b></p> <p><b>Oral and Maxillofacial Surgery</b></p> <p><b>Prosthodontics, Removeable (Adjust complete denture - maxillary, Adjust complete denture - mandibular, Adjust partial denture - maxillary, Adjust partial denture - mandibular)</b></p> | <p><b><u>Out-of-Network</u></b><br/>Member pays up front and is reimbursed 53% of non-participating rates</p> <p><b><u>Out-of-Network</u></b><br/>Member pays up front and is reimbursed 53% of non-participating rates</p> <p><b><u>Out-of-Network</u></b><br/>Member pays up front and is reimbursed 53% of non-participating rates</p> <p><b><u>Out-of-Network</u></b><br/>Member pays up front and is reimbursed 53% of non-participating rates</p> | <p><b><u>Out-of-Network</u></b><br/>Member pays up front and is reimbursed 55% of non-participating rates</p> <p><b><u>Out-of-Network</u></b><br/>Member pays up front and is reimbursed 55% of non-participating rates</p> <p><b><u>Out-of-Network</u></b><br/>Member pays up front and is reimbursed 55% of non-participating rates</p> <p><b><u>Out-of-Network</u></b><br/>Member pays up front and is reimbursed 55% of non-participating rates</p> |
| <b>Durable Medical Equipment</b>  | <p><b><u>Out-of-Network</u></b><br/>You pay 47% of the total cost</p>   | <p><b><u>Out-of-Network</u></b><br/>You pay 45% of the total cost</p>   |
| <b>Emergency Services</b>   | <p><b><u>In- and Out-of-Network</u></b><br/>You pay a \$90 copay per visit</p>  | <p><b><u>In- and Out-of-Network</u></b><br/>You pay a \$120 copay per visit</p>   |
| <b>Eyeglass Frames and Lenses (Vision Materials)</b>  | <p><b><u>Out-of-Network</u></b><br/>Member must pay 100% of the charges and submit the itemized receipt(s) for reimbursement of 53% of the in-network allowed amount.</p>   | <p><b><u>Out-of-Network</u></b><br/>Member must pay 100% of the charges and submit the itemized receipt(s) for reimbursement of 55% of the in-network allowed amount.</p>   |

| Cost                    | 2023 (this year)   | 2024 (next year)   |
|-------------------------|--|--|
|                         | <p>Member is responsible for all amounts in excess of the 53% in-network allowed amount and/or any amounts in excess of the annual maximum plan benefit allowance.</p> <p>Total reimbursement is subject to the annual maximum plan benefit allowance.</p>   | <p>Member is responsible for all amounts in excess of the 55% in-network allowed amount and/or any amounts in excess of the annual maximum plan benefit allowance.</p> <p>Total reimbursement is subject to the annual maximum plan benefit allowance.</p>   |
| <b>Health Education</b> | <p>You pay a \$0 copay for Health Education provided through meQuilibrium's digital coaching platform.</p>   | <p>Health Education is <u>not</u> covered</p>  |
| <b>Hearing Aids</b>     | <p><b><u>Benefit Maximum</u></b><br/>\$350 maximum allowance for each hearing aid.</p> <p>Up to 2 hearing aids every year.</p> <p>Hearing aids must be purchased through NationsHearing to receive in-network benefits.</p> <p><b><u>In-Network</u></b><br/>You pay a \$0 copay</p> <p>Subject to Benefit Maximum.</p> <p>Member is responsible for any amount after the benefit allowance has been applied.</p> <p><b><u>Out-of-Network</u></b><br/>Member must submit receipts for reimbursement at 53% of maximum allowed.</p> <p>Subject to Benefit Maximum.</p> | <p><b><u>Benefit Maximum</u></b></p> <p>Up to 2 hearing aids every year. Hearing aids must be purchased through NationsHearing to receive in-network benefits.</p> <p><b><u>In-Network</u></b><br/>You pay the following copay depending on device level for each hearing aid.<br/>Entry \$350.00 per device<br/>Basic \$525.00 per device<br/>Prime \$825.00 per device<br/>Preferred \$1,125.00 per device<br/>Advanced \$1,425.00 per device<br/>Premium \$1,825.00 per device</p> <p>Subject to Benefit Maximum.</p> |

| Cost   | 2023 (this year)  | 2024 (next year)   |
|--|---|--|
|  | Member is responsible for any amount after the benefit allowance has been applied.  | Member is responsible for any amount after the benefit maximum has been applied.<br><br><b><u>Out-of-Network</u></b><br>Member must submit receipts for reimbursement at 55% of customary price of approved entry-level hearing aid devices. Up to 2 devices a year. |
| <b>Hearing Exams (Routine), including Fitting of a Hearing Aid</b> | <b><u>Out-of-Network</u></b><br>Member must submit receipts for reimbursement at 53% of maximum allowed.  | <b><u>Out-of-Network</u></b><br>Member must submit receipts for reimbursement at 55% of maximum allowed  |
| <b>Home Health Services</b>  | <b><u>Out-of-Network</u></b><br>You pay 47% of the total cost   | <b><u>Out-of-Network</u></b><br>You pay 45% of the total cost  |
| <b>Intensive Cardiac Rehabilitation</b>                            | Prior Authorization may be required for services, in-network only.<br><br><b><u>In-Network</u></b><br>You pay a \$50 copay for intensive cardiac rehabilitation | Prior authorization is <u>not</u> required for intensive cardiac rehabilitation.<br><br><b><u>In-Network</u></b><br>You pay a \$65 copay for intensive cardiac rehabilitation  |
| <b>Medicare Part B Drugs (including insulin via DME)</b>           | <b><u>Out-of-Network</u></b><br>You pay 47% of the total cost   | <b><u>Out-of-Network</u></b><br>You pay 45% of the total cost  |
| <b>Outpatient Hospital Observation</b>                             | <b><u>In-Network</u></b><br>You pay a \$90 copay for outpatient hospital observation  | <b><u>In-Network</u></b><br>You pay a \$120 copay for outpatient hospital observation  |
| <b>Primary Care Physician (PCP)</b>                                | <b><u>In-Network</u></b><br>You pay a \$5 copay for Primary Care visits   | <b><u>In-Network</u></b><br>You pay a \$0 copay for Primary Care visits  |

| Cost                                     | 2023 (this year)  | 2024 (next year)  |
|--|---|---|
| <b>Pulmonary Rehabilitation Services</b> | <p>Prior Authorization may be required for services, in-network only.</p> <p><b><u>In-Network</u></b><br/>You pay a \$20 copay for pulmonary rehabilitation services</p>  | <p>Prior Authorization is <u>not</u> required for Pulmonary Rehabilitation Services</p> <p><b><u>In-Network</u></b><br/>You pay a \$15 copay for pulmonary rehabilitation services</p>  |
| <b>Supervised Exercise Therapy (SET)</b> | <p><b><u>In-Network</u></b><br/>You pay a \$20 copay for supervised exercise therapy (SET)</p>  | <p><b><u>In-Network</u></b><br/>You pay a \$25 copay for supervised exercise therapy (SET)</p>  |
| <b>Telehealth Services</b>               | <p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>• You pay a \$25 copay for Urgently Needed Services</li> <li>• You pay a \$5 copay for Primary Care Services</li> <li>• You pay a \$40 copay for Occupational Therapy/Physical Therapy/Speech Therapy at a freestanding location</li> <li>• You pay a \$40 copay for Occupational Therapy/Physical Therapy/Speech Therapy at an outpatient hospital</li> <li>• You pay a \$45 copay for Dermatology Services</li> <li>• You pay a \$20 copay for individual sessions for outpatient Mental Health Specialty Services</li> <li>• You pay a \$20 copay for individual sessions for outpatient Psychiatry Specialty Services</li> </ul> | <p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>• You pay a \$25 copay for Urgently Needed Services</li> <li>• You pay a \$0 copay for Primary Care Services</li> <li>• You pay a \$40 copay for Occupational Therapy/Physical Therapy/Speech Therapy at a freestanding location</li> <li>• You pay a \$40 copay for Occupational Therapy/Physical Therapy/Speech Therapy at an outpatient hospital</li> <li>• You pay a \$45 copay for Dermatology Services</li> <li>• You pay a \$20 copay for individual sessions for outpatient Mental Health Specialty Services</li> <li>• You pay a \$20 copay for individual sessions for outpatient Psychiatry Specialty Services</li> </ul> |

| Cost                                       | 2023 (this year)  | 2024 (next year)  |
|--|---|---|
|  | <ul style="list-style-type: none"> <li>• You pay a \$20 copay for Opioid Treatment Program Services</li> <li>• You pay a \$20 copay for individual sessions for outpatient Substance Abuse Specialty Services</li> <li>• You pay a \$0 copay for Diabetes Self-Management Training</li> <li>• You pay a \$0 copay for Dietician Services</li> </ul> | <ul style="list-style-type: none"> <li>• You pay a \$20 copay for Opioid Treatment Program Services</li> <li>• You pay a \$20 copay for individual sessions for outpatient Substance Abuse Specialty Services</li> <li>• You pay a \$0 copay for Diabetes Self-Management Training</li> <li>• You pay a \$0 copay for Dietician Services</li> </ul> |
| <b>Vision Exams (Routine)</b>              | <p><b><u>Out-of-Network</u></b><br/>Member must pay 100% of the charges and submit the itemized receipt(s) for reimbursement of 53% of the in-network allowed amount.</p>   | <p><b><u>Out-of-Network</u></b><br/>Member must pay 100% of the charges and submit the itemized receipt(s) for reimbursement of 55% of the in-network allowed amount.</p>   |
| <b>Worldwide Emergency/Urgent Services</b> | <p><b><u>In- and Out-of-Network</u></b><br/>You pay a \$125 copay for worldwide emergency/urgent services.</p>  | <p><b><u>In- and Out-of-Network</u></b><br/>You pay a \$120 copay for worldwide emergency/urgent services.</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," which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

**Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the "Drug List" are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online "Drug List" to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact 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 does not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven't received this insert by September 30, 2023 please call 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   | 2023 (this year)   | 2024 (next year)  |
|---|--|---|
| <p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Tier 1 (Preferred Generic), Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier) drugs until you have reached the yearly deductible.</p> | <p>The deductible is \$305</p> <p>Applies to Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier)</p> <p>During this stage, you pay \$0 cost-sharing for drugs on Tier 1 (Preferred Generic) and Tier 6 (Select Care Drugs) and the full cost of drugs on Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4</p> | <p>The deductible is \$305</p> <p>Applies to Tier 1 (Preferred Generic), Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier)</p> <p>During this stage, you pay \$0 cost-sharing for drugs on Tier 6 (Select Care Drugs) and the full cost of drugs on Tier 1 (Preferred Generic), Tier 2</p> |

| Stage   | 2023 (this year)   | 2024 (next year)   |
|---|--|--|
| The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines. | (Non-Preferred Drug) and Tier 5 (Specialty Tier) until you have reached the yearly deductible. | (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier) until you have reached the yearly deductible. |

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

| Stage  | 2023 (this year)  | 2024 (next year)  |
|--|---|---|
| <p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>The costs in this row are for a one-month (31-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a</p> | Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: | Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: |



| Stage  | 2023 (this year)   | 2024 (next year)   |
|--|--|--|
| different tier, look them up on the Drug List. | <p><b>Tier 1-Preferred Generic:</b><br/>You pay \$3 per prescription.</p> <p><b>Tier 2-Generic:</b><br/>You pay \$10 per prescription.</p> <p><b>Tier 3-Preferred Brand:</b><br/>You pay \$40 per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 4-Non-Preferred Drug:</b><br/>You pay \$93 per prescription.</p> <p><b>Tier 5-Specialty Tier:</b><br/>You pay 28% of the total cost.</p> <p><b>Tier 6-Select Care Drugs:</b><br/>You pay \$0 per prescription.</p> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p> | <p><b>Tier 1-Preferred Generic:</b><br/>You pay \$3 per prescription.</p> <p><b>Tier 2-Generic:</b><br/>You pay \$10 per prescription.</p> <p><b>Tier 3-Preferred Brand:</b><br/>You pay \$40 per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 4-Non-Preferred Drug:</b><br/>You pay \$93 per prescription.</p> <p><b>Tier 5-Specialty Tier:</b><br/>You pay 28% of the total cost.</p> <p><b>Tier 6-Select Care Drugs:</b><br/>You pay \$0 per prescription.</p> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p> |

### Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

## **Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.**

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

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

### **Section 2.1 – If you want to stay in BlueMedicare Select**

**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 BlueMedicare Select.

### **Section 2.2 – If you want to change plans**

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

#### **Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan,
- - *OR* - You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, 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 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, Florida Blue offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums and cost-sharing amounts.

#### **Step 2: Change your coverage**

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from BlueMedicare Select.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from BlueMedicare Select.

- 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, 2024.

#### **Are there other times of the year to make a change?**

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage Plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### **SECTION 4      Programs That Offer Free Counseling about Medicare**

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Florida, the SHIP is called Serving Health Insurance Needs of Elders (SHINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE 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 SHINE at 1-800-963-5337 (TTY users should call 1-800-955-8770). You can learn more about SHINE by visiting their website ([www.FLORIDASHINE.org](http://www.FLORIDASHINE.org)).

## 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 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Florida AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Florida’s ADAP directly at 1-800-352-2437 (TTY: 1-888-503-7118), or mail them at: HIV/AIDS Section, 4052 Bald Cypress Way, Tallahassee, FL 32399.

## SECTION 6 Questions?

### Section 6.1 – Getting Help from BlueMedicare Select

Questions? We’re here to help. Please call Member Services at 1-800-926-6565. (TTY only, call 1-800-955-8770). We are available for phone calls 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 through March 31, except for Thanksgiving and Christmas. From April 1 through September 30, our hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday, except for major holidays. Calls to these numbers are free.

## **Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for BlueMedicare Select. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.floridablue.com/medicare](http://www.floridablue.com/medicare). 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 [www.floridablue.com/medicare](http://www.floridablue.com/medicare). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/"Drug List")*.

---

## **Section 6.2 – Getting Help from Medicare**

---

To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

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

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

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Visit [floridablue.com/ndnotice](https://floridablue.com/ndnotice) for information on our free language assistance services.

Nosotros cumplimos con las leyes federales de derechos civiles aplicables y no discriminamos por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Para información sobre nuestros servicios gratuitos de asistencia lingüística, visite [floridablue.com/es/ndnotice](https://floridablue.com/es/ndnotice).

Form Approved  
OMB# 0938-1421

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-926-6565. (TTY users should call 1-800-955-8770). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-926-6565 (TTY: 1-877-955-8773). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-926-6565。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-926-6565。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsalaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-926-6565. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-926-6565. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-926-6565. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-926-6565. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-926-6565. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-926-6565. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Form CMS-10802  
(Expires 12/31/25)

Form Approved  
OMB# 0938-1421

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على بمساعدتك. هذه خدمة مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-926-6565. سيقوم شخص ما يتحدث العربية مجاناً.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-926-6565 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-926-6565. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-926-6565. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-926-6565. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-926-6565. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-926-6565 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Form CMS-10802  
(Expires 12/31/25)