## *Blue Cross Blue Shield Nebraska Medicare Advantage Connect PPO offered by SAPPHIRE EDGE, INC. (Blue Cross Blue Shield of Nebraska)*

# Annual Notice of Changes for 2024

You are currently enrolled as a member of Blue Cross Blue Shield Nebraska Medicare Advantage Connect PPO. 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 **Medicare.NebraskaBlue.com**. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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### What to do now

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

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- 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** 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 Blue Cross Blue Shield Nebraska Medicare Advantage Connect 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, 2024**. This will end your enrollment with Blue Cross Blue Shield Nebraska Medicare Advantage Connect 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 Customer Service number at 888-488-9850 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. to 9:00 p.m., Central time, seven days a week. This call is free.
- This information is available in other formats for free, including large print and audio CD. Please call Customer Service at the number listed above.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at **www.irs.gov/Affordable-Care-Act/Individuals-and-Families** for more information.

## About Blue Cross Blue Shield Nebraska Medicare Advantage Connect PPO

- Blue Cross and Blue Shield of Nebraska is a PPO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of Nebraska Medicare Advantage depends on contract renewal.
- When this document says "we," "us," or "our," it means SAPPHIRE EDGE, INC. (Blue Cross Blue Shield of Nebraska). When it says "plan" or "our plan," it means Blue Cross Blue Shield Nebraska Medicare Advantage Connect PPO.
- Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Blue Shield Nebraska Medicare Advantage Connect PPO members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

# *Annual Notice of Changes* for 2024
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## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Blue Cross Blue Shield Nebraska Medicare Advantage Connect PPO in several important areas. **Please note this is only a summary of costs.**

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Monthly plan premium*** <br> * Your premium may be higher than this amount. See Section 1.1 for details. | $0 | $0 |
| **Maximum out-of-pocket amounts** <br> This is the most you will pay out-of-pocket for your covered services. (See Section 1.2 for details.) | From network providers: $5,950 <br> From network and out-of-network providers combined: $8,950 | From network providers: $4,500 <br> From network and out-of-network providers combined: $8,000 |
| **Doctor office visits** | Primary care visits: $10 copay per visit. <br> Specialist visits: $45 copay per visit. <br> Primary care visits: $15 copay per visit for services performed out-of-network. <br> Specialist visits: 50% of the allowed amount for services performed out-of-network. | Primary care visits: $0 copay per visit. <br> Specialist visits: $40 copay per visit. <br> Primary care visits: $15 copay per visit for services performed out-of-network. <br> Specialist visits: 50% of the allowed amount for services performed out-of-network. |
| **Inpatient hospital stays** | For network and out-of-network Medicare-covered hospital stays: <br> $420 copay per day for days 1 through 4. <br> $0 copay per day for days 5 and beyond. | For network and out-of-network Medicare-covered hospital stays: <br> $375 copay per day for days 1 through 4. <br> $0 copay per day for days 5 and beyond. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Part D prescription drug coverage**<br>(See Section 1.5 for details.) | Deductible for tier 3-5 drugs: $175, except for covered insulin products and most adult Part D vaccines. | Deductible: $0 |
| | Copayment/Coinsurance during the Initial Coverage Stage:<br>• Drug Tier 1: You pay $0 per prescription.<br>• Drug Tier 2: You pay $14 per prescription.<br>• Drug Tier 3: You pay $47 per prescription. You pay $35 per month supply of each covered insulin product on this tier.<br>• Drug Tier 4: You pay $100 per prescription.<br>• Drug Tier 5: You pay 30% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. | Copayment/Coinsurance during the Initial Coverage Stage:<br>• Drug Tier 1: You pay $0 per prescription.<br>• Drug Tier 2: You pay $14 per prescription.<br>• Drug Tier 3: You pay $47 per prescription. You pay $35 per month supply of each covered insulin product on this tier.<br>• Drug Tier 4: You pay $100 per prescription. You pay $35 per month supply of each covered insulin product on this tier.<br>• Drug Tier 5: You pay 33% of the total cost. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Part D prescription drug coverage (continued)** | Catastrophic Coverage:<br>• During this payment stage, the plan pays most of the cost for your covered drugs.<br>• For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), 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.) | Catastrophic Coverage:<br>• During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. You pay nothing. |

# 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) |
|---|---|---|
| **Monthly premium**<br>(You must also continue to pay your Medicare Part B premium.) | $0 | $0 |

- 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.

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

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **In-network maximum out-of-pocket amount**<br>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | $5,950 | $4,500<br>Once you have paid $4,500 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. |
| **Combined maximum out-of-pocket amount**<br>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 costs for outpatient | $8,950 | $8,000<br>Once you have paid $8,000 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 |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Combined maximum out-of-pocket amount (continued)** prescription drugs do not count toward your maximum out-of-pocket amount for medical services. | | 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 **Medicare.NebraskaBlue.com**. You may also call Customer Service 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 Customer Service so we may assist.

## Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Ambulatory surgical center services** | You pay a $350 copay for Medicare-covered ambulatory surgical center services. | You pay a $300 copay for Medicare-covered ambulatory surgical center services. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Cardiac rehabilitation services** | You pay a $40 copay per visit for Medicare-covered cardiac rehabilitation.<br>You pay a $60 copay per visit for Medicare-covered intensive cardiac rehabilitation. | You pay a $35 copay per visit for Medicare-covered cardiac rehabilitation.<br>You pay a $60 copay per visit for Medicare-covered intensive cardiac rehabilitation. |
| **Dental services** | You pay a $45 copay per visit for each Medicare-covered dental exam.<br>Your Preventive and Comprehensive Dental Services benefit provides a $1,000 max benefit every plan year.<br>You pay 50% of the total cost for Medicare-covered comprehensive dental services performed out-of-network. | You pay a $40 copay per visit for each Medicare-covered dental exam.<br>Your Preventive and Comprehensive Dental Services benefit provides a $1,350 max benefit every plan year.<br>You pay 50% of the total cost for Medicare-covered comprehensive dental services performed out-of-network. |
| **Emergency services** | You pay a $95 copay for each emergency room visit.<br>You do not pay this amount if you are admitted to the hospital on an inpatient basis within 3 days for the same condition. | You pay a $120 copay for each emergency room visit.<br>You do not pay this amount if you are admitted to the hospital on an inpatient basis within 3 days for the same condition. |
| **Hearing services** | You pay a $10 copay for each Medicare-covered hearing exam with a primary care provider.<br>You pay a $45 copay for each Medicare-covered hearing exam with a specialist. | You pay a $0 copay for each Medicare-covered hearing exam with a primary care provider.<br>You pay a $40 copay for each Medicare-covered hearing exam with a specialist. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Hearing services (continued)** | You pay a $15 copay for each Medicare-covered hearing exam with a primary care provider performed out-of-network.<br>You pay 50% of the total cost for each Medicare-covered hearing exam with a specialist performed out-of-network. | You pay a $15 copay for each Medicare-covered hearing exam with a primary care provider performed out-of-network.<br>You pay 50% of the total cost for each Medicare-covered hearing exam with a specialist performed out-of-network. |
| **Help with certain chronic conditions** | Members with diabetes do not pay anything for each Medicare-covered diabetic retinopathy exam. | Not covered. |
| **Inpatient hospital care** | $420 copay per day for days 1 through 4.<br>$0 copay per day for days 5 and beyond. | $375 copay per day for days 1 through 4.<br>$0 copay per day for days 5 and beyond. |
| **Medicare Part B prescription drugs** | You pay 0% - 20% of the total cost for Medicare-covered Part B chemotherapy/radiation drugs and other Part B drugs, except insulins.<br>You pay a $35 copay for a one-month supply of Medicare-covered Part B insulins.<br>You pay 20% of the total cost for each out-of-network Medicare-covered Part B chemotherapy/radiation drug and other Part B drugs, except insulins. | You pay 0% - 20% of the approved amount for Medicare-covered Part B chemotherapy/radiation drugs and other Part B drugs, except insulins.<br>You pay a $35 copay for a one-month supply of Medicare-covered Part B insulins.<br>You pay 20% of the total cost for each out-of-network Medicare-covered Part B chemotherapy/radiation drug and other Part B drugs, except insulins. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Opioid treatment services** | You pay a $45 copay per visit for each Medicare-covered opioid treatment program service, in person or by telehealth.<br>You pay 50% of the total cost for Medicare-covered opioid treatment services performed out-of-network, in person or by telehealth. | You pay a $40 copay per visit for each Medicare-covered opioid treatment program service, in person or by telehealth.<br>You pay 50% of the total cost for Medicare-covered opioid treatment services performed out-of-network, in person or by telehealth. |
| **Other health care professional services** | You pay a $10 copay for Medicare-covered other health care professional services with a primary care physician, in person or by telehealth.<br>You pay a $45 copay for Medicare-covered other health care professional services with a specialist, in person or by telehealth.<br>You pay a $15 copay for Medicare-covered other health care professional services with a primary care physician performed out-of-network, in person or by telehealth.<br>You pay 50% of the total cost for Medicare-covered other health care professional services with a specialist performed out-of-network, in person or by telehealth. | You pay a $0 copay for Medicare-covered other health care professional services with a primary care physician, in person or by telehealth.<br>You pay a $40 copay for Medicare-covered other health care professional services with a specialist, in person or by telehealth.<br>You pay a $15 copay for Medicare-covered other health care professional services with a primary care physician performed out-of-network, in person or by telehealth.<br>You pay 50% of the total cost for Medicare-covered other health care professional services with a specialist performed out-of-network, in person or by telehealth. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Outpatient diagnostic radiological services** | $150-395 copay for Medicare-covered outpatient diagnostic radiological services performed in- and out-of-network. | $195 copay for Medicare-covered outpatient diagnostic radiological services performed in- and out-of-network. |
| **Outpatient lab services** | You pay a $10 - $395 copay for Medicare-covered outpatient lab services.<br>You pay a $20 - $395 copay for Medicare-covered outpatient lab services performed out-of-network. | You pay a $0 copay for Medicare-covered outpatient lab services.<br>You pay a $20 copay for Medicare-covered outpatient lab services performed out-of-network. |
| **Outpatient X-ray services** | You pay a $25 - $395 copay for Medicare-covered outpatient X-ray services.<br>You pay a $20 - $395 copay for Medicare-covered outpatient X-ray services performed out-of-network. | You pay a $25 copay for Medicare-covered outpatient X-ray services.<br>You pay a $30 copay for Medicare-covered outpatient X-ray services performed out-of-network. |
| **Physician/practitioner services, including doctor's office visits and telehealth** | You pay a $10 copay for each Medicare-covered primary care visit.<br>You pay a $45 copay for each Medicare-covered specialist visit.<br>You pay a $15 copay for Medicare-covered primary care visits performed out-of-network.<br>You pay 50% of the total cost for Medicare-covered | You pay a $0 copay for each Medicare-covered primary care visit.<br>You pay a $40 copay for each Medicare-covered specialist visit.<br>You pay a $15 copay for Medicare-covered primary care visits performed out-of-network.<br>You pay 50% of the total cost for Medicare-covered |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Physician/practitioner services, including doctor's office visits and telehealth (continued)** | specialist visits performed out-of-network. | specialist visits performed out-of-network. |
| **Podiatry services** | You pay a $45 copay for each Medicare-covered podiatry service, in person or by telehealth.<br>You pay 50% of the total cost for each Medicare-covered podiatry service, in person or by telehealth performed out-of-network. | You pay a $40 copay for each Medicare-covered podiatry service, in person or by telehealth.<br>You pay 50% of the total cost for each Medicare-covered podiatry service, in person or by telehealth performed out-of-network. |
| **Pulmonary rehabilitation services** | You pay a $20 copay for each Medicare-covered pulmonary rehabilitation service. | You pay a $15 copay for each Medicare-covered pulmonary rehabilitation service. |
| **Vision care** | You pay a $45 copay for each Medicare-covered vision exam.<br>You pay 50% of the total cost for each Medicare-covered vision exam performed out-of-network.<br>$200 allowance every 24 months for non Medicare-covered eyewear when purchased through a VSP provider.<br>You pay 50% of the total cost for each non Medicare-covered eyewear up to the $200 allowance every 24 months when purchased | You pay a $40 copay for each Medicare-covered vision exam.<br>You pay 50% of the total cost for each Medicare-covered vision exam performed out-of-network.<br>$200 annual allowance for non Medicare-covered eyewear when purchased through a VSP provider.<br>You pay 50% of the total cost for each non Medicare-covered eyewear up to the $200 |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Vision care (continued)** | through a non-VSP provider. | allowance annually when purchased through a non-VSP provider. |
| **Worldwide emergency coverage** | You pay a $90 copay for each worldwide emergency service.<br>You pay a $90 copay for each worldwide emergency transportation service.<br>You pay a $90 copay for each worldwide urgently needed service. | You pay a $120 copay for each worldwide emergency service.<br>You pay a $120 copay for each worldwide emergency transportation service.<br>You pay a $120 copay for each worldwide urgently needed service. |

## 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 Customer Service 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 have included 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 didn't receive this insert with this packet, please call Customer Service 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) |
|---|---|---|
| **Stage 1: Yearly Deductible Stage**<br><br>During this stage, **you pay the full cost** of your Tier 3 (Preferred Brand), Tier 4 (Non-Preferred) and Tier 5 (Specialty Tier) drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines. | The deductible is $175.<br><br>During this stage, you pay:<br><br>$0 per prescription for a 30-day supply at a standard retail pharmacy cost-sharing for drugs on Tier 1 (Preferred Generic).<br><br>$14 per prescription for a 30-day supply at a standard retail pharmacy cost-sharing for drugs on Tier 2 (Generic).<br><br>And the full cost of drugs on Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier until you have reached the yearly deductible. | The deductible is $0.<br><br>Because we have no deductible, this payment stage does not apply to you. |

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

| Stage | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Stage 2: Initial Coverage Stage**<br><br>Once you pay the yearly deductible, you move to the Initial Coverage Stage<br><br>During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.**<br><br>The costs in this row are for a one-month (30-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 *Evidence of Coverage*.<br><br>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."<br><br>Most adult Part D vaccines are covered at no cost to you. | Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:<br><br>**Tier 1 (Preferred Generic):**<br><br>You pay $0 per prescription.<br><br>**Tier 2 (Generic):**<br><br>You pay $14 per prescription.<br><br>**Tier 3 (Preferred Brand):**<br><br>You pay $47 per prescription.<br><br>**Tier 4 (Non-Preferred Drug):**<br><br>You pay $100 per prescription.<br><br>**Tier 5 (Specialty):**<br><br>You pay 30% of the total cost. | Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:<br><br>**Tier 1 (Preferred Generic):**<br><br>You pay $0 per prescription.<br><br>**Tier 2 (Generic):**<br><br>You pay $14 per prescription.<br><br>**Tier 3 (Preferred Brand):**<br><br>You pay $47 per prescription.<br>You pay $35 per month supply of each covered insulin product on this tier.<br><br>**Tier 4 (Non-Preferred Drug):**<br><br>You pay $100 per prescription.<br>You pay $35 per month supply of each covered insulin product on this tier.<br><br>**Tier 5 (Specialty):**<br><br>You pay 33% of the total cost. |

| Stage | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Stage 2: Initial Coverage Stage (continued)** | Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage). | Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage). |

### 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 and for excluded drugs that are covered under our enhanced benefit.**

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 Blue Cross Blue Shield Nebraska Medicare Advantage Connect 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 Blue Cross Blue Shield Nebraska Medicare Advantage Connect 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 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**), 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, SAPPHIRE EDGE, INC. (Blue Cross Blue Shield of Nebraska) 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 Blue Cross Blue Shield Nebraska Medicare Advantage Connect PPO.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Blue Cross Blue Shield Nebraska Medicare Advantage Connect PPO.
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
    - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

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

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

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

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

## SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Nebraska, the SHIP is called Nebraska Senior Health Insurance Information Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Nebraska Senior Health Insurance Information Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Nebraska Senior Health Insurance Information Program at 1-800-234-7119 (TTY 1-800-833-7352). You can learn more about Nebraska Senior Health Insurance Information Program by visiting their website (**doi.nebraska.gov/consumer/senior-health**).

## SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- "**Extra Help**" **from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
    - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
    - Your State Medicaid Office (applications).
- **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 Nebraska Department of Health & Human Services, 301 Centennial Mall South, P.O. Box 95026, Lincoln, NE 68509. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-402-559-4673.

# SECTION 6 Questions?

## Section 6.1 – Getting Help from Blue Cross Blue Shield Nebraska Medicare Advantage Connect PPO

Questions? We're here to help. Please call Customer Service at 888-488-9850. (TTY only, call 711.) We are available for phone calls 8:00 a.m. to 9:00 p.m., Central time, seven days a week. 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 Blue Cross Blue Shield Nebraska Medicare Advantage Connect 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 **Medicare.NebraskaBlue.com**. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

### Visit our Website

You can also visit our website at **Medicare.NebraskaBlue.com**. 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**). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to **www.medicare.gov/plan-compare**.

### Read *Medicare & You 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.