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Blue Cross Medicare Advantage Choice (PPO) offered by Blue Cross and Blue Shield of Minnesota

Annual Notice of Changes for 2023

You are currently enrolled as a member of Blue Cross Medicare Advantage Choice. Next year, there will be changes to the plan's costs and benefits. ***Please see page 2 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 bluecrossmn.com/medicare-documents. 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.**

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 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 Blue Cross Medicare Advantage Choice.
- 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 Blue Cross Medicare Advantage Choice.
- 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 1-800-711-9865 for additional information. (TTY users should call 711.) Hours are between 8:00 a.m. and 8:00 p.m., Central Time. We are available seven days a week October 1 through March 31 and available Monday through Friday the rest of the year.
- Upon request, we can give you information in braille, in large print, or other alternate formats if you need it.
- **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 irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Blue Cross Medicare Advantage Choice

- Blue Cross Medicare Advantage is a PPO Plan with a Medicare Contract. Enrollment in Blue Cross Medicare Advantage depends on contract renewal.
- When this document says "we," "us," or "our," it means Blue Cross and Blue Shield of Minnesota. When it says "plan" or "our plan," it means Blue Cross Medicare Advantage Choice.

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Blue Cross Medicare Advantage Choice in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	$87.40	$97.00
Maximum out-of-pocket amounts This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: $3,000 From in-network and out-of-network providers combined: $5,150	From network providers: $3,100 From in-network and out-of-network providers combined: $5,150
Doctor office visits	**In-Network:** Primary care visits: $0 copayment per visit. Specialist visits: $30 copayment per visit.	**In-Network:** Primary care visits: $0 copayment per visit. Specialist visits: $35 copayment per visit.
Inpatient hospital stays	For Medicare-covered hospital stays: $150 copayment per admission.	For Medicare-covered hospital stays: $250 copayment per admission.

Cost	2022 (this year)	2023 (next year)
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: $250 for Tier 4-5 drugs Copayment/coinsurance during the Initial Coverage Stage: • Drug Tier 1: You pay $0 per prescription. • Drug Tier 2: You pay $10 per prescription. • Drug Tier 3: You pay $47 per prescription. • Drug Tier 4: You pay 40% of the total cost. • Drug Tier 5: You pay 28% of the total cost.	Deductible: $250 for Tier 4-5 drugs Copayment/coinsurance during the Initial Coverage Stage: • Drug Tier 1: You pay $0 per prescription. • Drug Tier 2: You pay $10 per prescription. • Drug Tier 3: You pay $47 per prescription. • Drug Tier 4: You pay 42% of the total cost. • Drug Tier 5: You pay 29% of the total cost.

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)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$87.40	$97.00

- 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)
In-network maximum out-of-pocket amount 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.	$3,000	$3,100 Once you have paid $3,100 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.

Cost	2022 (this year)	2023 (next year)
Combined maximum out-of-pocket amount 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.	$5,150	$5,150 Once you have paid $5,150 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.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at bluecrossmn.com/medicare-documents. You may also call Customer Service 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 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 *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	2022 (this year)	2023 (next year)
Acupuncture services	**In-Network:**	**In-Network:**
	You pay a $20 copayment for each Medicare-covered acupuncture visit for chronic low back pain.	You pay a $20 copayment for each Medicare-covered acupuncture visit for chronic low back pain.
	You pay a $20 copayment for each non-Medicare-covered (routine) acupuncture visit for any pain diagnosis other than chronic low back pain.	You pay a $20 copayment for each non-Medicare-covered (routine) acupuncture visit for any pain diagnosis.
	Out-of-Network:	**Out-of-Network:**
	You pay 40% coinsurance for each Medicare-covered acupuncture visit for chronic low back pain.	You pay 40% coinsurance for each Medicare-covered acupuncture visit for chronic low back pain.
	You pay 40% coinsurance for each non-Medicare-covered (routine) acupuncture visit for any pain diagnosis other than chronic low back pain.	You pay a $20 copayment for each non-Medicare-covered (routine) acupuncture visit for any pain diagnosis.
	Coverage is limited to a total of 20 visits every 12 months for combined in- and out-of-network Medicare-covered acupuncture for chronic low back pain.	Coverage is limited to a total of 20 visits every 12 months for combined in- and out-of-network Medicare-covered acupuncture for chronic low back pain.

Cost	2022 (this year)	2023 (next year)
Acupuncture services (continued)	Coverage is limited to a total of 20 visits per calendar year for combined in- and out-of-network non-Medicare-covered (routine) acupuncture for any pain diagnosis. Cost share applies to any provider performing acupuncture within their scope of practice including a licensed acupuncturist, chiropractor, physical therapist or other healthcare professional.	Coverage is limited to a total of **12** visits per calendar year for combined in- and out-of-network non-Medicare-covered (routine) acupuncture for any pain diagnosis. Cost share applies to any provider performing acupuncture within their scope of practice including a licensed acupuncturist, chiropractor, physical therapist or other healthcare professional.
Ambulatory surgical center services	**In-Network:** You pay a $100 copayment for a Medicare-covered visit.	**In-Network:** You pay a $150 copayment for a Medicare-covered visit.
Continuous glucose monitoring (CGM) products	**In-Network:** Continuous glucose monitoring (CGM) products were covered under “Diabetes self-management training, diabetic services and supplies”. You pay a $0 copayment for continuous glucose monitoring (CGM) products.	**In-Network:** Continuous glucose monitoring (CGM) products are covered under “Durable medical equipment (DME) and related supplies”. You pay 20% coinsurance for continuous glucose monitoring (CGM) products.

Cost	2022 (this year)	2023 (next year)
Dental services	**In- and Out-of-Network:** You pay a $0 copayment for up to one (1) periodontal cleaning each year. The maximum plan benefit for both In- and Out-of-Network services is $2,000.	**In- and Out-of-Network:** You pay a $0 copayment for up to two (2) periodontal cleanings each year. The maximum plan benefit for both In- and Out-of-Network services is $1,500.
Eligible Part D vaccines	You pay a Tier 3 cost share for each Part D vaccine covered by our plan.	Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.
Fitness benefit	**In-Network:** GetSetUp is not offered.	**In-Network:** GetSetUp is offered as part of your fitness benefit with SilverSneakers. GetSetUp offers thousands of live online classes to ignite your interests in topics like cooking, technology and art. Visit Tools.SilverSneakers.com/Eligibility/StartHere for more information. GetSetUp is a third-party service provider and is not owned or operated by Tivity Health, Inc. ("Tivity") or its affiliates.

Cost	2022 (this year)	2023 (next year)
Fitness benefit (continued)		Users must have internet service to access GetSetUp service. Internet service charges are responsibility of user. Charges may apply for access to certain GetSetUp classes or functionality. SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. SilverSneakers LIVE, SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2022 Tivity Health, Inc. All rights reserved.
Formulary-covered insulins	You pay a Tier 3 or Tier 4 cost share for each insulin product covered by our plan.	You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.
Hearing aids	You pay a $0 copayment per aid for optional hearing aid rechargeability on Premium models only.* *TruHearing provider must be used for in- and out-of-network hearing aid	You pay a $0 copayment per aid for optional hearing aid rechargeability on **Advanced** and Premium models.* *TruHearing provider must be used for in- and out-of-network hearing aid

Cost	2022 (this year)	2023 (next year)
Hearing aids (continued)	exam and hearing aid benefit.	exam and hearing aid benefit.
Inpatient hospital care	**In-Network:** You pay a $150 copayment per admission.	**In-Network:** You pay a $250 copayment per admission.
Inpatient mental health care	**In-Network:** You pay a $150 copayment per admission.	**In-Network:** You pay a $250 copayment per admission.
Occupational therapy services	**In-Network:** You pay a $30 copayment for a Medicare-covered services.	**In-Network:** You pay a $35 copayment for a Medicare-covered services.
Opioid treatment services	**In-Network:** You pay $30 for substance abuse counseling and individual and group therapy for opioid treatment services. There may be additional inpatient hospital care, inpatient mental health care and/or outpatient hospital services copayments and/or coinsurance as applicable.	**In-Network:** You pay $35 for substance abuse counseling and individual and group therapy for opioid treatment services. There may be additional inpatient hospital care, inpatient mental health care and/or outpatient hospital services copayments and/or coinsurance as applicable.
Outpatient hospital services	**In-Network:** You pay a $150 copayment for Medicare-covered outpatient hospital surgery services.	**In-Network:** You pay a $175 copayment for Medicare-covered outpatient hospital surgery services.

Cost	2022 (this year)	2023 (next year)
Outpatient hospital services (continued)	You pay a $10 copayment for all other Medicare-covered outpatient hospital services.	You pay a $10 copayment for all other Medicare-covered outpatient hospital services.
Outpatient mental health care	**In-Network:** You pay a $30 copayment for each Medicare-covered outpatient individual or group mental health visit.	**In-Network:** You pay a $35 copayment for each Medicare-covered outpatient individual or group mental health visit.
Outpatient substance abuse services	**In-Network:** You pay a $30 copayment for each Medicare-covered individual or group therapy visit.	**In-Network:** You pay a $35 copayment for each Medicare-covered individual or group therapy visit.
Over-the-Counter (OTC) items	**In-Network:** $40 allowance per quarter for covered OTC items.* *This is not a reimbursement. Visit cvs.com/otchs/bcbsmn or call 1-888-628-2770, Monday – Friday 9am – 8pm local time for more information. CVS Pharmacy, Inc. d/b/a OTC Health Solutions is an independent company providing OTC supplemental benefit administrative services.	**In-Network:** $50 allowance per quarter for covered OTC items.* *This is not a reimbursement. Visit cvs.com/otchs/bcbsmn or call 1-888-628-2770, Monday – Friday 8am – 10pm central time for more information. CVS Pharmacy, Inc. d/b/a OTC Health Solutions is an independent company providing OTC supplemental benefit administrative services.

Cost	2022 (this year)	2023 (next year)
Physical and speech therapy	**In-Network:** You pay a $30 copayment for each Medicare-covered visit.	**In-Network:** You pay a $35 copayment for each Medicare-covered visit.
Physician specialist services	**In-Network:** You pay a $30 copayment for each Medicare-covered visit with a specialist.	**In-Network:** You pay a $35 copayment for each Medicare-covered visit with a specialist.
Podiatry services	**In-Network:** You pay a $30 copayment for each Medicare-covered visit.	**In-Network:** You pay a $35 copayment for each Medicare-covered visit.
Pulmonary rehabilitation services	**In-Network:** You pay a $30 copayment for Medicare-covered pulmonary rehabilitation services.	**In-Network:** You pay a $20 copayment for Medicare-covered pulmonary rehabilitation services.
Skilled nursing facility (SNF) care	**In-Network:** $0 copayment per day for days 1-20. $188 copayment per day for days 21-100.	**In-Network:** $0 copayment per day for days 1-20. $196 copayment per day for days 21-100.

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.**

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 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" if you haven't received this insert by September 30, 2022, 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	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your Tier 4-5 drugs until you have reached the yearly deductible.	The deductible is $250 for Tier 4-5 drugs. During this stage, you pay: $0 per prescription for drugs on Tier 1 (Preferred Generic).	The deductible is $250 for Tier 4-5 drugs. During this stage, you pay: $0 per prescription for drugs on Tier 1 (Preferred Generic).

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage (continued)	$10 per prescription for drugs on Tier 2 (Generic). $47 per prescription for drugs on Tier 3 (Preferred Brand). You pay the full cost of drugs on Tiers 4-5 until you have reached the yearly deductible.	$10 per prescription for drugs on Tier 2 (Generic). $47 per prescription for drugs on Tier 3 (Preferred Brand). You pay the full cost of drugs on Tiers 4-5 until you have reached the yearly deductible.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage 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 **you pay your share of the cost.** 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 *Evidence of Coverage*. 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.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Drug Tier 1 (Preferred Generic):** You pay $0 per prescription. **Drug Tier 2 (Generic):** You pay $10 per prescription. **Drug Tier 3 (Preferred Brand):** You pay $47 per prescription. **Drug Tier 4 (Non-Preferred drug):** You pay 40% of the total cost.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Drug Tier 1 (Preferred Generic):** You pay $0 per prescription. **Drug Tier 2 (Generic):** You pay $10 per prescription. **Drug Tier 3 (Preferred Brand):** You pay $47 per prescription. **Drug Tier 4 (Non-Preferred drug):** You pay 42% of the total cost.

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage (continued)	**Drug Tier 5 (Specialty):** You pay 28% of the total cost. _____ Once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage).	**Drug Tier 5 (Specialty):** You pay 29% of the total cost. _____ Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Blue Cross Medicare Advantage Choice

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 Blue Cross Medicare Advantage Choice.

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 (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, Blue Cross and Blue Shield of Minnesota 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 Medicare Advantage Choice.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Blue Cross Medicare Advantage Choice.
- 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, 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 Minnesota, the SHIP is called Senior LinkAge Line®.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Senior LinkAge Line® 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 Senior LinkAge Line® at 1-800-333-2433 or TTY at 711. You can learn more about Senior LinkAge Line® by visiting their website (mn.gov/senior-linkage-line/older-adults/medicare).

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 Minnesota Department of Human Services. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call (651) 431-2414 (in the Twin Cities Metro Area) or 1-800-657-3761 (Greater Minnesota).

SECTION 6 Questions?

Section 6.1 – Getting Help from Blue Cross Medicare Advantage Choice

Questions? We're here to help. Please call Customer Service at 1-800-711-9865. (TTY only, call 711.) We are available for phone calls between 8:00 a.m. and 8:00 p.m., Central Time. We are available seven days a week October 1 through March 31 and available Monday through Friday the rest of the year. 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 Blue Cross Medicare Advantage Choice. 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 bluecrossmn.com/medicare-documents. 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 bluecrossmn.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 (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 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 (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.