

# Blue KC Group 25 Retirees (PPO) offered by Blue Medicare Advantage

## Annual Notice of Changes for 2024

You are currently enrolled as a member of Blue KC Group 25 Retirees (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 [medicarebluekc.com/bluekcretiree](https://medicarebluekc.com/bluekcretiree). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

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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](https://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 KC Group 25 Retirees (PPO).

- To change to a **different plan**, contact your employer, or you may select other options during Medicare's Annual Enrollment Period between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Blue KC Group 25 Retirees (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 1-888-892-8907 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., seven days a week. You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day. This call is free.
- This document may be available in other formats such as braille, large print, or other alternate formats.
- **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 Blue KC Group 25 Retirees (PPO)**

- Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association. All products are offered by Missouri Valley Life and Health Insurance Company, a wholly-owned subsidiary of Blue Cross and Blue Shield of Kansas City. Blue Cross and Blue Shield of Kansas City's Blue Medicare Advantage is a PPO with a Medicare contract. Enrollment in Blue Medicare Advantage depends on contract renewal.
- When this document says "we," "us," or "our", it means Blue Cross and Blue Shield of Kansas City. When it says "plan" or "our plan," it means Blue KC Group 25 Retirees PPO.

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## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Blue KC Group 25 Retirees PPO in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	<p>Please refer to your Employer's Benefit department for your premium</p>	<p>Please refer to your Employer's Benefit department for your premium</p>
<p><b>Deductible</b></p>	<p>\$400 combined in-network and Out-of-Network deductible applies to the following services: except for insulin furnished through an item of durable medical equipment</p> <p><b>In-Network:</b></p> <p>All Medicare-covered services except zero-dollar preventive, primary care physician visits, diagnostic labs, x-rays, and emergent services apply to the deductible.</p> <p><b>Out-of-Network:</b></p> <p>All Medicare-covered services except zero-dollar preventive services and emergent services apply to the deductible.</p>	<p>\$1,000 combined in-network and Out-of-Network deductible applies to the following services: except for insulin furnished through an item of durable medical equipment</p> <p><b>In-Network:</b></p> <p>All Medicare-covered services except zero-dollar preventive, primary care physician visits, diagnostic labs, x-rays, and emergent services apply to the deductible.</p> <p><b>Out-of-Network:</b></p> <p>All Medicare-covered services except zero-dollar preventive, primary care physician visits, diagnostic labs, x-rays, and emergent services apply to the deductible.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Maximum out-of-pocket amounts</b> 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.)</p>	<p>From network providers: \$1,000</p> <p>From network and Out-of-Network providers combined: \$1,000</p>	<p>From network providers: \$1,000</p> <p>From network and Out-of-Network providers combined: \$1,000</p>
<p><b>Doctor office visits</b></p>	<p><b>In-Network:</b> Primary care visits: \$0 copay per visit Specialist visits: \$20 copay per visit</p> <p><b>Out-of-Network:</b> Primary care visits: 20% of the total cost per visit Specialist visits: 20% of the total cost per visit</p>	<p><b>In-Network:</b> Primary care visits: \$0 copay per visit Specialist visits: \$20 copay per visit</p> <p><b>Out-of-Network:</b> Primary care visits: \$0 copay per visit Specialist visits: \$20 copay per visit</p>
<p><b>Inpatient hospital stays</b></p>	<p><b>In-Network</b> After you meet your \$400 deductible, you pay a \$0 copay per day for days 1-6. You pay a \$0 copay per day for days 7 and beyond.</p> <p><b>Out-of-Network</b> After you meet your \$400 deductible, you pay 20% of the total cost per admission, days 1-90. Medicare-covered Lifetime Reserve Days: You pay a \$0 per day for days 1-60.</p>	<p><b>In-Network</b> After you meet your \$1,000 deductible, you pay a \$0 copay per day for days 1-6. You pay a \$0 copay per day for days 7 and beyond.</p> <p><b>Out-of-Network</b> After you meet your \$1,000 deductible, you pay a \$0 copay per day for days 1-90. Medicare-covered Lifetime Reserve Days: You pay a \$0 per day for days 1-60.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 1.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance as applicable during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0</li> <li>• Drug Tier 2: \$5</li> <li>• Drug Tier 3: \$47</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: \$100</li> <li>• Drug Tier 5: 33%</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>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance as applicable during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0</li> <li>• Drug Tier 2: \$5</li> <li>• Drug Tier 3: \$47</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: \$100</li> <li>• Drug Tier 5: 33%</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 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> (You must also continue to pay your Medicare Part B premium.)	Please refer to your Employer's Benefit department for your premium.	Please refer to your Employer's Benefit department for your 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 7 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	2023 (this year)	2024 (next year)
<b>In-network maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays and deductibles) 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.	\$1,000	\$1,000
		Once you have paid \$1,000 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 providers for the rest of the calendar year.

Cost	2023 (this year)	2024 (next year)
<p><b>Combined maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays and deductibles) from in-network and Out-of-Network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	\$1,000	<p>\$1,000</p> <p>Once you have paid \$1,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or Out-of-Network providers for the rest of the calendar year.</p>

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

Updated Provider and Pharmacy directories are located on our website at [medicarebluekc.com/bluekcretiree](https://medicarebluekc.com/bluekcretiree). You may also call Customer Service for updated provider and/or pharmacy information or 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)
<b>Acupuncture for Chronic Low Back Pain</b>	<p><b>In-Network:</b> After you meet your \$400 deductible, you pay a \$20 copay for each Medicare-covered acupuncture treatment.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% co-insurance for each Medicare-covered acupuncture treatment.</p>	<p><b>In-Network and Out-of-Network:</b> You pay a \$20 copay for each Medicare-covered acupuncture treatment.</p>
<b>Ambulatory Surgical Centers</b>	<p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a \$0 copay for services obtained in an Ambulatory Surgical Center.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance for services obtained in an Ambulatory Surgical Center.</p>	<p><b>In-Network and Out-of-Network:</b> After you meet your \$1,000 deductible, you pay a \$0 copay for services obtained in an Ambulatory Surgical Center.</p>
<b>Annual Wellness Visit</b>	<p><b>Out-of-Network:</b> You pay a 20% coinsurance for an annual wellness visit.</p>	<p><b>Out-of-Network:</b> You pay a \$0 copay for an annual wellness visit.</p>

Cost	2023 (this year)	2024 (next year)
<b>Cardiac Rehabilitation Services</b>	<p><b>In-Network:</b> After you meet your \$400 deductible, you pay a \$0 copay for cardiac rehabilitation and intensive cardiac rehabilitation.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance for cardiac rehabilitation and intensive cardiac rehabilitation.</p>	<p><b>In-Network and Out-of-Network:</b> After you meet your \$1,000 deductible, you pay a \$0 copay for cardiac rehabilitation and intensive cardiac rehabilitation.</p>
<b>Chiropractic Services</b>	<p><b>In-Network:</b> After you meet your \$400 deductible, you pay a \$20 copay for Medicare-covered chiropractic services.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance for Medicare-covered chiropractic services.</p>	<p><b>In-Network and Out-of-Network:</b> You pay a \$20 copay for Medicare-covered chiropractic services.</p>
<b>Daily Activity Support</b>	<p>You pay a \$0 copay for 40 hours per year of respite care supporting Instrumental Activities of Daily Living (IADLs).</p>	<p>You pay a \$0 copay for 20 hours per year of respite care supporting Instrumental Activities of Daily Living (IADLs).</p>

Cost	2023 (this year)	2024 (next year)
<b>Dental Services</b>	<p><b>In-Network:</b>                      After you meet your \$400 deductible, you pay a \$20 copay for a Medicare-covered dental visit.                      You pay a \$0 copay for preventive dental services, limited to 2 visits per year in and out of network combined.</p> <ul style="list-style-type: none"> <li>• Oral Exams &amp; Cleaning</li> <li>• X-rays and fluoride treatment</li> </ul> <p><b>Out-of-Network:</b>                      After you meet your \$400 deductible, you pay a \$40 copay for preventive dental services, limited to 2 visits per year in and out of network combined.</p> <ul style="list-style-type: none"> <li>• Oral Exams &amp; Cleaning</li> <li>• X-rays and fluoride treatment</li> </ul>	<p><b>In-Network and Out-of-Network:</b>                      You pay a \$20 copay for a Medicare-covered dental visit.                      You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for dental services to any dental provider.                      There is a \$500 allowance per year that may be used for dental, eyewear, hearing aids, and transportation services combined.</p>

**Diabetes Self-Management Training, Diabetic Services and Supplies**

**In-Network:**

After you meet your \$400 deductible for the following services:

You pay a \$0 copay for preferred brand diabetes supplies.

You pay a \$0 copay for preferred brand Medicare-covered Continuous Glucose Monitors (CGM) when obtained at a pharmacy.

Non-preferred brand Continuous Glucose Monitors (CGM) are covered only when deemed medically necessary and prior authorized.

You pay 0% coinsurance for all other brands of diabetes monitoring supplies when obtained at a pharmacy.

You pay 0% coinsurance for all diabetic supplies when obtained at a DME provider.

You pay 0% coinsurance for Medicare-covered therapeutic custom-molded shoes or inserts.

**Out-of-Network:**

After you meet your \$400 deductible for the following services:

You pay a \$0 copay for preferred brand diabetes monitoring devices and supplies including Medicare-covered Continuous Glucose Monitors (CGM) when obtained at a pharmacy.

You pay 20% coinsurance for all other brands of diabetes monitoring supplies when obtained at a pharmacy or a DME provider.

**In-Network and Out-of-Network:**

After you meet your \$1,000 deductible for the following services:

You pay a \$0 copay for preferred brand diabetes supplies. Preferred products include Contour.

You pay a \$0 copay for preferred brand Medicare-covered Continuous Glucose Monitors (CGM) when obtained at a pharmacy.

Nonpreferred brand Continuous Glucose Monitors (CGM) are covered only when deemed medically necessary and prior authorized.

You pay \$0 copay for all other brands of diabetes monitoring supplies when obtained at a pharmacy.

You pay \$0 copay for all diabetic supplies when obtained at a DME provider.

You pay \$0 copay for Medicare-covered therapeutic custom-molded shoes or inserts.

Cost	2023 (this year)	2024 (next year)
	<p>Non-preferred brand Continuous Glucose Monitors (CGM) are covered only when deemed medically necessary and prior authorized.</p> <p>You pay 20% coinsurance for all diabetic supplies when obtained at a DME provider.</p> <p>You pay 20% coinsurance for therapeutic custom-molded shoes or inserts.</p>	
<p><b>Durable Medical Equipment (DME) and Related Supplies</b></p>	<p><b>In-Network:</b> After you meet your \$400 deductible, you pay a \$0 copay for DME and supplies.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance for DME and supplies.</p>	<p><b>In-Network and Out-of-Network:</b> After you meet your \$1,000 deductible, you pay a \$0 copay for DME and supplies.</p>
<p><b>Emergency Care</b></p>	<p>You pay a \$50 copay for emergency room visits.</p> <p>If you are admitted to a hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.</p> <p>You pay a \$50 copay for worldwide emergency care.</p>	<p>You pay a \$75 copay for emergency room visits.</p> <p>If you are admitted to a hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.</p> <p>You pay a \$75 copay for worldwide emergency care.</p>

Cost	2023 (this year)	2024 (next year)
<b>Hearing Services</b>	<p><b>In-Network:</b> After you meet your \$400 deductible, you pay a \$20 copay for Medicare-covered exam to diagnose and treat hearing and balance issues.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance for Medicare-covered exam to diagnose and treat hearing and balance issues.</p>	<p><b>In-Network and Out-of-Network:</b> You pay a \$20 copay for Medicare-covered exam to diagnose and treat hearing and balance issues.</p>
<b>Home Health Agency Care</b>	<p><b>In-Network:</b> After you meet your \$400 deductible, you pay a \$0 copay for Medicare-covered home health services.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance for Medicare-covered home health services.</p>	<p><b>In-Network and Out-of-Network:</b> After you meet your \$1,000 deductible, you pay a \$0 copay for Medicare-covered home health services.</p>
<b>Home Infusion Therapy</b>	<p><b>In-Network:</b> After you meet your \$400 deductible, you pay a 0% coinsurance for home infusion therapy.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance for home infusion therapy.</p>	<p><b>In-Network and Out-of-Network:</b> After you meet your \$1,000 deductible, you pay a \$0 copay for home infusion therapy.</p>

Cost	2023 (this year)	2024 (next year)
<b>Immunizations</b>	<p><b>Out-of-Network:</b> You pay a 20% coinsurance for the pneumonia, influenza, Hepatitis B, and COVID-19 vaccines.</p>	<p><b>Out-of-Network:</b> You pay a \$0 copay for the pneumonia, influenza, Hepatitis B, and COVID-19 vaccines.</p>
<b>Inpatient Hospital Services</b>	<p><b>In-Network:</b> After you meet your \$400 deductible, you pay a \$0 copay for days 1-6, and a \$0 copay per day for days 7 &amp; beyond.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance for days 1-90.</p>	<p><b>In-Network and Out-of-Network:</b> After you meet your \$1,000 deductible, you pay a \$0 copay per stay.</p>
<b>Inpatient Services in a Psychiatric Hospital</b>	<p><b>In-Network:</b> After you meet your \$400 deductible, you pay a \$0 copay for days 1-7 and a \$0 copay per day for days 8-90.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance per stay.</p>	<p><b>In-Network and Out-of-Network:</b> After you meet your \$1,000 deductible, you pay a \$0 copay per stay.</p>
<b>Meals Benefit</b>	<p>You pay a \$0 copay for up to 2 meals per day, for 4 weeks or 56 pre-cooked, pre-packaged meals.</p>	<p>Not Offered</p>

Cost	2023 (this year)	2024 (next year)
<b>Medicare Part B Drugs</b>	<p><b>In-Network:</b> After you meet your \$400 deductible, you pay a 0% coinsurance for chemotherapy and other Part B drugs.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance for chemotherapy and other Part B drugs.</p>	<p>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.</p> <p>Your cost sharing for Part B services may vary due to the Inflation Reduction Act provisions addressing rebatable drugs. Your cost share will not exceed the coinsurance amount of the original Medicare adjusted beneficiary coinsurance for that Part B rebatable drug. The cost reflected below represents the range of your cost depending on the Medicare adjusted amount for each drug at any time of the year. Costs vary for each drug and the drug it applies to may vary from service to service.</p> <p><b>In-network and Out-of-Network:</b> After you meet your \$1,000 deductible, you pay \$0 copay for chemotherapy and other Part B drugs.</p>
<b>Mental Health Care</b>	<p><b>In-Network:</b> After you meet your \$400 deductible, you pay a \$20 copay for individual or group therapy visits.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance for individual or group therapy visits.</p>	<p><b>In-Network and Out-of-Network:</b> You pay a \$20 copay for individual or group therapy visits.</p>



Cost	2023 (this year)	2024 (next year)
<b>Musculoskeletal Support for Certain Conditions</b>	Not Offered	For members who qualify due to certain conditions under Uniformity Flexibility, you pay a \$0 copay for digital program which includes physical therapy videos, in-person visits, exercise, educational resources, and behavioral support.
<b>Opioid Treatment Program Services</b>	<p><b>In-Network:</b> After you meet your \$400 deductible, you pay a \$20 copay for covered opioid treatment services.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance for covered opioid treatment services.</p>	<p><b>In-Network and Out-of-Network:</b> You pay a \$20 copay for covered opioid treatment services.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Outpatient diagnostic tests and therapeutic services and supplies</b></p>	<p><b>In-Network:</b>                      After you meet your \$400 deductible, you pay a \$0 copay for Medicare-covered therapeutic radiology services.</p> <p><b>Out-of-Network:</b>                      After you meet your \$400 deductible for these services:                      You pay a 20% coinsurance for Medicare-covered therapeutic radiology services.                      You pay a 20% coinsurance for Medicare-covered Diagnostic Radiology services (CT, MRI, PET) in a physician’s office or freestanding diagnostic facility.                      You pay a 20% coinsurance for Medicare-covered lab services.                      You pay a 20% coinsurance for Medicare-covered x-rays.</p>	<p><b>In-Network and Out-of-Network:</b>                      You pay a \$0 copay for x-rays.                      You pay a \$0 copay for lab services.                      After you meet your \$1,000 deductible for these services:                      You pay a \$0 copay for Medicare-covered Diagnostic Radiology services (CT, MRI, PET) in a physician’s office or freestanding diagnostic facility.                      You pay a \$0 copay for Medicare-covered therapeutic radiology services.</p>

Cost	2023 (this year)	2024 (next year)
<b>Outpatient Hospital Services</b>	<p><b>In-network:</b> After you meet your \$400 deductible for these services: You pay \$0 copay for each outpatient hospital observation stay. You pay a \$0 copay for minor surgical and other procedures in an outpatient hospital. You pay a \$0 copay for surgery in an outpatient hospital.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible for these services: You pay a 20% coinsurance for each outpatient hospital observation stay. You pay a 20% coinsurance for minor surgical and other procedures in an outpatient hospital. You pay a 20% coinsurance for surgery in an outpatient hospital.</p>	<p><b>In-network and Out-of-Network:</b> After you meet your \$1,000 deductible for these services: You pay a \$0 copay for each outpatient hospital observation stay. You pay a \$0 copay for minor surgical and other procedures in an outpatient hospital. You pay a \$0 copay for surgery in an outpatient hospital.</p>
<b>Outpatient mental health care</b>	<p><b>In-Network:</b> After you meet your \$400 deductible, you pay a \$20 copay for each Medicare-covered individual or group visit.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance for each Medicare-covered individual or group visit.</p>	<p><b>In-Network and Out-of-Network:</b> You pay a \$20 copay for each Medicare-covered individual or group visit.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Outpatient rehabilitation services</b> (physical therapy, occupational therapy, and speech language therapy)</p>	<p><b>In-Network:</b> After you meet your \$400 deductible, you pay a \$20 copay for each therapy visit.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance for each therapy visit.</p>	<p><b>In-Network and Out-of-Network:</b> After you meet your \$1,000 deductible, you pay a \$0 copay for each therapy visit.</p>
<p><b>Outpatient Substance Abuse Services</b></p>	<p><b>In-Network:</b> After you meet your \$400 deductible, you pay a \$20 copay for each Medicare-covered substance abuse service.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance for each Medicare-covered substance abuse service.</p>	<p><b>In-Network and Out-of-Network:</b> You pay a \$20 copay for each Medicare-covered substance abuse service.</p>
<p><b>Partial Hospitalization Services</b></p>	<p><b>In-Network:</b> After you meet your \$400 deductible, you pay a \$20 copay for each Medicare-covered partial hospitalization.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance for each Medicare-covered partial hospitalization.</p>	<p><b>In-Network and Out-of-Network:</b> After you meet your \$1,000 deductible, you pay a \$0 copay for each Medicare-covered partial hospitalization.</p>

Cost	2023 (this year)	2024 (next year)
<b>Physician Specialist Services</b>	<p><b>In-Network:</b> After you meet your \$400 deductible, you pay a \$20 copay, per visit for specialist services and other healthcare professional services in a specialists Office.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance per visit for specialist services and other healthcare professional services in a specialists Office.</p>	<p><b>In-Network and Out-of-Network:</b> You pay a \$20 copay per visit for specialist services and other healthcare professional services in a specialists Office.</p>
<b>Podiatry Services</b>	<p><b>In-Network:</b> After you meet your \$400 deductible, you pay a \$20 copay for each Medicare-covered podiatry service.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance for each Medicare-covered podiatry service.</p>	<p><b>In-Network and Out-of-Network:</b> You pay a \$20 copay for each podiatry service.</p>
<b>Preventive Care</b>	<p><b>Out-of-Network:</b> You pay a 20% coinsurance for all preventive services covered under Original Medicare, when out of network.</p>	<p><b>Out-of-Network:</b> You pay a \$0 copay for all preventive services covered under Original Medicare, when out of network.</p>

Cost	2023 (this year)	2024 (next year)
<b>Primary Care Provider Services</b>	<p><b>In-Network:</b> You pay a \$0 copay for each visit to a primary care physician or other health care clinician in a primary care office.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance for each visit to a primary care physician or other health care clinician in a primary care office.</p>	<p><b>In-Network and Out-of-Network:</b> You pay a \$0 copay for each visit to a primary care physician or other health care clinician in a primary care office.</p>
<b>Prosthetic Devices and Related Supplies</b>	<p><b>In-Network:</b> After you meet your \$400 deductible, you pay a 0% coinsurance for Medicare-covered prosthetic devices, related to medical supplies.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance for Medicare-covered prosthetic devices, related to medical supplies.</p>	<p><b>In-Network and Out-of-Network:</b> After you meet your \$1,000 deductible, you pay a 0% coinsurance for Medicare-covered prosthetic devices, related to medical supplies.</p>
<b>Pulmonary Rehabilitation Services</b>	<p><b>In-Network:</b> After you meet your \$400 deductible, you pay a \$0 copay for Medicare-covered pulmonary rehabilitation services.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance for Medicare-covered pulmonary rehabilitation services.</p>	<p><b>In-Network and Out-of-Network:</b> After you meet your \$1,000 deductible, you pay a \$0 copay for Medicare-covered pulmonary rehabilitation services.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Services to Treat Kidney Disease</b></p>	<p><b>In-Network:</b>                      After you meet your \$400 deductible, you pay a 0% coinsurance for Medicare-covered renal dialysis.                      You pay a \$0 copay for Medicare-covered kidney disease education.</p> <p><b>Out-of-Network:</b>                      After you meet your \$400 deductible, you pay a 20% coinsurance for Medicare-covered renal dialysis.                      You pay a 20% coinsurance for Medicare-covered kidney disease education.</p>	<p><b>In-Network and Out-of-Network:</b>                      After you meet your \$1,000 deductible for these services:                      You pay a \$0 copay for Medicare-covered renal dialysis.                      You pay a \$0 copay for Medicare-covered kidney disease education.</p>
<p><b>Skilled Nursing Facility</b></p>	<p><b>In-Network:</b>                      After you meet your \$400 deductible, you pay a \$0 copay per day for days 1-100.</p> <p><b>Out-of-Network:</b>                      After you meet your \$400 deductible, you pay a 20% coinsurance per day for days 1-100.</p>	<p><b>In-Network and Out-of-Network:</b>                      After you meet your \$1,000 deductible, you pay a \$0 copay per stay for days 1-100.</p>
<p><b>Special Supplemental Benefits for the Chronically Ill (SSBCI)</b></p>	<p>Not Offered</p>	<p>You pay a \$0 copay for non-medical digital program for members diagnosed with eligible conditions.</p> <p>This program provides members who are caregivers, or caregivers of members with eligible conditions, health education, access to resources, social-worker coaching, and remote monitoring via a dedicated tablet.</p>

Cost	2023 (this year)	2024 (next year)
<b>Supervised Exercise Therapy (SET)</b>	<p><b>In-Network:</b> After you meet your \$400 deductible, you pay a \$0 copay for Medicare-Covered Supervised Exercise Therapy (SET) services.</p> <p><b>Out-of-Network:</b> After you meet your \$400 deductible, you pay a 20% coinsurance for Medicare-Covered Supervised Exercise Therapy (SET) services.</p>	<p><b>In-Network and Out-of-Network:</b> After you meet your \$1,000 deductible, you pay a \$0 copay for Medicare-Covered Supervised Exercise Therapy (SET) services.</p>
<b>Transportation</b>	<p>You pay a \$0 copay for each one-way trip to either plan approved health-related locations or non-clinical social enrichment location.</p> <p>Limit to 12 one-way trips a year.</p>	<p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for transportation services to any health location.</p> <p>There is a \$500 allowance per year that may be used for dental, eyewear, hearing aids, and transportation services combined.</p>
<b>Urgent Care</b>	<p>You pay a \$20 copay for services rendered at an Urgent Care or Retail Clinic.</p> <p>You pay a \$20 for worldwide urgently needed care.</p>	<p>You pay a \$35 copay for services rendered at an Urgent Care or Retail Clinic.</p> <p>You pay a \$35 for worldwide urgently needed care.</p>
<b>Vision Services</b>	<p>You pay a \$0 copay for eyeglasses (frames and/or lenses) or contact lenses.</p> <p>Our plan pays up to \$300 every year for eyewear.</p>	<p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for eyewear (contacts and eyeglasses).</p> <p>There is a \$500 allowance per year that may be used for dental, eyewear, hearing aids, and transportation services combined.</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 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” and you didn’t receive this insert by September 30, 2023, 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)
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

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

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>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 <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Preferred Generics:</b> You pay \$0 per prescription</p> <p><b>Generics:</b> You pay \$5 per prescription</p> <p><b>Preferred Brands:</b> You pay \$47 per prescription</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Non-Preferred Drugs:</b> You pay \$100 per prescription</p> <p><b>Specialty Tiers:</b> You pay 33% of the total cost</p> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p> <hr/>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Preferred Generics:</b> You pay \$0 per prescription</p> <p><b>Generics:</b> You pay \$5 per prescription</p> <p><b>Preferred Brands:</b> You pay \$47 per prescription</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Non-Preferred Drugs:</b> You pay \$100 per prescription</p> <p><b>Specialty Tiers:</b> You pay 33% of the total cost</p> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p> <hr/>

## 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 Administrative Changes

Description	2023 (this year)	2024 (next year)
<b>Blue Benefit Bucks</b>	Over-the-Counter (OTC) and Member Rewards dollars are available on your Blue Benefits Bucks prepaid card.	Over-the-Counter (OTC), Member Rewards, and Flexible benefit dollars for eyewear, dental, hearing aids, or transportation services combined are available on your Blue Benefits Bucks prepaid card.

Description	2023 (this year)	2024 (next year)
<b>Healthy Reward</b>	When you have a healthy action, a benefit allowance is added to your Blue Benefit Bucks prepaid card, up to \$50 per year.	When you have a healthy action, a benefit allowance is added to your Blue Benefit Bucks prepaid card, up to \$75 per year. <ul style="list-style-type: none"> <li>• Annual Physical: \$30</li> <li>• Diabetic Retinal Eye Exam: \$20</li> <li>• Breast Cancer Screening (Mammogram): \$20</li> <li>• Annual Flu Vaccine: \$5</li> <li>• Covid-19 Vaccination: \$5</li> <li>• Silver Sneakers: \$10 for 10 in person visits per calendar month</li> </ul>
<b>Hearing Services</b>	To receive the hearing aid benefits, you must coordinate your services, through the Plan's administrator, call 1-877-208-2596 (TTY: 711) between 8 a.m. to 8 p.m., Monday through Friday.	To receive the hearing aid benefits, you must coordinate your services, through the Plan's administrator, call 1-888-892-8907 (TTY: 711) between 8 a.m. to 8 p.m., Monday through Friday.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in Blue KC Group 25 Retirees (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 KC Group 25 Retirees (PPO).

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## Section 3.2 – If you want to change plans

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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 5), or call Medicare (see Section 7.2).

As a reminder, Blue Cross and Blue Shield of Kansas City offers other Medicare health 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 KC Group 25 Retirees (PPO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Blue KC Group 25 Retirees (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 4 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 5 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 Kansas, the SHIP is called Senior Health Insurance Counseling for Kansas (SHICK). In Missouri, the SHIP is called Missouri SHIP (MO SHIP).

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

### In Kansas:

You can call (SHICK) toll free at 1-800-860-5260 (TTY: 711). You can learn more about SHICK by visiting their website [www.kdads.ks.gov](http://www.kdads.ks.gov).

### In Missouri:

You can call MO SHIP toll free at 1-800-390-3330 (TTY: 711). You can learn more about MO SHIP by visiting their website <https://www.missouriship.org/>.

## SECTION 6 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 Ryan White Part B Program in Kansas and Missouri Department of Health and Senior Services in Missouri. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call:

In Kansas –  
The Kansas Ryan White Part B Program  
1000 SW Jackson, Ste. 210  
Topeka, KS 66612  
**Phone:** 1-785-296-6174 (TTY: 711)  
**Fax:** 1-785-559-4225

In Missouri –  
HIV/AIDS Case Management Program Bureau of HIV, STD, and Hepatitis  
Missouri Department of Health and Senior Services  
P.O. Box 570  
Jefferson City, MO 65102-0570  
**Phone:** 1-573-751-6439 (TTY: 711)  
**Fax:** 1-573-751-6447  
**Email:** [info@health.mo.gov](mailto:info@health.mo.gov)

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Blue KC Group 25 Retirees (PPO)

Questions? We're here to help. Please call Customer Service at 1-888-892-8907. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m. You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day. 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 KC Group 25 Retirees 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 [medicarebluekc.com/bluekcretiree](https://medicarebluekc.com/bluekcretiree). 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 [medicarebluekc.com/bluekcretiree](https://medicarebluekc.com/bluekcretiree). 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")*.

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## Section 7.2 – Getting Help from Medicare

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To get information directly from Medicare:

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

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

### Visit the Medicare Website

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

### Read *Medicare & You 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.



## Notes

# Notes

## Multi-Language Insert

### 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 1-866-508-7140, TTY 711. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-508-7140, TTY 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-508-7140, TTY 711。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-508-7140, TTY 711。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-508-7140, TTY 711. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-508-7140, TTY 711. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-508-7140, TTY 711 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-508-7140, TTY 711. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-508-7140, TTY 711 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-508-7140, TTY 711. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-508-7140, TTY 711. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-508-7140, TTY 711 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-508-7140, TTY 711. 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 1-866-508-7140, TTY 711. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-508-7140, TTY 711. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-508-7140, TTY 711. Ta usługa jest bezpłatna.

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