BlueCross BlueShield of Illinois

Blue Cross Group Medicare Advantage Open Access (PPO)[SM] offered by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC)

Annual Notice of Changes for 2024

You are currently enrolled as a member of Blue Cross Group Medicare Advantage Open Access (PPO)[SM] through DePaul University. Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our Blue Access for Members (BAM) portal www.bluememberIL.com. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

- **During your Group's open enrollment period, you may make changes to your Medicare coverage for next year.**

What to do now

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

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

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

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare 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, you will stay in Blue Cross Group Medicare Advantage Open Access (PPO).
- To change to a different plan, contact your Employer Group Plan Benefit Administrator.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call Customer Service at 1-877-299-1008 (TTY only, call: 711) for more information.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicio al Cliente al 1-877-299-1008 (TTY: 711) para recibir más información.
- Please contact our Customer Service number at 1-877-299-1008 for additional information. (TTY users should call 711). Hours are 8:00 a.m. – 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays. This call is free.
- Para obtener más información por favor póngase en contacto con nuestro número de servicio al cliente en 1-877-299-1008. (Usuarios de TTY deben llamar al 711). El horario es de 8:00 – 20:00, hora de local, 7 días a la semana. Si usted está llamando desde el 1 de abril hasta el 30 de septiembre, tecnologías alternativas (por ejemplo, correo de voz) se utilizarán los fines de semana y festivos.
- Please contact Blue Cross Group Medicare Advantage Open Access (PPO) if you need this information in another language or format (Spanish, braille, large print or 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 for more information.

About Blue Cross Group Medicare Advantage Open Access (PPO)

- PPO plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment in HCSC's plans depends on contract renewal.
- When this document says "we," "us," or "our," it means Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). When it says "plan" or "our plan," it means Blue Cross Group Medicare Advantage Open Access (PPO).

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Blue Cross Group Medicare Advantage Open Access (PPO) in several important areas. **Please note this is only a summary of costs**.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	You can get information regarding your premium by going through your employer group	You can get information regarding your premium by going through your employer group
Deductible	$200 for in-network and out-of-network medical services with a coinsurance.	$200 for in-network and out-of-network medical services with a coinsurance.
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	From in-network and out-of-network providers combined: $1,000	From in-network and out-of-network providers combined: $1,000
Doctor office visits	**Primary care visits:** In-Network:$20 copay Out-of-Network: $20 copay **Specialist visits:** In-Network: $40 copay Out-of-Network: $40 copay	**Primary care visits:** In-Network: $20 copay Out-of-Network: $20 copay **Specialist visits:** In-Network: $40 copay Out-of-Network: $40 copay

Cost	2023 (this year)	2024 (next year)
Inpatient hospital stays	In-Network: 4% of the total cost per stay Out-of-Network: 4% of the total cost per stay	In-Network: 4% of the total cost per stay Out-of-Network: 4% of the total cost per stay
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: **Drug Tier 1:** *Standard cost sharing:* 20% ($10 mins; $100 max) **Drug Tier 2:** *Standard cost sharing:* 20% ($10 mins; $100 max) **Drug Tier 3:** *Standard cost sharing:* 20% ($10 mins; $100 max) **Drug Tier 4:** *Standard cost sharing:* 20% ($10 mins; $100 max) **Drug Tier 5:** *Standard cost sharing:* 20% ($10 mins; $100 max)	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: **Drug Tier 1:** *Standard cost sharing:* 20% $10 min; $100 max **Drug Tier 2:** *Standard cost sharing:* 20% $10 min; $100 max **Drug Tier 3:** *Standard cost sharing:* 20% $10 min; $100 max **Drug Tier 4:** *Standard cost sharing:* 20% $10 min; $100 max **Drug Tier 5:** *Standard cost sharing:* 20% $10 min; $100 max

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 (You must also continue to pay your Medicare Part B premium.)	You can get information regarding your premium by going through your employer group	You can get information regarding your premium by going through your employer group

- 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 services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
Combined maximum out-of-pocket amount 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 does not count toward your maximum out-of-pocket amount.	$1,000	$1,000 Once you have paid $1,000 out-of-pocket for covered services, you will pay nothing for your covered 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 Blue Access for Members (BAM) portal www.bluememberIL.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. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

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)
Rx: Initial Coverage Limit	$4,660	$5,030
Rx: Maximum Out-of-Pocket	$1,000	$1,000

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. The "Drug List" includes many – but not all – of the drugs that we will cover next year. If you don't see your drug on this list, it might still be covered. **You can get the *complete* Drug List** by calling Customer Service (see the back cover) or visiting our Blue Access for Members (BAM) portal www.bluememberIL.com.

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

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.)

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.

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	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)
Stage 2: 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 (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	Your cost for a one-month supply at a network pharmacy with standard cost sharing: **Tier 1: Preferred Generic:** • You pay 20% ($10 mins; $100 max) per prescription. **Tier 2: Generic:** • You pay 20% ($10 mins; $100 max) per prescription. **Tier 3: Preferred Brand:** • You pay 20% ($10 mins; $100 max) per prescription.	Your cost for a one-month supply at a network pharmacy with standard cost sharing: **Tier 1: Preferred Generic:** • You pay 20% $10 min; $100 max per prescription. **Tier 2: Generic:** • You pay 20% $10 min; $100 max per prescription. **Tier 3: Preferred Brand:** • You pay 20% $10 min; $100 max per prescription.

Stage	2023 (this year)	2024 (next year)
your *Evidence of Coverage Benefits Insert*. 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". Most adult Part D vaccines are covered at no cost to you.	**Tier 4: Non-Preferred Drug:** • You pay 20% ($10 mins; $100 max) per prescription. **Tier 5: Specialty:** • You pay 20% ($10 mins; $100 max) per prescription. _____ Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).	**Tier 4: Non-Preferred Drug:** • You pay 20% $10 min; $100 max per prescription. **Tier 5: Specialty:** • You pay 20% $10 min; $100 max per prescription. _____ 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.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your Evidence of Coverage Benefits Insert.

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs. You may have cost sharing 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 Group Medicare Advantage Open Access (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 the open enrollment timeframe as

defined by your employer, you will automatically be enrolled in our Blue Cross Group Medicare Advantage Open Access (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 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).

Your coverage is provided through a contract with your current employer or former employer or union. Please contact your employer/union benefits administrator for more information on opting out.

Step 2: Change your coverage

- If you no longer wish to be covered by Blue Cross Group Medicare Advantage Open Access (PPO), please contact your employer/union benefits administrator.
- If you want to enroll in an Individual (retail) Medicare Advantage plan, the Centers for Medicare and Medicaid Services (CMS) will automatically disenroll you from your Blue Cross Group Medicare Advantage Open Access (PPO) plan.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Contact your current employer or former employer or union.
  - – *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 during your Group's specified Open Enrollment period. Contact your Employer

Group Plan Benefit Administrator to understand what happens if you disenroll from the group plan. 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). Your coverage is provided through a contract with your current employer or former employer or union. Please contact your employer/union benefits administrator for more information.

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 Illinois, the SHIP is called Illinois Department on Aging.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Illinois Department on Aging 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 Illinois Department on Aging at 1-800-252-8966. You can learn more about Illinois Department on Aging by visiting their website (https://www2.illinois.gov/aging/ship/Pages/default.aspx). If you need assistance in another state please visit www.bcbsil.com/retiree-medicare-tools for a listing of SHIP's in every state.

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).

- **State Pharmaceutical Assistance Program (SPAP).** Some states have SPAP's that help people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about these programs, check with your State Health Insurance Assistance Program. To obtain a listing of the program in your state please visit www.bcbsil.com/retiree-medicare-tools.
- **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 Illinois ADAP Office, 535 W. Jefferson St. First Floor, Springfield, IL 62761; https://dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/ryan-white-care-and-hopwa-services. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-217-782-4977. If you need assistance in another state please visit www.bcbsil.com/retiree-medicare-tools for a listing of ADAP's in every state.

SECTION 6 Questions?

Section 6.1 – Getting Help from Blue Cross Group Medicare Advantage Open Access (PPO)

Questions? We're here to help. Please call Customer Service at 1-877-299-1008. (TTY only, call 711). We are available for phone calls 8:00 a.m. – 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays. Calls to these numbers are free.

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

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 *Evidence of Coverage Benefits Insert* for Blue Cross Group Medicare Advantage Open Access (PPO)*.* The *Evidence of Coverage Benefits Insert* is the legal, detailed description of your plan benefits. In addition, the *Evidence of Coverage booklet* explains your rights and the rules you need to follow to get covered services and prescription drugs. The *Evidence of Coverage* and the *Evidence of Coverage Benefits Insert* is located on our Blue Access for Members (BAM) portal (www.bluememberIL.com) or you may call Customer Service to ask us to mail you a copy.

Visit our Website

You can also visit our website at www.bcbsil.com/retiree-medicare-tools. 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.

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Group Medicare Advantage Open Access (PPO) members, except in emergency situations. Please call our Customer Service number or see your *Evidence of Coverage Benefits Insert* for more information, including the cost sharing that applies to out-of-network services.