



A nonprofit independent licensee of the Blue Cross Blue Shield Association

## **Medicare BlueActive (PPO) offered by Excellus BlueCross BlueShield**

### **Annual Notice of Changes for 2023**

You are currently enrolled as a member of Medicare BlueActive (PPO). 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 website [www.ExcellusMedicare.com](http://www.ExcellusMedicare.com). You may also call Customer Care 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.**

Our employer or retiree group benefit plan administrator may have established different dates for you to make changes to your group coverage. Please check with the benefits administrator of your employer or retiree group before you change your plan.

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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 Medicare 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.

OMB Approval 0938-1051(Expires: February 29, 2024)

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

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your Medicare & You 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 Medicare BlueActive (PPO).
  - To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start January 1, 2023. This will end your enrollment with Medicare BlueActive (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.
- Our employer or retiree group benefit plan administrator may have established different dates for you to make changes to your group coverage. Please check with the benefits administrator of your employer or retiree group before you change your plan

### **Additional Resources**

- Please contact our Customer Care number at 1-877-883-9577 for additional information. (TTY users should call 1-800-662-1220.) Hours are Monday - Friday, 8:00 a.m. - 8:00 p.m. Representatives are also available 8:00 a.m. - 8:00 p.m., Monday - Sunday, from October 1 - March 31.
- This information may be available in a different format, including large print, audio, and braille.
- 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 [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About Medicare BlueActive (PPO)**

- Excellus BlueCross BlueShield is a PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Excellus BlueCross BlueShield. When it says "plan" or "our plan," it means Medicare BlueActive (PPO).

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**Summary of Important Costs for 2023**

The table below compares the 2022 costs and 2023 costs in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (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>	\$0	\$0
<p><b>Dental Optional Supplemental Benefit monthly plan premium</b></p>	<p style="text-align: center;">\$29</p> <p>This premium is paid in addition to your monthly premium in our plan and your Medicare Part B premium.</p>	<p>There is no additional monthly premium for dental coverage. Dental coverage is included with your plan. Please see Chapter 4 of the Evidence of Coverage for details.</p>
<p><b>Part B Premium Reduction</b></p>	<p>We will reduce the Part B premium that you pay to the Social Security Administration by \$40.</p>	<p>We will reduce the Part B premium that you pay to the Social Security Administration by \$42.</p>
<p><b>Maximum out-of-pocket amount</b></p> <p>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: \$7,550 From network and out-of-network providers combined: \$11,300</p>	<p>From network providers: \$7,900 From network and out-of-network providers combined: \$11,300</p>
<p><b>Doctor office visits</b></p>	<p><b>Primary care visits:</b> You pay a \$15 copayment in-network per visit. You pay a \$25 copayment out-of-network per visit. <b>Specialist visits:</b> You pay a \$45 copayment in-network per visit. You pay a \$60 copayment out-of-network per visit.</p>	<p><b>Primary care visits:</b> You pay a \$5 copayment in-network per visit. You pay a \$25 copayment out-of-network per visit. <b>Specialist visits:</b> You pay a \$40 copayment in-network per visit. You pay a \$60 copayment out-of-network per visit.</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Inpatient hospital stays</b></p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor’s order. The day before you are discharged is your last inpatient day.</p>	<p><b>In-network:</b> You pay a \$400 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission</p> <p><b>Out-of-network:</b> You pay \$435 copayment per day for days 1 through 28 for covered hospital care. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission.</p>	<p><b>In-network:</b> You pay a \$400 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission</p> <p><b>Out-of-network:</b> You pay \$435 copayment per day for days 1 through 28 for covered hospital care. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission.</p>
<p><b>Inpatient mental health and chemical dependency admission</b></p>	<p><b>In-network:</b> You pay a \$374 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission</p> <p><b>Out-of-network:</b> You pay \$410 copayment per day for days 1 through 28 for covered hospital care. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission.</p>	<p><b>In-network:</b> You pay a \$374 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission</p> <p><b>Out-of-network:</b> You pay \$410 copayment per day for days 1 through 28 for covered hospital care. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission.</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 1.5 for details.)</p>	<p>Deductible: \$350 (drugs in Tiers 3-5)</p> <p>Copayments/Coinsurance during the Initial Coverage Stage:</p> <p><b>Drug Tier 1:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: \$3 copayment.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: \$8 copayment.</li> </ul> <p><b>Drug Tier 2:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: \$12 copayment.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: \$17 copayment.</li> </ul> <p><b>Drug Tier 3:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: \$42 copayment.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: \$47 copayment.</li> </ul> <p><b>Drug Tier 4:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: 28% copayment.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: 30% copayment.</li> </ul> <p><b>Drug Tier 5:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: 27% coinsurance.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: 27% coinsurance.</li> </ul>	<p>Deductible: \$350 (drugs in Tiers 3-5)</p> <p>Copayments/Coinsurance during the Initial Coverage Stage:</p> <p><b>Drug Tier 1:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: \$0 copayment.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: \$5 copayment.</li> </ul> <p><b>Drug Tier 2:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: \$12 copayment.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: \$17 copayment.</li> </ul> <p><b>Drug Tier 3:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: \$42 copayment.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: \$47 copayment.</li> </ul> <p><b>Drug Tier 4:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: 28% copayment.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: 30% copayment.</li> </ul> <p><b>Drug Tier 5:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: 27% coinsurance.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: 27% coinsurance.</li> </ul>

<b>Cost</b>	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<b>Insulin</b>	Follows Drug Tiers 1-5 cost-shares.	<p>The cost of a 30-day supply of select insulin will be \$30 at a preferred pharmacy and \$35 at a standard pharmacy. Costs will remain the same through the deductible, initial and coverage gap phases of the Part D benefit.</p> <p>To find out which drugs are select insulins, review the most recent Drug List we provided electronically. If you have questions about the Drug List, you can also call Customer Care (Phone numbers for Customer Care are printed on the back cover of this booklet).</p>

**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)
<b>Part B Premium Reduction</b>	We will reduce the Part B premium that you pay to the Social Security Administration by \$40	We will reduce the Part B premium that you pay to the Social Security Administration by \$42.
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
<b>Dental Optional Supplemental Benefit monthly plan premium</b>	\$29 This premium is paid in addition to your monthly premium in our plan and your Medicare Part B premium.	There is no additional monthly premium for dental coverage. Dental coverage is included with your plan. Please see Chapter 4 of the Evidence of Coverage for details.

- 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 6 regarding “Extra Help” from Medicare.

**Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount**

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. This limit is called the “maximum out-of-pocket amount.” 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)
<p><b>Maximum out-of-pocket amount</b>                      Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>\$7,550</p>	<p style="text-align: center;">\$7,900</p> <p>Once you have paid \$7,900 out-of-pocket for Part A and Part B covered services, you will pay nothing for your Part A and Part B covered services for the rest of the calendar year.</p>
<p><b>Combined maximum out-of-pocket amount</b>                      Your costs for covered medical services (such as copays) from in network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	<p>\$11,300</p>	<p style="text-align: center;">\$11,300</p> <p>Once you have paid \$11,300 out-of-pocket for Part A and Part B covered services, you will pay nothing for your Part A and Part B covered services from network or out-of-network providers for the rest of the calendar year.</p>

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

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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 Care 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.

<b>Cost</b>	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<b>Allergy Testing and Treatment</b>	\$15 PCP - \$45 Specialist, in network	\$5 PCP - \$40 Specialist, in network
<b>Ambulance</b>	\$325 copayment	\$300 copayment
<b>Cardiac Rehabilitation</b>	\$45 copayment, in network	\$0 copayment, in network
<b>Diagnostic Imaging Includes CAT, PET, MRI/MRA</b>	\$310 copayment, in network	\$300 copayment, in network
<b>Emergency Room (worldwide)</b>	\$90 copayment	\$95 copayment
<b>Eyewear</b>	Routine: \$250 allowance every two years Post Cataract Surgery: \$45 copayment, in network	Routine: \$250 allowance every calendar year Post Cataract Surgery: \$40 copayment, in network
<b>Gynecologist Visit, Diagnostic</b>	\$15 copayment, in network	\$5 copayment, in network
<b>Hearing Exam, Diagnostic</b>	\$45 copayment, in network	\$40 copayment, in network
<b>Meal Benefit Post Discharge</b>	Not Covered	Your post discharge meal benefit provides access to two meals per day for 7-days following an Inpatient Hospital stay, Observation Stay in a Hospital, or Skilled Nursing Facility stay. \$0 copay for coordinated meal requests. Please see Evidence of Coverage (EOC) for more details.
<b>Office Surgery</b>	\$15 PCP - \$45 Specialist, in network	\$5 PCP - \$40 Specialist, in network

<b>Cost</b>	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<b>Office Visit</b>	Primary Care Physician (PCP): \$15 copayment, in network Specialist: \$45 copayment, in network	Primary Care Physician (PCP): \$5 copayment, in network Specialist: \$40 copayment, in network
<b>Oral Surgery - Medicare Covered</b>	\$45 copayment, in network	\$40 copayment, in network
<b>Over-the-counter (OTC) Items (Supplemental)</b>	Non-prescription OTC health related items like vitamins, pain relievers, cough and cold medicines, and first aid supplies are covered. You have \$30 every quarter to spend on plan-approved OTC items. OTC items are purchased through a catalog and are not available through retail stores. More information will be sent to you in the mail.	Non-prescription OTC health related items like vitamins, pain relievers, cough and cold medicines, and first aid supplies are covered. You have \$50 every quarter to spend on plan-approved OTC items. OTC items are purchased through a catalog and are not available through retail stores. More information will be sent to you in the mail.
<b>Podiatry Services</b>	\$45 copayment, in network	\$40 copayment, in network

<b>Cost</b>	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<p><b>Preventive and Comprehensive Dental</b></p>	<p>Preventive dental services (i.e., cleanings, routine dental exams, and dental x-rays):</p> <ul style="list-style-type: none"> <li>- Covered twice per calendar year at a \$15 copayment for each service done during your visit.</li> </ul> <p>Comprehensive dental services:</p> <ul style="list-style-type: none"> <li>- Available for an extra monthly premium.</li> <li>- There is a \$100 yearly deductible.</li> <li>- You pay 20% of the total cost for fillings and amalgam/composite restorations, in-network.</li> <li>- You pay 5-% of the total cost for fillings and amalgam/composite restorations, out-of-network.</li> <li>- You pay 50% of the total cost for root canals, extractions, crowns, dentures and denture repairs, in-network.</li> <li>- You pay 55% of the total cost for root canals, extractions, crowns, dentures, and denture repairs, out-of-network.</li> <li>- Benefit is limited to a \$1,000 annual allowance per calendar year for in and out-of-network benefits (services above the limit are your responsibility).</li> <li>- Limited to specific dental codes (exclusions apply) and limitations may apply on the number of covered services within a service category.</li> <li>- Benefit does not apply to the maximum out-of-pocket.</li> </ul>	<p>Preventive dental services (i.e., cleanings, routine dental exams, and dental x-rays):</p> <ul style="list-style-type: none"> <li>- Covered twice per calendar year at a \$0 copayment for each service done during your visit.</li> </ul> <p>Comprehensive dental services:</p> <ul style="list-style-type: none"> <li>- No additional monthly premium.</li> <li>- There is no yearly deductible.</li> <li>- There is no additional coinsurance.</li> <li>- Benefit is limited to a \$1,000 annual allowance per calendar year for in and out-of-network benefits (services above the limit are your responsibility).</li> <li>- Limited to specific dental codes (exclusions apply) and limitations may apply on the number of covered services within a service category.</li> <li>- Benefit does not apply to the maximum out-of-pocket.</li> <li>- If you are currently enrolled in the Dental Optional Supplemental Benefit you do not need to do anything. The Dental OSB will be termed as of 12/31/2022 and you will no longer be charged for the additional monthly premium. You will automatically receive preventive and comprehensive dental coverage with your Plan.</li> </ul>
<p><b>Pulmonary Rehabilitation</b></p>	<p>\$30 copayment, in network</p>	<p>\$20 copayment, in network</p>

<b>Cost</b>	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<b>Remote Access Technology</b>	Not a covered medical benefit	Your medical benefits include access to a nurse over-the-phone anytime – 24 hours a day, seven days a week at 1-800-348-9786 (TTY 1-800-662-1220). Our specially trained registered nurses can provide support and education for members with chronic or complex health conditions or answers to more general health questions. This is a service provided to our members to support their relationship with their health care providers. The information provided is intended to help educate members, not to replace the advice of a medical professional.
<b>Second Surgical Opinion</b>	\$15 PCP - \$45 Specialist, in network	\$5 PCP - \$40 Specialist, in network
<b>Skilled Nursing Facility Days 21-100</b>	\$188 copayment per day, in network	\$196 copayment per day, in network
<b>Supervised Exercise Therapy (SET)</b>	\$30 copayment, in network	\$20 copayment, in network
<b>Surgical Care, Outpatient Hospital Services, Colonoscopy, Diagnostic, Observation Stay &amp; Ambulatory Surgery Center Services</b>	\$425 copayment, in network	\$350 copayment, in network

<b>Cost</b>	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<b>Telehealth</b>	<p>\$15 copayment for MDLive visit in network. No coverage for Behavioral Health in network. For all mental health telehealth visits, you are required to have an in-person visit with the provider, or a provider in the group, furnishing the mental health telehealth services within six months prior to the initial telehealth visit, and at least once every six months thereafter.</p>	<p>\$5 copayment for MDLive visit in network. \$40 copayment for MDLive Behavioral Health visit in network. No requirement for an in-person visit with a provider, or a provider in the group, furnishing the mental health telehealth service.</p>
<b>The Silver&amp;Fit® Program</b>	<p>The Silver&amp;Fit program provides you with access to a fitness membership at a participating fitness center. There is a \$25 non-refundable annual member fee. You can also choose one home fitness kit per year for a \$10 non-refundable annual member fee. Home fitness kits include options such as a Fitbit or Garmin wearable device, Yoga kit, Strength kit, and more. You also have access to digital fitness options including on-demand workout videos. If you sign up at a non-participating fitness center you will be eligible for a reimbursement of up to \$150 annually. The Silver&amp;Fit program aims to help you make better health choices, exercise safely, and improve your overall health.</p>	<p>The Silver&amp;Fit program provides you with access to a fitness membership at a participating fitness center. There is a \$0 annual member fee. You can also choose one home fitness kit per year for a \$0 annual member fee. Home fitness kits include options such as a Fitbit or Garmin wearable device, Yoga kit, Strength kit, and more. You also have access to digital fitness options, including on-demand workout videos, the Well-Being Club, and Healthy Aging Coaching with a trained health coach. If you sign up at a non-participating fitness center you will be eligible for a reimbursement of up to \$150 annually. The Silver&amp;Fit program aims to help you make better health choices, exercise safely, and improve your overall health.</p>

Cost	2022 (this year)	2023 (next year)
<b>TruHearing Providers: Routine Hearing Exam &amp; Hearing Aids</b>	\$45 copayment, in network \$45 copayment, out of network TruHearing Providers Only \$699 Copay Advanced Aid \$999 Copay Premium Aid	\$0 copayment, in network out-of-network: not covered TruHearing Providers Only \$499 Copay Advanced Aid \$799 Copay Premium Aid
<b>Urgent Care (Worldwide)</b>	\$65 copayment	\$60 copayment

## 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 Care 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 if you haven’t received this insert by September 30, 2022, please call Customer Care and ask for the “LIS Rider.”

There are four “drug payment stages.”

The information below shows the changes for next year 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

<b>Stage</b>	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, you pay the full cost of your Preferred Brand, Non-Preferred Drug and Specialty drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$350.</p>	<p>The deductible is \$350.</p>
	<p>During this stage, you pay \$3 preferred pharmacy cost sharing per prescription for drugs on Preferred Generic tier and \$8 standard pharmacy cost sharing per prescription and \$12 preferred pharmacy cost sharing per prescription for drugs on Generic tier and \$17 standard pharmacy cost sharing per prescription and the full cost of drugs on Preferred Brand, Non-Preferred Drug, and Specialty tiers until you have reached the yearly deductible.</p>	<p>During this stage, you pay \$0 preferred pharmacy cost sharing per prescription for drugs on Preferred Generic tier and \$5 standard pharmacy cost sharing per prescription and \$12 preferred pharmacy cost sharing per prescription for drugs on Generic tier and \$17 standard pharmacy cost sharing per prescription and the full cost of drugs on Preferred Brand, Non-Preferred Drug, and Specialty tiers until you have reached the yearly deductible.</p>
<p><b>Insulin:</b></p>	<p>Follows Drug Tiers 1-5 cost-shares.</p>	<p>There is no deductible for Medicare BlueActive (PPO) for select insulins. You pay \$30 at a preferred pharmacy for a 30-day supply of insulin and you pay \$35 at a standard pharmacy for a 30-day supply of insulin.</p>



**Changes to Your Cost-sharing in the Initial Coverage Stage**

Stage	2022 (this year)	2023 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30 - day) supply when you fill your prescription at a network pharmacy. 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.</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:</p> <p><b>Preferred Generic (Tier 1):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: \$3 copayment.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: \$8 copayment.</li> </ul> <p><b>Generic (Tier 2):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: \$12 copayment.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: \$17 copayment.</li> </ul> <p><b>Preferred Brand (Tier 3):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: \$42 copayment.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: \$47 copayment.</li> </ul> <p><b>Non-Preferred Drug (Tier 4):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: 28% copayment.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: 30% copayment.</li> </ul>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p><b>Preferred Generic (Tier 1):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: \$0 copayment.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: \$5 copayment.</li> </ul> <p><b>Generic (Tier 2):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: \$12 copayment.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: \$17 copayment.</li> </ul> <p><b>Preferred Brand (Tier 3):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: \$42 copayment.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: \$47 copayment.</li> </ul> <p><b>Non-Preferred Drug (Tier 4):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: 28% copayment.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: 30% copayment.</li> </ul>

Stage	2022 (this year)	2023 (next year)
	<p><b>Specialty (Tier 5):</b></p> <ul style="list-style-type: none"> <li>☐ <i>Preferred Pharmacy cost-sharing: 27% coinsurance.</i></li> <li>☐ <i>Standard Pharmacy cost-sharing: 27% coinsurance.</i></li> </ul> <p><b>Insulin:</b> Follows Drug Tiers 1-5 cost-shares.</p> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p><b>Specialty (Tier 5):</b></p> <ul style="list-style-type: none"> <li>☐ <i>Preferred Pharmacy cost-sharing: 27% coinsurance.</i></li> <li>☐ <i>Standard Pharmacy cost-sharing: 27% coinsurance.</i></li> </ul> <p><b>Insulin:</b></p> <ul style="list-style-type: none"> <li>☐ <i>Preferred Pharmacy cost-sharing: You pay \$30 per prescription for select insulins.</i></li> <li>☐ <i>Standard Pharmacy cost-sharing: You pay \$35 per prescription for select insulins.</i></li> </ul> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p> <p>Medicare BlueActive PPO offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be \$30to \$35 for a one-month supply.</p>

**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 Care 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.

**Getting Help from Medicare** - **If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.**

**Additional Resources to Help** – Please contact our Customer Care number at 1-877-883-9577 for additional information (TTY users should call 1-800-662-1220). Hours are Monday - Friday, 8:00 a.m. - 8:00 p.m. Representatives are also available 8:00 a.m. - 8:00 p.m., Monday - Sunday, from October 1 - March 31.

**SECTION 2 Administrative Changes**

<b>Cost</b>	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<b>Member Card</b>	Not applicable.	New member cards will be mailed in mid December. If you don't receive your ID card by 12/31/2022, please contact our Customer Care department. It is important for you to show providers and pharmacists your new card whenever you receive services beginning 1/1/2023.

## **SECTION 3 Deciding Which Plan to Choose**

### **Section 3.1 – If you want to stay in Medicare BlueActive (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 Medicare BlueActive (PPO) for 2023.

### **Section 3.2 – If you want to change plans**

We hope to keep you as a member next year but if you want to change 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 ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the Medicare & You 2023 handbook call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Excellus BlueCross BlueShield 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 Medicare BlueActive (PPO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Medicare BlueActive (PPO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Care if you need more information on how to do this.
  - – 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, 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 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 New York, the SHIP is called Health Insurance Information Counseling and Assistance Program (HIICAP).

It is a state program that gets money from the Federal Government to give **free** local health insurance counseling to people with Medicare. HIICAP 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 HIICAP at 1-800-701-0501. You can learn more about HIICAP by visiting their website ([aging.ny.gov/programs/medicare-and-health-insurance](http://aging.ny.gov/programs/medicare-and-health-insurance)).

## 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 a.m. and 7 p.m., 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);
- **Help from your state’s pharmaceutical assistance program.** New York has a program called Elderly Pharmaceutical Insurance Program (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **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 HIV Uninsured Care Programs, Empire Station, P.O. Box 2052, Albany, NY 12220-0052. You can learn more about the ADAP in New York State by visiting their website ([www.health.ny.gov/diseases/aids/general/resources/adap/](http://www.health.ny.gov/diseases/aids/general/resources/adap/)). For information on eligibility criteria, covered drugs, or how to enroll in the program:
  - call 1-800-542-2437 or 1-844-682-4058 (in-state, toll free); 1-518-459-1641 (out of state); 1-518-459-0121 (TDD) Monday through Friday, 8:00 am - 5:00 pm. or
  - email [adap@health.ny.gov](mailto:adap@health.ny.gov)

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Medicare BlueActive (PPO)

Questions? We’re here to help. Please call Customer Care at 1-877-883-9577. (TTY only, call 1-800-662-1220.) We are available for phone calls Monday - Friday, 8:00 a.m. - 8:00 p.m. Representatives are also available 8:00 a.m. - 8:00 p.m., Monday - Sunday, from October 1 - March 31. 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 Medicare BlueActive (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 [www.ExcellusMedicare.com](http://www.ExcellusMedicare.com). You may also call Customer Care to ask us to mail you an Evidence of Coverage.

### **Visit our Website**

You can also visit our website at [www.ExcellusMedicare.com](http://www.ExcellusMedicare.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).

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

### **Read Medicare & You 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 (<https://www.medicare.gov/Pubs/pdf/10050-medicare-andyou.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.