



A nonprofit independent licensee of the Blue Cross Blue Shield Association

## Medicare Blue Choice Advanced (HMO-POS) offered by Excellus BlueCross BlueShield

### Annual Notice of Changes for 2025

You are currently enrolled as a member of Medicare Blue Choice Advanced (HMO-POS). Next year, there will be changes to the plan's costs and benefits. **Please see page 1 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.**

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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 coverage restrictions and cost sharing.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
  - Check the changes in the 2025 Drug List to make sure the drugs you currently take are still covered.
  - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.
- Think about whether you are happy with our plan.

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

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your **Medicare & You 2025** handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- 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, 2024, you will stay in Medicare Blue Choice Advanced (HMO-POS).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start January 1, 2025. This will end your enrollment with Medicare Blue Choice Advanced (HMO-POS).
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## Additional Resources

- Please contact our Customer Care number at 1-877-883-9577 for additional information. (TTY/TDD users should call 711.) 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 call is free.
- 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 Blue Choice Advanced (HMO-POS)

- Excellus BlueCross BlueShield is an HMO-POS plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.
- When this document says "we", "us", or "our", it means Excellus BlueCross BlueShield. When it says "plan" or "our plan," it means Medicare Blue Choice Advanced (HMO-POS).

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**Summary of Important Costs for 2025**

The table below compares the 2024 costs and 2025 costs for Medicare Blue Choice Advanced (HMO-POS) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly plan premium*</b>                      * Your premium may be higher or lower than this amount. (See Section 1.1 for details.)</p>	<p>\$32.40</p>	<p>\$37.30</p>
<p><b>Maximum out-of-pocket amount</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:                      \$7,200</p>	<p>From network providers:                      \$8,000</p>
<p><b>Doctor office visits</b></p>	<p><b>Primary care visits:</b>                      You pay a \$5 copayment in-network per visit.                       You pay 30% coinsurance of the total cost out-of-network per visit. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.</p> <p><b>Specialist visits:</b>                      You pay a \$40 copayment in-network per visit.                       You pay 30% coinsurance of the total cost out-of-network per visit. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.</p>	<p><b>Primary care visits:</b>                      You pay a \$5 copayment in-network per visit.                       You pay 30% coinsurance of the total cost out-of-network per visit. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.</p> <p><b>Specialist visits:</b>                      You pay a \$40 copayment in-network per visit.                       You pay 30% coinsurance of the total cost out-of-network per visit. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Inpatient hospital stays</b></p>	<p><b>In-network:</b> You pay a \$360 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 30% coinsurance of the total cost. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.</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 30% coinsurance of the total cost. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.</p>
<p><b>Inpatient mental health and chemical dependency admission</b></p>	<p><b>In-network:</b> You pay a \$315 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 30% coinsurance of the total cost. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.</p>	<p><b>In-network:</b> You pay a \$375 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 30% coinsurance of the total cost. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 1.5 for details.)</p>	<p>Deductible: \$300 (drugs in Tiers 3, 4, and 5) except for covered insulin products and most adult Part D vaccines.</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: \$15 copayment.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: \$20 copayment.</li> </ul>	<p>Deductible: \$300 (drugs in Tiers 3, 4, and 5) except for covered insulin products and most adult Part D vaccines.</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: \$15 copayment.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: \$20 copayment.</li> </ul>

Cost	2024 (this year)	2025 (next year)
	<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 3, Insulin:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: You pay \$25 for each covered insulin per month supply of each covered insulin product on this tier.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: You pay \$30 for each covered insulin per month supply of each covered insulin product on this tier.</li> </ul> <p><b>Drug Tier 4:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: \$95 copayment.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: \$100 copayment.</li> </ul> <p><b>Drug Tier 4, Insulin:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: You pay \$25 for each covered insulin per month supply of each covered insulin product on this tier.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: You pay \$30 for each covered insulin per month</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 3, Insulin:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: You pay \$25 for each covered insulin per month supply of each covered insulin product on this tier.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: You pay \$30 for each covered insulin per month supply of each covered insulin product on this tier.</li> </ul> <p><b>Drug Tier 4:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: 50% coinsurance.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: 50% coinsurance.</li> </ul> <p><b>Drug Tier 4, Insulin:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: You pay \$25 for each covered insulin per month supply of each covered insulin product on this tier.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: You pay \$30 for each covered insulin per month</li> </ul>

Cost	2024 (this year)	2025 (next year)
	<p>supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 5:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: 28% coinsurance.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: 28% coinsurance.</li> </ul> <p><b>Drug Tier 5, Insulin:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: You pay \$25 for each covered insulin per month supply of each covered insulin product on this tier.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: You pay \$30 for each covered insulin per month supply of each covered insulin product on this tier.</li> </ul>	<p>supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 5:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: 29% coinsurance.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: 29% coinsurance.</li> </ul> <p><b>Drug Tier 5, Insulin:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: You pay \$25 for each covered insulin per month supply of each covered insulin product on this tier.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: You pay \$30 for each covered insulin per month supply of each covered insulin product on this tier.</li> </ul>
	<p><b>Catastrophic Coverage:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</li> </ul>	<p><b>Catastrophic Coverage:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> During this payment stage, you pay nothing for your covered Part D drugs.</li> </ul>

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**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$32.40	\$37.30

- 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. 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	2024 (this year)	2025 (next year)
<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 plan premium and costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$7,200	\$8,000 Once you have paid \$8,000 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.

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

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies. 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.

Updated directories are located on our website at [www.ExcellusMedicare.com](http://www.ExcellusMedicare.com). You may also call Customer Care for updated provider and pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory at [www.ExcellusMedicare.com](http://www.ExcellusMedicare.com) 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 2025 Pharmacy Directory at [www.ExcellusMedicare.com](http://www.ExcellusMedicare.com) 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.

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

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

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Ambulance, Air or Ground (Worldwide)</b>	\$225 copayment	\$275 copayment
<b>Covered Therapy (Physical, Occupational, or Speech Therapy)</b>	\$40 copayment, in network	\$35 copayment, in network
<b>Emergency Room (Worldwide)</b>	\$100 copayment	\$110 copayment

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Fitness Benefit</b>	<p>With our partner Silver&amp;Fit, you pay a \$0 copayment for access to a participating fitness facility, online digital fitness classes, and home fitness accessories and equipment. You also can request reimbursement up to \$150 for access to nonparticipating fitness facilities. Please see your Evidence of Coverage for more details.</p>	<p>With our partner FitOn Health, you pay a \$0 copayment for access to a participating fitness facility, online digital fitness classes, and home fitness accessories and equipment. You also can access nonparticipating fitness facilities if needed (limitations and restrictions apply). Please see your Evidence of Coverage for more details.</p> <p>For general questions about how the benefit works and which facilities are in network, you can also call FitOn Health Customer Service at 1-855-952-6423 (TTY/TDD users call 711). Monday through Friday, from 8 a.m. to 9 p.m.</p> <p>Please Note: FitOn Health will not have access to your plan benefits prior to January 1, 2025.</p> <p>You can use FitOn starting January 1, 2025.</p>
<b>Inpatient Hospital - Acute Care</b>	\$360/Day for days 1-5 \$0/Day after the fifth day	\$400/Day for days 1-5 \$0/Day after the fifth day
<b>Inpatient Mental Health Care</b>	\$315/Day for days 1-5 \$0/Day after the fifth day	\$375/Day for days 1-5 \$0/Day after the fifth day
<b>Inpatient Therapy</b>	\$360/Day for days 1-5 \$0/Day after the fifth day	\$400/Day for days 1-5 \$0/Day after the fifth day
<b>Insulin used in a traditional insulin pump</b>	\$35 Copayment in network 30% Coinsurance out-of-network	\$35 Copayment in and out of network

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Meal Benefit Post Discharge</b>	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.	Not Covered.
<b>Skilled Nursing Facility Days 21-100</b>	\$203 Copayment per day, in network	\$214 Copayment per day, in network

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## Section 1.5 – Changes to Part D Prescription Drug Coverage

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### Changes to Our Drug List

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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 that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

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.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your Evidence of Coverage. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Customer Care or ask your health care provider, prescriber, or pharmacist for more information.

### Changes to Prescription Drug Benefits Costs

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**Note:** If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs does 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, 2024, please call Customer Care and ask for the LIS Rider.

Beginning in 2025, there are **three drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

**Changes to the Deductible Stage**

<b>Stage</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.</p>	<p>The deductible is \$300.</p>	<p>The deductible is \$300.</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 \$15 preferred pharmacy cost sharing per prescription for drugs on Generic tier and \$20 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 \$15 preferred pharmacy cost sharing per prescription for drugs on Generic tier and \$20 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>

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

Stage	2024 (this year)	2025 (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>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</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: \$15 copayment.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: \$20 copayment.</li> </ul>	<p>Your cost for a one-month supply filled at a network pharmacy:</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: \$15 copayment.</li> <li><input type="checkbox"/> Standard Pharmacy cost-sharing: \$20 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 3, Insulin:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: You pay \$25 for each covered insulin per month supply of each covered insulin product on this tier.</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 3, Insulin:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred Pharmacy cost-sharing: You pay \$25 for each covered insulin per month supply of each covered insulin product on this tier.</li> </ul>



Stage	2024 (this year)	2025 (next year)
	<ul style="list-style-type: none"> <li data-bbox="699 262 1073 520">☐ Standard Pharmacy cost-sharing: You pay \$30 for each covered insulin per month supply of each covered insulin product on this tier.</li> <li data-bbox="699 548 889 579"><b>Drug Tier 4:</b></li> <li data-bbox="699 590 1024 695">☐ Preferred Pharmacy cost-sharing: \$95 copayment.</li> <li data-bbox="699 705 1024 810">☐ Standard Pharmacy cost-sharing: \$100 copayment.</li> <li data-bbox="699 837 1019 869"><b>Drug Tier 4, Insulin:</b></li> <li data-bbox="699 879 1068 1131">☐ Preferred Pharmacy cost-sharing: You pay \$25 for each covered insulin per month supply of each covered insulin product on this tier.</li> <li data-bbox="699 1142 1068 1394">☐ Standard Pharmacy cost-sharing: You pay \$30 for each covered insulin per month supply of each covered insulin product on this tier.</li> <li data-bbox="699 1421 889 1453"><b>Drug Tier 5:</b></li> <li data-bbox="699 1463 1024 1568">☐ Preferred Pharmacy cost-sharing: 28% coinsurance.</li> <li data-bbox="699 1579 1024 1684">☐ Standard Pharmacy cost-sharing: 28% coinsurance.</li> <li data-bbox="699 1711 1019 1743"><b>Drug Tier 5, Insulin:</b></li> <li data-bbox="699 1753 1068 1929">☐ Preferred Pharmacy cost-sharing: You pay \$25 for each covered insulin per month supply of each covered</li> </ul>	<ul style="list-style-type: none"> <li data-bbox="1105 262 1479 520">☐ Standard Pharmacy cost-sharing: You pay \$30 for each covered insulin per month supply of each covered insulin product on this tier.</li> <li data-bbox="1105 548 1295 579"><b>Drug Tier 4:</b></li> <li data-bbox="1105 590 1430 695">☐ Preferred Pharmacy cost-sharing: 50% coinsurance.</li> <li data-bbox="1105 705 1430 810">☐ Standard Pharmacy cost-sharing: 50% coinsurance.</li> <li data-bbox="1105 837 1425 869"><b>Drug Tier 4, Insulin:</b></li> <li data-bbox="1105 879 1479 1131">☐ Preferred Pharmacy cost-sharing: You pay \$25 for each covered insulin per month supply of each covered insulin product on this tier.</li> <li data-bbox="1105 1142 1479 1394">☐ Standard Pharmacy cost-sharing: You pay \$30 for each covered insulin per month supply of each covered insulin product on this tier.</li> <li data-bbox="1105 1421 1295 1453"><b>Drug Tier 5:</b></li> <li data-bbox="1105 1463 1430 1568">☐ Preferred Pharmacy cost-sharing: 29% coinsurance.</li> <li data-bbox="1105 1579 1430 1684">☐ Standard Pharmacy cost-sharing: 29% coinsurance.</li> <li data-bbox="1105 1711 1425 1743"><b>Drug Tier 5, Insulin:</b></li> <li data-bbox="1105 1753 1463 1929">☐ Preferred Pharmacy cost-sharing: You pay \$25 for each covered insulin per month</li> </ul>

Stage	2024 (this year)	2025 (next year)
	insulin product on this tier. <input type="checkbox"/> Standard Pharmacy cost-sharing: You pay \$30 for each covered insulin per month supply of each covered insulin product on this tier.	supply of each covered insulin product on this tier. <input type="checkbox"/> Standard Pharmacy cost-sharing: You pay \$30 for each covered insulin per month supply of each covered insulin product on this tier.
	Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).	Once you have paid \$2,000, out of pocket for Part D drugs you will move to the next stage (the Catastrophic Coverage Stage).

**Changes to the Catastrophic Coverage Stage**

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. For specific information about your costs in these stages, look at Chapter 6, Section 6 in your Evidence of Coverage.

**SECTION 2 Administrative Changes**

Description	2024 (this year)	2025 (next year)
<p><b>Member Card</b></p>	New member cards will be mailed in mid December. If you don’t receive your ID card by 12/31/2023, please contact our Customer Care department. It is important for you to show providers and pharmacists your new card whenever you receive services beginning 1/1/2024.	New member cards will be mailed in mid December. If you don’t receive your ID card by 12/31/2024, please contact our Customer Care department. It is important for you to show providers and pharmacists your new card whenever you receive services beginning 1/1/2025.

Description	2024 (this year)	2025 (next year)
<b>Opt out of phone calls</b>	Please call Customer Care, if you would like to opt out of receiving phone calls from us.	Please call Customer Care, if you would like to opt out of receiving phone calls from us.
<b>Medicare Prescription Payment Plan</b>	Not applicable.	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January - December). To learn more about this payment option, please contact us at 1-877-883-9577 or visit Medicare.gov.

**SECTION 3 Deciding Which Plan to Choose**

**Section 3.1 – If you want to stay in Medicare Blue Choice Advanced (HMO-POS)**

**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 Blue Choice Advanced (HMO-POS) for 2025.

**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 plans for 2025 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 2025** 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 Blue Choice Advanced (HMO-POS).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Medicare Blue Choice Advanced (HMO-POS).
- 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/TDD 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, 2025.

**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, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

**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, Yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY/TDD 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/TDD users should call 1-800-325-0778; or
  - Your State Medicaid Office.
- **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)
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn’t save you money or lower your drug costs.** “Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-877-883-9577 or visit [Medicare.gov](http://Medicare.gov).

## **SECTION 7 Questions?**

### **Section 7.1 – Getting Help from Medicare Blue Choice Advanced (HMO-POS)**

Questions? We're here to help. Please call Customer Care at 1-877-883-9577. (TTY/TDD only, call 711.) 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 2025 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 2025. For details, look in the 2025 Evidence of Coverage for Medicare Blue Choice Advanced (HMO-POS). 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).

### **Section 7.2 – 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/TDD 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 2025**

Read the **Medicare & You 2025** 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/TDD users should call 1-877-486-2048.