Excellus

A nonprofit independent licensee of the Blue Cross Blue Shield Association

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

Annual Notice of Changes for 2025

You are currently enrolled as a member of Medicare Blue Choice Freedom (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. 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.

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).
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check to see if your primary care doctors, specialists, hospitals, and other providers 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 the 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.

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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 Freedom (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 Freedom (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 for more information.

About Medicare Blue Choice Freedom (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 Freedom (HMO-POS).
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. (See Section 1.1 for details.)	$0	$0
Part B Premium Reduction	We will reduce the Part B premium that you pay to the Social Security Administration by $35.	We will reduce the Part B premium that you pay to the Social Security Administration by $35.
Maximum out-of-pocket amount This is the most you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$4,500	$4,500

Cost	2024 (this year)	2025 (next year)
Doctor office visits	**Primary care visits:** 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. **Specialist visits:** You pay a $35 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.	**Primary care visits:** 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. **Specialist visits:** You pay a $35 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.
Inpatient hospital stays	**In-network:** You pay a $260 copayment per day for days 1 through 5. Thereafter, you pay a $0 copayment for additional Medicare-covered days during your hospital admission. **Out-of-network:** 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.	**In-network:** You pay a $260 copayment per day for days 1 through 5. Thereafter, you pay a $0 copayment for additional Medicare-covered days during your hospital admission. **Out-of-network:** 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.

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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)
Part B Premium Reduction	We will reduce the Part B premium that you pay to the Social Security Administration by $35.	We will reduce the Part B premium that you pay to the Social Security Administration by $35.
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0

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	2024 (this year)	2025 (next year)
Maximum out-of-pocket amount 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.	$4,500	$4,500 Once you have paid $4,500 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 Network

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory at www.ExcellusMedicare.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) 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.

Cost	2024 (this year)	2025 (next year)
Emergency Room (Worldwide)	$100 copayment	$110 copayment

Cost	2024 (this year)	2025 (next year)
Fitness Benefit	With our partner Silver&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.	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. 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. Please Note: FitOn Health will not have access to your plan benefits prior to January 1, 2025. You can use FitOn starting January 1, 2025.
Insulin used in a traditional insulin pump	$35 Copayment in network 30% Coinsurance out-of-network	$35 Copayment in and out of network
Skilled Nursing Facility Days 21-100	$203 Copayment per day, in network	$214 Copayment per day, in network

SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
Member Card	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.
Opt out of phone calls	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.

SECTION 3 Deciding Which Plan to Choose

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

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 2.1 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 2025** handbook call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

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 Freedom (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 Freedom (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, 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).

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 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.
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the **HIV Uninsured Care Programs**.

  Note: To be eligible for the ADAP operating in your State, 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.
  - If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure, you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number.

  For information on eligibility criteria, covered drugs, or how to enroll in the program, please contact **HIV Uninsured Care Programs**:
  - Mail: Empire Station, P.O. Box 2052, Albany, NY 12220-0052.
  - Visit: www.health.ny.gov/diseases/aids/general/resources/adap/
  - 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

SECTION 7 Questions?

Section 7.1 – Getting Help from Medicare Blue Choice Freedom (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 Freedom (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. 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. 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). 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.

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.