Louisiana

2023

ANNUAL NOTICE OF CHANGES

H1248-004

CONTACT CUSTOMER SERVICE

1-866-508-7145 (TTY: 711)
www.bcbsla.com/blueadvantage

Hours of Operation:
October - March: 8 a.m. to 8 p.m., 7 days a week
April - September: 8 a.m. to 8 p.m., Monday - Friday

Blue Advantage (PPO)

January 1, 2023 - December 31, 2023

Service Area:

The entire state of Louisiana

Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)

NOTICE: HOW TO GET YOUR EVIDENCE OF COVERAGE, PROVIDER/PHARMACY DIRECTORY AND FORMULARY

Dear Valued Member:

Thank you for your membership in Blue Advantage. We are honored to continue to provide your Medicare Advantage coverage.

The Annual Notice of Change explains the changes to your Blue Advantage plan starting Jan. 1, 2023. If you'd like to keep your Blue Advantage plan, you don't need to do a thing - you will automatically renew as a member for 2023.

As a member, it's easy to get your Blue Advantage Evidence of Coverage, Provider/Pharmacy Directory and Formulary. Check your member ID card to see if you have an HMO or PPO plan. You will need to know this to find these plan documents.

Go to **www.bcbsla.com/blueadvantage**, click **Member** on the top right corner and click on **Plan Overview** to view or download the following documents:

- Evidence of Coverage (EOC) – available by Oct. 15, 2022
- Provider/Pharmacy Directory – available by Oct. 15, 2022
- Formulary (list of covered drugs) – available by Oct. 15, 2022

If you are unable to access the website, we can help!

Request a printed copy

- Call **1-866-508-7145 (TTY 711)**. Our phone lines are open 8 a.m. to 8 p.m., 7 days a week from October – March and 8 a.m. to 8 p.m., Monday – Friday from April – September.
- Email **customerservice@blueadvantage.bcbsla.com**.

Find a provider, hospital or pharmacy

- Call **1-866-508-7145 (TTY 711)**. Our phone lines are open 8 a.m. to 8 p.m., 7 days a week from October – March and 8 a.m. to 8 p.m., Monday – Friday from April – September.

Blue Advantage (PPO) offered by Blue Cross and Blue Shield of Louisiana

Annual Notice of Changes for 2023

You are currently enrolled as a member of Blue Advantage (PPO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.bcbsla.com/blueadvantage. You may also call Customer Service 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).
- 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.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Plan Finder at 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

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

- If you don't join another plan by December 7, 2022, you will stay in Blue Advantage (PPO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023.** This will end your enrollment with Blue Advantage (PPO).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Customer Service number at 1-866-508-7145 for additional information. (TTY users should call 711.) Our phone lines are open 8 a.m. to 8 p.m. CST, 7 days a week from October – March and 8 a.m. to 8 p.m. CST, Monday – Friday from April – September.
- You may choose to access your Blue Advantage (PPO) plan documents, including this Annual Notice of Changes for 2023, via the Blue Advantage website instead of traditional paper booklets. You can view Blue Advantage (PPO) documents at www.bcbsla.com/blueadvantage, or download them from the website. You may also request copies of your documents by contacting Customer Service at the phone number on the back cover of this booklet.
- In addition to the digital format, we can also give you this information in large print, languages other than English, and other accessible formats.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Blue Advantage (PPO)

- Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in Blue Advantage depends on contract renewal.
- When this document says "we", "us", or "our", it means Blue Cross and Blue Shield of Louisiana. When it says "plan" or "our plan", it means Blue Advantage (PPO).

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

Annual Notice of Changes for 2023
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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Blue Advantage (PPO) in several important areas. **Please note this is only a summary of costs**.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 2.1 for details.	$100	$100
Deductible	**Out-of-Network:** $1,000 for specified non-Medicare-covered benefits	**Out-of-Network:** $1,000 for Medicare-covered benefits
Maximum out-of-pocket amounts This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	From network providers: $4,200 From network and out-of-network providers combined: $8,400	From network providers: $4,000 From network and out-of-network providers combined: $8,000
Doctor office visits	Primary care visits: **In-Network:** $0 copay per visit **Out-of-Network:** 50% coinsurance per visit Specialist visits: **In-Network:** $40 copay per visit **Out-of-Network:** 50% coinsurance per visit	Primary care visits: **In-Network:** $0 copay per visit **Out-of-Network:** 50% coinsurance per visit Specialist visits: **In-Network:** $40 copay per visit **Out-of-Network:** 50% coinsurance per visit

Cost	2022 (this year)	2023 (next year)
Inpatient hospital stays	**In-Network:** $170 copay each day for days 1 to 10 and $0 copay each day for days 11 to 90 for Medicare-covered hospital care. $0 copay for an additional Medicare-covered 60 lifetime reserve days. **Out-of-Network:** 50% coinsurance for each Medicare-covered hospital stay.	**In-Network**: $140 copay each day for days 1 to 10 and $0 copay each day for days 11 to 90 for Medicare-covered hospital care. $0 copay for an additional Medicare-covered 60 lifetime reserve days. **Out-of-Network:** 50% coinsurance for each Medicare-covered hospital stay.

Cost	2022 (this year)	2023 (next year)
Part D prescription drug coverage (See Section 2.5 for details.)	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: **Preferred Pharmacies:** (30-day supply) • Drug Tier 1: $3 copay • Drug Tier 2: $12 copay • Drug Tier 3: $45 copay • Drug Tier 4: $100 copay • Drug Tier 5: 33% coinsurance **Standard Pharmacies:** (30-day supply) • Drug Tier 1: $10 copay • Drug Tier 2: $18 copay • Drug Tier 3: $47 copay • Drug Tier 4: $100 copay • Drug Tier 5: 33% coinsurance	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: **Preferred Pharmacies:** (30-day supply) • Drug Tier 1: $3 copay • Drug Tier 2: $12 copay • Drug Tier 3: $45 copay • Drug Tier 4: $100 copay • Drug Tier 5: 33% coinsurance **Standard Pharmacies**: (30-day supply) • Drug Tier 1: $10 copay • Drug Tier 2: $18 copay • Drug Tier 3: $47 copay • Drug Tier 4: $100 copay • Drug Tier 5: 33% coinsurance

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Blue Advantage (PPO) in 2023

On January 1, 2023, Blue Cross and Blue Shield of Louisiana will be combining Blue Advantage (PPO) (H1248-006) with one of our plans, Blue Advantage (PPO) (H1248-004). The information in this document tells you about the differences between your current benefits in Blue Advantage (PPO) (H1248-006) and the benefits you will have on January 1, 2023 as a member of Blue Advantage (PPO) (H1248-004).

If you do nothing by December 7, 2022, we will automatically enroll you in our Blue Advantage (PPO) (H1248-004). This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through Blue Advantage (PPO) (H1248-004). If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for "Extra Help," you may be able to change plans during other times.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$100	$100 **There is no premium increase for the upcoming benefit year.**

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs. Please see Section 7 regarding "Extra Help" from Medicare.

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay "out-of-pocket" for the year. These limits are called the "maximum out-of-pocket amounts." Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays and coinsurance) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$4,200	$4,000 Once you have paid $4,000 out-of-pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays and coinsurance) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.	$8,400	$8,000 Once you have paid $8,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.bcbsla.com/blueadvantage. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 *Provider/Pharmacy Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are no changes to our network of pharmacies for next year.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

Section 2.4 – 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.

	2022 (this year)	2023 (next year)
Cardiac rehabilitation services - Intensive - Cost-Sharing	**In-Network** You pay a $30 copay for each Medicare-covered service.	**In-Network** You pay a $20 copay for each Medicare-covered service.
Cardiac rehabilitation services - Non-Intensive - Cost-Sharing	**In-Network** You pay a $30 copay for each Medicare-covered service.	**In-Network** You pay a $20 copay for each Medicare-covered service.
Dental services - Maximum plan amount	Up to a $1,000 combined credit every year for all additional preventive and comprehensive dental services.	Up to a $1,200 combined credit every year for all additional preventive and comprehensive dental services.
Dental services - Basic dental services - Diagnostic Services - Cost-Sharing	**In-Network** You pay a 50% coinsurance.	**In-Network** You pay a 0% coinsurance.
Dental services - Basic dental services - Diagnostic Services - Periodicity	Limited to 1 diagnostic service(s).	Limited to 1 diagnostic service(s) every year.
Dental services - Basic dental services - Endodontics - Cost-Sharing	**In-Network** You pay a 50% coinsurance.	**In-Network** You pay a 0% coinsurance.
Dental services - Basic dental services - Extractions - Cost-Sharing	**In-Network** You pay a 50% coinsurance.	**In-Network** You pay a 0% coinsurance.
Dental services - Basic dental services - Non-routine services - Cost-Sharing	**In-Network** You pay a 50% coinsurance.	**In-Network** You pay a 0% coinsurance.
Dental services - Basic dental services - Restorative Services - Cost-Sharing	**In-Network** You pay a 50% coinsurance.	**In-Network** You pay a 0% coinsurance.

	2022 (this year)	2023 (next year)
Dental services - Medicare-covered comprehensive dental - Cost-Sharing	**In-Network** You pay a 50% coinsurance.	**In-Network** You pay a 0% coinsurance.
Dental services - Preventive dental services - Maximum plan amount	Maximum plan benefit coverage applies to in-network services.	Maximum plan benefit coverage applies to in-network and out-of-network services.
Inpatient hospital care - Cost-Sharing	**In-Network** You pay a $170 copay each day for days 1 to 10 and $0 copay each day for days 11 to 90 for Medicare-covered hospital care. $0 copay for an additional Medicare-covered 60 lifetime reserve days. Medicare hospital benefit periods do not apply. For inpatient hospital care, the cost-sharing described above applies each time you are admitted to the hospital.	**In-Network** You pay a $140 copay each day for days 1 to 10 and $0 copay each day for days 11 to 90 for Medicare-covered hospital care. $0 copay for an additional Medicare-covered 60 lifetime reserve days. Medicare hospital benefit periods do not apply. For inpatient hospital care, the cost-sharing described above applies each time you are admitted to the hospital.
Meal benefit - Cost-Sharing	**In-Network** You pay a $0 copay. **Out-of-Network** You pay a $0 copay.	**In-Network** Not covered **Out-of-Network** Not covered
Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic radiological services - Cost-Sharing	**In-Network** You pay a $0 - $170 copay per day depending on the Medicare-covered service.	**In-Network** You pay a $0 - $140 copay per day depending on the Medicare-covered service.
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital observation - Cost-Sharing	**In-Network** You pay a $170 copay per day for each Medicare-covered service.	**In-Network** You pay a $140 copay per day for each Medicare-covered service.

	2022 (this year)	2023 (next year)
Pulmonary rehabilitation services - Cost-Sharing	**In-Network** You pay a $30 copay for each Medicare-covered service.	**In-Network** You pay a $20 copay for each Medicare-covered service.
Vision care - Supplemental eyewear - Maximum plan amount	Up to a $130 combined credit every year for all additional eyewear.	Up to a $225 combined credit every year for all additional eyewear.
Vision care - Supplemental eyewear - Contact lenses - Periodicity	Limited to 1 pair(s) of contact lenses.	Limited to 12 pair(s) of contact lenses every year.
Vision care - Supplemental eyewear - Contact lenses - Cost-Sharing	**Out-of-Network** You pay a $40 - $225 copay depending on the service.	**Out-of-Network** You pay a $0 copay.
Vision care - Supplemental eyewear - Eyeglass frames - Periodicity	Limited to 1 pair(s) of eyeglass frames.	Limited to 1 pair(s) of eyeglass frames every year.
Vision care - Supplemental eyewear - Eyeglass frames - Cost-Sharing	**Out-of-Network** You pay a $40 - $225 copay depending on the service.	**Out-of-Network** You pay a $0 copay.
Vision care - Supplemental eyewear - Eyeglass lenses - Periodicity	Limited to 1 set(s) of eyeglass lenses.	Limited to 1 set(s) of eyeglass lenses every year.
Vision care - Supplemental eyewear - Eyeglass lenses - Cost-Sharing	**Out-of-Network** You pay a $40 - $225 copay depending on the service.	**Out-of-Network** You pay a $0 copay.
Vision care - Supplemental eyewear - Eyeglasses (lenses and frames) - Cost-Sharing	**In-Network** Not covered	**In-Network** You pay a $0 copay.
Vision care - Supplemental eyewear - Eyeglasses (lenses and frames) - Periodicity	Not covered	Limited to 1 pair(s) of eyeglasses (lenses and frames) every year.
Vision care - Supplemental eyewear - Eyeglasses (lenses and frames) - Cost-Sharing	**Out-of-Network** Not covered	**Out-of-Network** You pay a $0 copay.

	2022 (this year)	2023 (next year)
Vision care - Supplemental eyewear - Upgrades - Cost-Sharing	**In-Network** Not covered **Out-of-Network** Not covered	**In-Network** You pay a $0 copay. Contact fitting is covered once per year. **Out-of-Network** You pay a $0 copay. Contact fitting is covered once per year.

Section 2.5 – 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 Service for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and you haven't received this insert, please call Customer Service and ask for the "LIS Rider."

There are four "drug payment stages." The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.**	Your cost for a one-month supply filled at a network pharmacy: **Tier 1: Preferred Generics:** *Standard cost sharing:* You pay $10 per prescription. *Preferred cost sharing:* You pay $3 per prescription.	Your cost for a one-month supply filled at a network pharmacy: **Tier 1: Preferred Generics:** *Standard cost sharing:* You pay $10 per prescription. *Preferred cost sharing:* You pay $3 per prescription.

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage (continued)		
	Tier 2: Generics: *Standard cost sharing:* You pay $18 per prescription. *Preferred cost sharing:* You pay $12 per prescription.	**Tier 2: Generics:** *Standard cost sharing:* You pay $18 per prescription. *Preferred cost sharing:* You pay $12 per prescription.
	Tier 3: Preferred Brand: *Standard cost sharing:* You pay $47 per prescription. *Preferred cost sharing:* You pay $45 per prescription.	**Tier 3: Preferred Brand:** *Standard cost sharing:* You pay $47 per prescription. *Preferred cost sharing:* You pay $45 per prescription.
	Tier 4: Non-Preferred Drug: *Standard cost sharing:* You pay $100 per prescription. *Preferred cost sharing:* You pay $100 per prescription.	**Tier 4: Non-Preferred Drug:** *Standard cost sharing:* You pay $100 per prescription. *Preferred cost sharing:* You pay $100 per prescription.
	Tier 5: Specialty: *Standard cost sharing:* You pay 33% of the total cost. *Preferred cost sharing:* You pay 33% of the total cost.	**Tier 5: Specialty:** *Standard cost sharing:* You pay 33% of the total cost. *Preferred cost sharing:* You pay 33% of the total cost.

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage (continued) 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; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. 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.	_____ Once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage).	_____ Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

SECTION 3 Administrative Changes

Description	2022 (this year)	2023 (next year)
Flex Card	Not covered	Blue Advantage provides members with a pre-paid debit card (Blue Advantage Flex Card). Hearing aid, eyewear, and over-the-counter allowances are loaded onto your flex card for easy access. Use your Blue Advantage Flex Card at participating nationwide chain retailers as well as many local independent merchants. You can view balances, search for retail locations, and view and shop mail order over-the-counter items in the Blue Advantage online account.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Blue Advantage (PPO)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Blue Advantage (PPO).

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 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 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 2023* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

As a reminder, Blue Cross and Blue Shield of Louisiana offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Blue Advantage (PPO).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Blue Advantage (PPO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
  - -- *OR* -- Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 5 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 6 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 Louisiana, the SHIP is called Senior Health Insurance Information Program (SHIIP).

It is a state program that gets money from the Federal government to give **free** local health insurance

counseling to people with Medicare. Senior Health Insurance Information Program (SHIIP) 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 Senior Health Insurance Information Program (SHIIP) at 1-800-259-5300. You can learn more about Senior Health Insurance Information Program (SHIIP) by visiting their website (http://www.ldi.la.gov/consumers/senior-health-shiip).

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **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 Louisiana Health Access Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-504-568-7474.

SECTION 8 Questions?

Section 8.1 – Getting Help from Blue Advantage (PPO)

Questions? We're here to help. Please call Customer Service at 1-866-508-7145. (TTY only, call 711.) Our phone lines are open 8 a.m. to 8 p.m. CST, 7 days a week from October – March and 8 a.m. to 8 p.m. CST, Monday – Friday from April – September. 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 Blue Advantage (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.bcbsla.com/blueadvantage. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.bcbsla.com/blueadvantage. As a reminder, our website has the most up-to-date information about our provider network (*Provider/Pharmacy Directory*) and our list of covered drugs (Formulary/Drug List).

Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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

Read *Medicare & You 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-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Addendum to the Blue Advantage (PPO)
2023 Annual Notice of Changes (ANOC), Evidence of Coverage (EOC), and Summary of Benefits

This addendum includes important information on changes in your Blue Advantage (PPO). Due to the Inflation Reduction Act, cost-sharing amounts could change for Part B drugs and insulin. Please keep this information for your reference.

Beginning April 1, 2023, the member's coinsurance may change quarterly, based on the Centers for Medicare and Medicaid Services (CMS)-defined list of chemotherapy/radiation drugs and other Part B prescription drugs (also known as "rebatable drugs"). The coinsurance paid for these rebatable drugs, which include Part B chemotherapy administration services, will be reduced if the drug's price has increased at a faster rate than the rate of inflation. CMS determines the rebatable drugs, their allowed amounts and the coinsurance due; however, the coinsurance amount cannot exceed the Original Medicare adjusted coinsurance amount of 0-20%. CMS may update the list of rebatable drugs and their costs quarterly.

Beginning July 1, 2023, Part B insulin furnished through an item of durable medical equipment will be covered at or below the cost share cap of $35 for a one-month's supply and will not be subject to a deductible. This coverage is similar to your existing Part D insulin coverage.

This addendum will be attached to the ANOC, EOC, and Summary of Benefits on our website at www.bcbsla.com/blueadvantage. You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions, please call us at 1-866-805-7145. (TTY users should call 711.) Our phone lines are open 8 a.m. to 8 p.m. CST, 7 days a week from October – March and 8 a.m. to 8 p.m. CST, Monday – Friday from April – September.

Sincerely,

Customer Service

Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in Blue Advantage depends on contract renewal.

Louisiana

Notice of Non-Discriminatory Practices

Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc., comply with applicable federal civil rights laws and do not exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex.

Blue Cross and Blue Shield of Louisiana and its subsidiary:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call Customer Service at 1-866-508-7145 (TTY 711). Our phone lines are open 8 a.m. to 8 p.m., 7 days a week from October – March and 8 a.m. to 8 p.m., Monday – Friday from April – September.

If you believe that Blue Cross or its subsidiary has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance in person or by mail, fax or email.

In person: 5525 Reitz Avenue • Baton Rouge, LA 70809
By mail: Section 1557 Coordinator • P. O. Box 98012 • Baton Rouge, LA 70898-9012
225-295-2300
1-800-711-5519 (TTY 711)
Fax: 225-298-7240 (Attention: Government Programs)
Email: Section1557Coordinator@bcbsla.com

If you need help filing a grievance, our Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, an independent licensee of the Blue Cross Blue Shield Association, offers Blue Advantage (PPO).

Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-508-7145 (TTY 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-508-7145 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-508-7145 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-508-7145 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-508-7145 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-508-7145 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-866-508-7145 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-508-7145 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-508-7145 (TTY 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-508-7145 (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-508-7145 (TTY 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-508-7145 (TTY 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-508-7145 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-508-7145 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-508-7145 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-508-7145 (TTY 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-866-508-7145 (TTY 711)にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

BLUE ADVANTAGE (PPO) CUSTOMER SERVICE

METHOD	Customer Service — Contact Information
CALL	Toll free 1 (866) 508-7145 Calls to this number are free. Customer Service will operate seven (7) days a week from 8:00 a.m. – 8:00 p.m. CST from October – March. After March, Customer Service will operate five (5) days a week, Monday – Friday, 8:00 a.m. – 8:00 p.m. CST. An answering service will operate on weekends and holidays. When leaving a message, please leave your name, number and the time you called, and a representative will return your call. Customer Service also has free language interpreter services available for non-English speakers.
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. Customer Service will operate seven (7) days a week from 8:00 a.m. – 8:00 p.m. CST from October – March. After March, Customer Service will operate five (5) days a week, Monday – Friday, 8:00 a.m. – 8:00 p.m. CST.
FAX	1 (877) 528-5820
WRITE	Blue Cross and Blue Shield of Louisiana 130 DeSiard Street, Suite 322 Monroe, LA 71201
WEBSITE	www.bcbsla.com/blueadvantage

LOUISIANA SENIOR HEALTH INSURANCE INFORMATION PROGRAM

Louisiana Senior Health Insurance Information Program (SHIIP) is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.

METHOD	Contact Information
CALL	1 (225) 342-5301 or toll free 1 (800) 259-5300
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	Louisiana Department of Insurance P.O. Box 94214 Baton Rouge, LA 70802
WEBSITE	www.ldi.la.gov/SHIIP

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