



2024

ANNUAL NOTICE OF CHANGES

Blue adVantage Dual Plus (HMO-POS D-SNP)

H6453-019

CONTACT CUSTOMER SERVICE

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

Blue Advantage (HMO-POS)

January 1, 2024 - December 31, 2024

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

Service Area:

The entire state of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee
of the Blue Cross Blue Shield Association.



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

It's easy to get your Blue Advantage Evidence of Coverage, Provider/Pharmacy Directory and Formulary. Check the cover of the enclosed Annual Notice of Changes document to see the name of your 2024 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, 2023
- Provider/Pharmacy Directory – available by Oct. 15, 2023
- Formulary (list of covered drugs) – available by Oct. 15, 2023

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@blueadvantagela.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 Dual Plus (HMO-POS D-SNP) offered by HMO Louisiana, Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of Vantage DUAL PLUS (HMO-POS D-SNP). 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*.

What to do now

1. ASK: Which changes apply to you

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

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in Blue adVantage Dual Plus (HMO-POS D-SNP).
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Blue adVantage Dual Plus (HMO-POS D-SNP).
- Look in Section 4.2, page 20 to learn more about your choices.
- 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. This call is free.
- You may choose to access your Blue Advantage (HMO-POS D-SNP) plan documents, including this Annual Notice of Changes for 2024, via the Blue Advantage website instead of traditional paper booklets. You can view Blue Advantage (HMO-POS D-SNP) 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 Dual Plus (HMO-POS D-SNP)

- Blue Advantage from Blue Cross and Blue Shield of Louisiana is an HMO plan with a Medicare contract. Enrollment in Blue Advantage depends on contract renewal. This plan is available to anyone who has both medical assistance from Medicare and Medicaid.
- When this document says “we”, “us”, or “our”, it means HMO Louisiana, Inc. When it says “plan” or “our plan”, it means Blue adVantage Dual Plus (HMO-POS D-SNP).

H6453_24020ENLA_M

Annual Notice of Changes for 2024
Table of Contents

Summary of Important Costs for 2024	4
SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Blue adVantage Dual Plus (HMO-POS D-SNP) in 2024	7
SECTION 2 Changes to Benefits and Costs for Next Year	7
Section 2.1 – Changes to the Monthly Premium	7
Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount.....	7
Section 2.3 – Changes to the Provider and Pharmacy Networks.....	8
Section 2.4 – Changes to Benefits and Costs for Medical Services	9
Section 2.5 – Changes to Part D Prescription Drug Coverage.....	16
SECTION 3 Administrative Changes	19
SECTION 4 Deciding Which Plan to Choose	20
Section 4.1 – If you want to stay in Blue adVantage Dual Plus (HMO-POS D-SNP).....	20
Section 4.2 – If you want to change plans	20
SECTION 5 Changing Plans	21
SECTION 6 Programs That Offer Free Counseling about Medicare and Louisiana Medicaid	22
SECTION 7 Programs That Help Pay for Prescription Drugs.....	22
SECTION 8 Questions?	23
Section 8.1 – Getting Help from Blue adVantage Dual Plus (HMO-POS D-SNP).....	23
Section 8.2 – Getting Help from Medicare	23
Section 8.3 – Getting Help from Medicaid.....	24

Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Blue adVantage Dual Plus (HMO-POS D-SNP) in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 2.1 for details.	\$0	\$0 - \$30.30
Deductible	Part A: \$0 Part B: \$0 \$500 for out-of-network benefits	Your yearly deductible is \$240 for Part B services and \$1,632 for Part A services. If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay \$0. \$500 for out-of-network benefits except for insulin furnished through an item of durable medical equipment.
Doctor office visits	Primary care visits: In-Network: \$0 copay per visit Out-of-Network: 50% coinsurance per visit	Primary care visits: In-Network: 20% coinsurance per visit If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay \$0 per visit. Out-of-Network: 50% coinsurance per visit

Cost	2023 (this year)	2024 (next year)
	<p>Specialist visits: In-Network: \$0 copay per visit</p> <p>Out-of-Network: 50% coinsurance per visit</p>	<p>Specialist visits: In-Network: 20% coinsurance per visit If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay \$0 per visit.</p> <p>Out-of-Network: 50% coinsurance per visit</p>
<p>Inpatient hospital stays</p>	<p>In-Network: \$0 copay for each Medicare-covered hospital stay. \$0 copay for an additional Medicare-covered 60 lifetime reserve days.</p> <p>Out-of-Network: 50% coinsurance for each Medicare-covered hospital stay.</p>	<p>In-Network: You pay the 2024 Original Medicare cost-sharing amounts. \$1,632 deductible; \$0 copay each day for days 1-60; \$408 copay each day for days 61 to 90; \$816 copay each day for days 91 to 150 (lifetime reserve days). If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay \$0.</p> <p>Out-of-Network: 50% coinsurance for each Medicare-covered hospital stay.</p>
<p>Part D prescription drug coverage (See Section 2.5 for details.)</p>	<p>Deductible: \$0</p>	<p>Deductible: \$0</p>

Cost	2023 (this year)	2024 (next year)
	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>For generic drugs (including brand drugs treated as generic):</p> <ul style="list-style-type: none"> • Level 1: \$0 copay • Level 2: \$0 copay • Level 3: \$0 copay <p>For all other covered drugs:</p> <ul style="list-style-type: none"> • Level 1: \$0 copay • Level 2: \$0 copay • Level 3: \$0 copay <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay no copayment or coinsurance for your drugs. 	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>For generic drugs (including brand drugs treated as generic):</p> <ul style="list-style-type: none"> • Level 1: \$0 copay • Level 2: \$0 copay • Level 3: \$0 copay <p>For all other covered drugs:</p> <ul style="list-style-type: none"> • Level 1: \$0 copay • Level 2: \$0 copay • Level 3: \$0 copay <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.
<p>Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)</p>	<p>From network providers: \$7,550 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>From network providers: \$8,850 If you are eligible for Medicare cost-sharing assistance under Louisiana Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

SECTION 1 **Unless You Choose Another Plan, You Will Be Automatically Enrolled in Blue adVantage Dual Plus (HMO-POS D-SNP) in 2024**

On January 1, 2024, HMO Louisiana, Inc. will be combining Vantage DUAL PLUS (HMO-POS D-SNP) with one of our plans, Blue adVantage Dual Plus (HMO-POS D-SNP). The information in this document tells you about the differences between your current benefits in Vantage DUAL PLUS (HMO-POS D-SNP) and the benefits you will have on January 1, 2024 as a member of Blue adVantage Dual Plus (HMO-POS D-SNP).

If you do nothing in 2023, we will automatically enroll you in our Blue adVantage Dual Plus (HMO-POS D-SNP). This means starting January 1, 2024, you will be getting your medical and prescription drug coverage through Blue adVantage Dual Plus (HMO-POS D-SNP). If you want to change plans or switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan, you must do so between October 15 and December 7. The change will take effect on January 1, 2024.

SECTION 2 **Changes to Benefits and Costs for Next Year**

Section 2.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Louisiana Medicaid.)	\$0	\$0 - \$30.30

Section 2.2 – 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	2023 (this year)	2024 (next year)
<p>In-network maximum out-of-pocket amount</p> <p>Because our members also get assistance from Louisiana Medicaid, very few members ever reach this out-of-pocket maximum.</p> <p>If you are eligible for Medicare cost-sharing assistance under Louisiana Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>Your costs for covered medical services (such as copays) 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.</p>	<p>\$7,550</p>	<p>\$8,850</p> <p>Once you have paid \$8,850 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 providers for the rest of the calendar year.</p>
<p>Out-of-network maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from out-of-network providers count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.</p>	<p>Unlimited</p>	<p>Unlimited</p> <p>Because you have an unlimited out-of-pocket maximum, you will continue to pay for your covered Part A and Part B services from out-of-network providers for the rest of the calendar year.</p>

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, which we will mail within three business days.

There are changes to our network of providers for next year. Hospice providers are included in our network of participating providers for 2024. **Please review the 2024 Provider/Pharmacy Directory to see if your**

providers (primary care provider, specialists, hospitals, hospice providers, etc.) are in our network.

There are changes to our network of pharmacies for next year. **Please review the 2024 *Provider/Pharmacy Directory* to see which pharmacies are in our network.**

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

Section 2.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

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

	2023 (this year)	2024 (next year)
Prior Authorizations	<p>The following in-network benefit required prior authorization:</p> <ul style="list-style-type: none"> • Diabetes self-management training • Dialysis • Kidney disease education • Medicare-covered hearing exam • Medicare-covered comprehensive dental services • Other healthcare professionals • Personal emergency response system • Physician specialist • Podiatry • Transportation-plan-approved health-related locations 	<p>The following in-network benefit does not require prior authorization:</p> <ul style="list-style-type: none"> • Diabetes self-management training • Dialysis • Kidney disease education • Medicare-covered hearing exams • Medicare-covered comprehensive dental services • Other healthcare professionals • Personal emergency response system • Physician specialist • Podiatry • Transportation - plan-approved health-related locations
Annual routine physical exam - Cost-Sharing	In-Network <u>Not</u> covered	In-Network You pay a \$0 copay.

	2023 (this year)	2024 (next year)
Annual routine physical exam - Cost-Sharing	Out-of-Network <u>Not</u> covered	Out-of-Network You pay a 50% coinsurance.
Chiropractic services - Cost-Sharing	In-Network You pay a \$0 copay for each Medicare-covered service.	In-Network You pay a 20% coinsurance for each Medicare-covered service. If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.
Colorectal cancer screening - Medicare-covered Barium Enema Preventive Services - Cost-Sharing	In-Network You pay a \$0 copay for each Medicare-covered service.	In-Network You pay a 20% coinsurance for each Medicare-covered service. If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.
Dental services - Maximum plan amount	Up to \$400 for all in-network and out-of-network covered preventive dental services every year. Up to \$3,400 for all in-network and out-of-network covered comprehensive dental services every year.	Up to a \$3,800 combined credit every year for all in-network and out-of-network covered preventive and comprehensive dental services.
Dental services - Preventive dental services - Fluoride Treatment - Periodicity	Limited to 1 fluoride treatment(s) every six months.	Limited to 2 fluoride treatment(s) every year.
Dental services - Preventive dental services - Oral Exams - Periodicity	Limited to 1 oral exam(s) every six months.	Limited to 2 oral exam(s) every year.
Dental services - Preventive dental services - Prophylaxis (Cleaning) - Periodicity	Limited to 1 cleaning(s) every six months.	Limited to 2 cleaning(s) every year.

	2023 (this year)	2024 (next year)
Diabetes self-management training, diabetic services and supplies - Diabetic monitoring supplies - Cost-Sharing	In-Network You pay a \$0 copay for each Medicare-covered service.	In-Network You pay a 20% coinsurance for each Medicare-covered service. If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.
Emergency care - Cost-Sharing	\$0 copay for each Medicare-covered service.	You pay a 20% coinsurance for each Medicare-covered service. Up to a maximum of \$100 per visit. If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. Coinsurance is waived if you are admitted to a hospital within 72 hours.
Enhanced disease management - Cost-Sharing	In-Network You pay a \$0 copay.	In-Network <u>Not</u> covered
Health and wellness education programs - Cost-Sharing	In-Network You pay a \$0 copay.	In-Network <u>Not</u> covered
Healthy Foods and Produce - Maximum plan amount	Up to a \$100 maximum benefit coverage amount every month.	Up to a \$200 maximum benefit coverage amount every month for over-the-counter health-related items and healthy foods. Your credit amount expires at the end of each month. Please see the Evidence of Coverage for more information.

	2023 (this year)	2024 (next year)
Inpatient hospital care - Cost-Sharing	<p>In-Network You pay a \$0 copay for each Medicare-covered hospital stay. \$0 copay for an additional Medicare-covered 60 lifetime reserve days. Medicare hospital benefit periods apply.</p>	<p>In-Network You pay the 2024 Original Medicare cost-sharing amounts. \$1,632 deductible; \$0 copay each day for days 1-60; \$408 copay each day for days 61 to 90; \$816 copay each day for days 91 to 150 (lifetime reserve days). Medicare hospital benefit periods apply.</p> <p>If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay \$0.</p>
Inpatient services in a psychiatric hospital - Cost-Sharing	<p>In-Network You pay a \$0 copay for each Medicare-covered hospital stay. \$0 copay for an additional Medicare-covered 60 lifetime reserve days. Medicare hospital benefit periods apply.</p>	<p>In-Network You pay the 2024 Original Medicare cost-sharing amounts. \$1,632 deductible; \$0 copay each day for days 1-60; \$408 copay each day for days 61 to 90; \$816 copay each day for days 91 to 150 (lifetime reserve days). Medicare hospital benefit periods apply. If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.</p>

	2023 (this year)	2024 (next year)
Medicare Part B prescription drugs - Chemotherapy/Radiation drugs - Cost-Sharing	In-Network You pay a \$0 copay for each Medicare-covered service.	In-Network You pay a 0% - 20% coinsurance depending on the Medicare-covered service. If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.
Medicare Part B prescription drugs - Chemotherapy/Radiation drugs - Cost-Sharing	Out-of-Network You pay a 50% coinsurance for each Medicare-covered service.	Out-of-Network You pay a 0% - 50% coinsurance depending on the Medicare-covered service.
Medicare Part B prescription drugs - Insulin - Cost-Sharing	In-Network You pay a \$0 copay for each Medicare-covered service. for each Medicare-covered service.	In-Network You pay a \$35 copay for each Medicare-covered service. If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.
Medicare Part B prescription drugs - Insulin - Cost-Sharing	Out-of-Network You pay a 50% coinsurance for each Medicare-covered service.	Out-of-Network You pay a \$35 copay for each Medicare-covered service.
Medicare Part B prescription drugs- Part B drugs - Cost-Sharing	In-Network You pay a \$0 copay for each Medicare-covered service.	In-Network You pay a 0% - 20% coinsurance depending on the Medicare-covered service. If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.
Medicare Part B prescription drugs- Part B drugs - Cost-Sharing	Out-of-Network You pay a 50% coinsurance for each Medicare-covered service.	Out-of-Network You pay a 0% - 50% coinsurance depending on the Medicare-covered service.

	2023 (this year)	2024 (next year)
<p>Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic procedures and tests - Cost-Sharing</p>	<p>In-Network You pay a \$0 copay for each Medicare-covered service.</p>	<p>In-Network You pay a 20% coinsurance for each Medicare-covered service. If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.</p>
<p>Over-the-counter benefit - Maximum plan amount</p>	<p>You are eligible for \$150 maximum benefit coverage amount every three months to be used toward the purchase of over-the-counter (OTC) health and wellness products at participating nationwide chain retailers and many local independent merchants and pharmacies.</p> <p>Unused credits do not roll over to the next period.</p>	<p>You are eligible for \$200 maximum benefit coverage amount every month for over-the-counter health-related items and healthy foods. Your credit amount expires at the end of each month. Please see the Evidence of Coverage for more information.</p>
<p>Prostate cancer screening exams - Digital rectal exam - Cost-Sharing</p>	<p>In-Network You pay a \$0 copay for each Medicare-covered service.</p>	<p>In-Network You pay a 20% coinsurance for each Medicare-covered service. If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.</p>

	2023 (this year)	2024 (next year)
Skilled nursing facility (SNF) care - Cost-Sharing	<p>In-Network You pay a \$0 copay for each Medicare-covered skilled nursing facility stay. Medicare hospital benefit periods apply.</p>	<p>In-Network You pay the 2024 Original Medicare cost-sharing amounts. \$0 copay each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay. \$204 copay each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay. Medicare hospital benefit periods apply.</p> <p>If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.</p>
Transportation - Periodicity	<p>Unlimited routine transportation trips. A trip is considered one-way transportation by van or medical transport to a plan-approved health-related location.</p>	<p>Routine transportation for up to 84 trips every year. A trip is considered one-way transportation by van or medical transport to a plan-approved health-related location.</p>
Urgently needed services - Cost-Sharing	<p>You pay a \$0 copay for each Medicare-covered service.</p>	<p>You pay a 20% coinsurance for each Medicare-covered service. Up to a maximum of \$55 per visit. If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.</p>

	2023 (this year)	2024 (next year)
Vision care - Glaucoma screening - Cost-Sharing	In-Network You pay a \$0 copay for each Medicare-covered service.	In-Network You pay a 20% coinsurance for each Medicare-covered service. If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.
Vision care - Medicare-covered eye exam - Cost-Sharing	In-Network You pay a \$0 copay for each Medicare-covered service.	In-Network You pay a 20% coinsurance for each Medicare-covered service. If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.
Welcome to Medicare preventive visit - Medicare-covered EKG following Welcome Visit Preventive Services - Cost-Sharing	In-Network You pay a \$0 copay for each Medicare-covered service.	In-Network You pay a 20% coinsurance for each Medicare-covered service. If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.

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,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year,

we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

Changes to Prescription Drug Costs

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

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. The number of days in a one-month supply has changed from 2023 to 2024 as noted in the chart. For information about the costs for a long-term supply; or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>Your cost for a 31-day supply filled at a network pharmacy with standard cost sharing:</p> <p>For generic drugs (including brand drugs treated as generic):</p> <ul style="list-style-type: none"> • Level 1: \$0 copay • Level 2: \$0 copay • Level 3: \$0 copay <p>For all other covered drugs:</p> <ul style="list-style-type: none"> • Level 1: \$0 copay • Level 2: \$0 copay • Level 3: \$0 copay <hr/> <p>Once you have paid \$7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Your cost for a 30-day supply filled at a network pharmacy with standard cost sharing:</p> <p>For generic drugs (including brand drugs treated as generic):</p> <ul style="list-style-type: none"> • Level 1: \$0 copay • Level 2: \$0 copay • Level 3: \$0 copay <p>For all other covered drugs:</p> <ul style="list-style-type: none"> • Level 1: \$0 copay • Level 2: \$0 copay • Level 3: \$0 copay <hr/> <p>Once you have paid \$8,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 3 Administrative Changes

Description	2023 (this year)	2024 (next year)
Flex Card	Eyewear, over-the-counter, and healthy food allowances are loaded onto your Flex Card for easy access. Use your 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 Member Portal.	Eyewear, prescription hearing aids, over-the-counter, and healthy food allowances are loaded onto your Flex Card for easy access. Use your 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 Member Portal.
Dental services vendor	Covered dental services should be provided by a participating provider in the Vantage network.	Access to dental providers for covered dental services will change to LIBERTY Dental Plan beginning January 1, 2024. The most recent list of participating providers is available on the website at www.libertydentalplan.com . LIBERTY Dental Plan is an independent company that administers dental benefits and services for Blue Cross and Blue Shield of Louisiana.
BlueCare	Not Offered	For 2024, you will be able to access BlueCare primary care services.

Description	2023 (this year)	2024 (next year)
Pharmacy benefit manager	Currently, Vantage uses Navitus Health Solutions as its pharmacy benefit manager for prescription drug coverage administration.	For 2024, Blue Advantage will use Express Scripts as its pharmacy benefit manager for prescription drug coverage administration. Express Scripts is an independent company that serves as the pharmacy benefit manager for Blue Cross and Blue Shield of Louisiana.
Pharmacy network		Our pharmacy network is changing more than usual for 2024. We strongly suggest that you review our current 2024 Provider/Pharmacy Directory to see if your pharmacy is still participating in our network and in the same way you expect.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Blue adVantage Dual Plus (HMO-POS D-SNP)

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 Dual Plus (HMO-POS D-SNP).

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 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State

Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

As a reminder, HMO Louisiana, Inc. 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 Dual Plus (HMO-POS D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Blue adVantage Dual Plus (HMO-POS D-SNP).
- 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.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 5 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, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have Healthy Louisiana (Medicaid), you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

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 and Louisiana Medicaid

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.lda.la.gov/consumers/senior-health-shiip>).

For questions about your Louisiana Medicaid benefits, contact Louisiana Medicaid, 1-855-229-6848, 8 a.m. - 5 p.m. CT, Monday - Friday. TTY users should call 1-855-526-3346. Ask how joining another plan or returning to Original Medicare affects how you get your Louisiana Medicaid coverage.

SECTION 7 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.** Because you have Louisiana Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, 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 Dual Plus (HMO-POS D-SNP)

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

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for Blue adVantage Dual Plus (HMO-POS D-SNP). 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.

Questions regarding hospice

If you have any questions regarding hospice eligibility, covered services, or case management, please call Integrated Care at (318) 998-0406. Our case management team is available 8:00 a.m. - 5:00 p.m. CST, Monday - Friday. TTY users should call 711.

Visit the Medicare Website

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

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 8.3 – Getting Help from Medicaid

To get information from Medicaid you can call Healthy Louisiana (Medicaid) at 1-855-229-6848. TTY users should call 1-855-526-3346.



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 is an independent licensee of the Blue Cross Blue Shield Association.

Blue Advantage from Blue Cross and Blue Shield of Louisiana 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 (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 (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 (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 (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 (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 (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 quý vị cần thông dịch viên xin gọi 1-866-508-7145 (711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý 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 (711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-508-7145 (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 (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 (711) 1-866-508-7145. 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 (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 (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 (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 (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 (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。通訳をご用命になるには、1-866-508-7145 (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 (HMO) CUSTOMER SERVICE

METHOD	BLUE ADVANTAGE CUSTOMER SERVICE CONTACT INFORMATION
CALL	<p>Toll-free 1 (866) 508-7145</p> <p>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.</p> <p>Customer Service also has free language interpreter services available for non-English speakers.</p>
TTY	<p>711</p> <p>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.</p> <p>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</p>
FAX	1 (877) 528-5820
WRITE	<p>HMO Louisiana, Inc. 130 DeSiard Street, Suite 322 Monroe, LA 71201</p>
WEBSITE	www.bcbsla.com/blueadvantage

The 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	SENIOR HEALTH INSURANCE INFORMATION PROGRAM (LOUISIANA SHIIP)
CALL	1 (225) 342-5301 or toll free 1 (800) 259-5300
TTY	<p>711</p> <p>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.</p>
WRITE	<p>Louisiana Department of Insurance P.O. Box 94214 Baton Rouge, LA 70802</p>
WEBSITE	www.lda.la.gov/SHIIP

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1051. If you have comments or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.