

# **BlueMedicare Preferred (HMO) offered by Florida Blue Medicare**

## **Annual Notice of Changes for 2025**

You are currently enrolled as a member of BlueMedicare Premier. Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [www.floridablue.com/medicare/forms](http://www.floridablue.com/medicare/forms). You may also call Member Services 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 coverage restrictions and cost-sharing.
  - Think about how much you will spend on premiums, deductibles, and cost-sharing.
  - Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
  - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.
- Think about whether you are happy with our plan.

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

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you don't join another plan by December 7, 2024, you will stay in BlueMedicare Preferred.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with BlueMedicare Preferred.
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-800-926-6565 for additional information. (TTY users should call 1-800-955-8770). Hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 through March 31, except for Thanksgiving and Christmas. From April 1 through September 30, our hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday, except for major holidays. This call is free.
- This information is available in an alternate format, including large print, audio and braille. Please call Member Services at the number listed above if you need plan information in another format.
- **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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

## About BlueMedicare Preferred

- Florida Blue Medicare is an HMO plan with a Medicare contract. Enrollment in Florida Blue Medicare depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Florida Blue Medicare. When it says “plan” or “our plan,” it means BlueMedicare Preferred.

***Annual Notice of Changes for 2025***  
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## Summary of Important Costs for 2025

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

Cost	2024 (this year)	2025 (next year)
<b>Monthly plan premium*</b>  * Your premium may be higher than this amount. See Section 2.1 for details.	\$0	\$0
<b>Maximum out-of-pocket amount</b>  This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	\$3,100	\$2,100
<b>Doctor office visits</b>	Primary care visits: \$0 copay per visit  Specialist visits: \$15 copay per visit	Primary care visits: \$0 copay per visit  Specialist visits: \$5 copay per visit
<b>Inpatient hospital stays</b>	You pay a \$150 copay per days 1-6 and \$0 copay after day 6  Copay per day (per Medicare-covered stay) which includes day of admission and day of discharge	You pay a \$120 copay per days 1-6 and a \$0 copay after day 6  Copay per day (per Medicare-covered stay). You will not be charged a copay for the day of discharge
<b>Part D prescription drug coverage</b>  (See Section 2.5 for details.)	Deductible: \$0  Copay/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>Drug Tier 1: \$0 copay</li> </ul>	Deductible: \$0  Copay/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>Drug Tier 1: \$0 copay</li> </ul>

Cost	2024 (this year)	2025 (next year)
	<ul style="list-style-type: none"> <li>• Drug Tier 2: \$0 copay</li>   <li>• Drug Tier 3: \$25 copay You pay up to \$25 per month supply of each covered insulin product on this tier.</li>   <li>• Drug Tier 4: \$80 copay</li>   <li>• Drug Tier 5: 33% of the total cost</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs.</li> <li>• You may have cost-sharing for drugs that are covered under our enhanced benefit.</li> </ul>	<ul style="list-style-type: none"> <li>• Drug Tier 2: \$0 copay</li>   <li>• Drug Tier 3: \$25 copay You pay up to \$25 per month supply of each covered insulin product on this tier.</li>   <li>• Drug Tier 4: \$80 copay You pay up to \$35 per month supply of each covered insulin product on this tier.</li>   <li>• Drug Tier 5: 33% of the total cost You pay up to \$35 per month supply of each covered insulin product on this tier.</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, you pay nothing for your covered Part D drugs.</li> </ul>

## SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in BlueMedicare Preferred in 2025

On January 1, 2025, Florida Blue Medicare will be combining *BlueMedicare Premier* with one of our plans, *BlueMedicare Preferred*. The information in this document tells you about the differences between your current benefits in *BlueMedicare Premier* and the benefits you will have on January 1, 2025 as a member of *BlueMedicare Preferred*.

**If you do nothing by December 7, 2024, we will automatically enroll you in our BlueMedicare Preferred.** This means starting January 1, 2025, you will be getting your medical and prescription drug coverage through *BlueMedicare Preferred*. 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	2024 (this year)	2025 (next year)
<b>Monthly premium</b>	\$0	\$0
(You must also continue to pay your Medicare Part B premium.)		

- 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.

### 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	2024 (this year)	2025 (next year)
<b>Maximum out-of-pocket amount</b>	\$3,100	\$2,100
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		Once you have paid \$2,100 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

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### Section 2.3 – Changes to the Provider and Pharmacy Networks

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

Updated directories are located on our website at [www.floridablue.com/medicare](http://www.floridablue.com/medicare). At the top navigation, click Member Resources, then click Find a Doctor or Find a Pharmacy. You may also call Member Services 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. **Please review the 2025 Provider Directory** [www.floridablue.com/medicare](http://www.floridablue.com/medicare) **to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 Pharmacy Directory** [www.floridablue.com/medicare](http://www.floridablue.com/medicare) **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 Member Services so we may assist.

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### Section 2.4 – Changes to Benefits and Costs for Medical Services

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



Cost	2024 (this year)	2025 (next year)
<b>Advanced Imaging (Outpatient Hospital Services)</b>	You pay a \$100 copay	You pay a \$110 copay
<b>Ambulatory Surgical Center (ASC)</b>	You pay a \$75 copay for an Ambulatory Surgical Center (ASC) per visit	You pay a \$50 copay for an Ambulatory Surgical Center (ASC) per visit
<b>Ambulatory Surgical Center (ASC) Diagnostic Colonoscopy</b>	You pay a \$75 copay for a diagnostic colonoscopy in an Ambulatory Surgical Center (ASC)	You pay a \$0 copay for a diagnostic colonoscopy in an Ambulatory Surgical Center (ASC)
<b>Dental, Hearing and Vision Flex Benefits</b>	Dental, Hearing, and Vision Flex Benefits are <u>not</u> available	Your plan includes an additional <b>\$500</b> yearly allowance on your Blue Dollars Benefits MasterCard® Prepaid card that can be used towards any out-of-pocket costs related to your plans' covered dental, vision or hearing services, such as dental care, hearing aids and glasses, if covered by your plan. Any balance not used will not carry over to the next year.
<b>Dental Services* (additional benefits)</b>		
<b>Annual Maximum Allowance</b>	There is no Annual Maximum Allowance.	\$3,000 Annual Maximum Allowance may NOT be used for implants, orthodontics, or cosmetic dentistry
<b>Clinical Oral Evaluations</b>	2 evaluations per calendar year (D0120 combined with D0150)  You pay a \$0 Copay for clinical oral evaluations (D0120)	Applies towards the Annual Maximum Allowance

Cost	2024 (this year)	2025 (next year)
	<p>1 per lifetime, per dentist (counts toward 2 evaluations limit per calendar year)</p> <p>You pay a \$0 Copay for comprehensive oral evaluation (D0150)</p>	
<b>Diagnostic Imaging</b>	<p>1 set every 3 years (D0210 combined with D0330)</p> <p>You pay a \$0 Copay for intraoral -complete set of radiographic images (D0210)</p> <p>You pay a \$0 Copay for panoramic radiographic (D0330)</p> <p>Maximum of 1 set per calendar year. Any of these services constitute a set.</p> <p>You pay a \$0 Copay for bitewings x-rays</p> <p>1 set per calendar year</p> <p>You pay a \$0 Copay for intraoral periapical</p>	<p>Applies towards the Annual Maximum Allowance</p>
<b>Dental Prophylaxis (Cleaning)</b>	<p>2 cleanings per calendar year (combined limit for D1110 &amp; D4910)</p> <p>You pay a \$0 Copay for dental prophylaxis (cleaning)</p>	<p>Applies towards the Annual Maximum Allowance</p>
<b>Fluoride</b>	<p>2 per calendar year either D1206 or D1208</p> <p>You pay a \$0 Copay for fluoride</p>	<p>Applies towards the Annual Maximum Allowance</p>

Cost	2024 (this year)	2025 (next year)
<b>Other preventive services</b> <b>(application of caries</b> <b>arresting medicament)</b>	2 per calendar year  You pay a \$0 Copay for application of caries arresting medicament	Applies towards the Annual Maximum Allowance
<b>Restorative Services</b>	4 restorations per calendar year (combined with D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394)  You pay a \$0 Copay for <ul style="list-style-type: none"> <li>• Amalgam - one surface, primary or permanent</li> <li>• Amalgam - two surfaces, primary or permanent</li> <li>• Amalgam - three surfaces, primary or permanent</li> <li>• Amalgam - four or more surfaces, primary or permanent</li> <li>• Resin-based composite - Anterior - one surface</li> <li>• Resin-based composite - Anterior - two surfaces</li> <li>• Resin-based composite - Anterior - three surfaces</li> <li>• Resin-based composite - Anterior - four or more surfaces or involving incisal angle</li> <li>• Resin-based composite - Posterior - one surface</li> <li>• Resin-based composite - Posterior - two surfaces</li> <li>• Resin-based composite - Posterior - three surfaces</li> </ul>	Applies towards the Annual Maximum Allowance

Cost	2024 (this year)	2025 (next year)
	<ul style="list-style-type: none"> <li>Resin-based composite - Posterior - four or more surfaces</li> </ul>	
<b>Crowns</b>	<p>1 crown per calendar year (combined with D2710, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794)</p> <p>You pay a \$0 Copay for</p> <ul style="list-style-type: none"> <li>Crown – resin– based composite (indirect)</li> <li>Crown – porcelain/ceramic substrate</li> <li>Crown – porcelain fused to high noble metal</li> <li>Crown – porcelain fused to predominantly base metal</li> <li>Crown – porcelain fused to noble metal</li> <li>Crown – full cast high noble metal</li> <li>Crown – full cast predominately base metal</li> <li>Crown – full cast noble metal</li> <li>Crown – full cast titanium</li> </ul>	Applies towards the Annual Maximum Allowance
<b>Crowns (Core build up including any pins when required, pin retention per tooth in addition to restoration, post and core in addition to crown indirectly fabricated)</b>	<p>1 per calendar year (combined with D2950, D2951, D2952)</p> <p>You pay a \$0 Copay for core build-up</p>	Applies towards the Annual Maximum Allowance
<b>Endodontics - Root Canals</b>	1 per calendar year (combined with D3220, D3310, D3320, D3330, D3346, D3347, D3348)	Applies towards the Annual Maximum Allowance

Cost	2024 (this year)	2025 (next year)
	You pay a \$0 Copay for root canals	
<b>Periodontics</b>	<p>1 per quadrant per 24 month period</p> <p>You pay a \$0 Copay for periodontal scaling and root planing 4 or more teeth per quadrant</p> <p>1 per quadrant per 24 month period</p> <p>You pay a \$0 Copay for periodontal scaling and root planing 1 to 3 teeth per quadrant</p> <p>1 per 36 month period not to be completed on the same day as D0150 or D1110</p> <p>You pay a \$0 Copay for full mouth debridement to enable comprehensive evaluation and diagnosis</p> <p>2 cleanings per calendar year (combined limit for D1110 &amp; D4910)</p> <p>You pay a \$0 Copay for periodontal maintenance</p>	Applies towards the Annual Maximum Allowance
<b>Prostodontics, Removable</b> <b>(Complete denture maxillary or mandibular, immediate denture maxillary or</b>	<p>1 set per 60 months</p> <p>You pay a \$0 Copay for Prostodontics Removable</p>	Applies towards the Annual Maximum Allowance

Cost	2024 (this year)	2025 (next year)
<b>mandibular, partial denture maxillary or mandibular)</b>		
<b>Prosthodontics, Removable (Adjust complete denture maxillary or mandibular, adjust partial maxillary or mandibular)</b>	<p>1 per calendar year (either D5410, D5421, D5710, D5730, D5750)</p> <p>You pay a \$0 Copay for adjust denture</p>	Applies towards the Annual Maximum Allowance
<b>Prosthodontics, Removable (Repair or replace dentures)</b>	<p>2 per calendar year, 5 maximum per 5 years</p> <p>You pay a \$0 Copay for Prosthodontics Removable (repair or replace dentures)</p>	Applies towards the Annual Maximum Allowance
<b>Prosthodontics, Removable (Reline, rebase, or adjust dentures)</b>	<p>1 per calendar year</p> <p>You pay a \$0 Copay for Prosthodontics Removable (reline or rebase dentures)</p> <p>1 per calendar year (either D5411, D5422, D5711, D5731, D5751)</p> <p>You pay a \$0 Copay for Prosthodontics Removable (rebase complete mandibular denture, adjust complete mandibular denture, adjust partial denture mandibular, reline complete mandibular denture chair side)</p> <p>1 per calendar year</p> <p>You pay a \$0 Copay for Prosthodontics Removable</p>	Applies towards the Annual Maximum Allowance

Cost	2024 (this year)	2025 (next year)
	(Reline maxillary partial denture chair side, reline maxillary partial denture laboratory)	
<b>Oral and Maxillofacial Surgery</b>	<p>Maximum of 4 per calendar year (combined with D7140, D7210, D7220, D7230, D7240, D7241, D7250)</p> <p>You pay a \$0 Copay for Extraction, erupted tooth or exposed root (elevation and/or forceps removal)</p>	Applies towards the Annual Maximum Allowance
<b>Diagnostic Procedures and Tests</b>	<p>You pay a \$15 copay for a diagnostic procedure or test in a physician specialist office</p> <p>You pay a \$125 copay for a diagnostic procedure or test at an outpatient hospital or and independent diagnostic testing facility (IDTF)</p>	<p>You pay a \$5 copay for a diagnostic procedure or test in a physician specialist office</p> <p>You pay a \$110 copay for a diagnostic procedure or test at an outpatient hospital or and independent diagnostic testing facility (IDTF)</p>
<b>Emergency Services</b>	<p><b><u>In- and Out-of-Network</u></b></p> <p>You pay a \$135 copay for each Medicare-covered Emergency Room Visit.</p>	<p><b><u>In- and Out-of-Network</u></b></p> <p>You pay a \$140 copay for each Medicare-covered Emergency Room Visit.</p>
<b>Eyeglass Frames and Lenses (Vision Materials)</b>	\$250 maximum allowance per year towards the purchase of lenses, frames or contacts lenses	<p>\$300 maximum allowance per year towards the purchase of lenses, frames or contacts lenses</p> <p>Member responsible for costs exceeding the Benefit Maximum</p>
<b>Inpatient Hospital - Acute</b>	You pay a \$150 copay per days 1-6 and a \$0 copay after day 6	You pay a \$120 copay per days 1-6 and a \$0 copay after day 6

Cost	2024 (this year)	2025 (next year)
	Your daily copay includes the day of admission through the day of discharge.	You will not be charged a copay for the day of discharge
<b>Inpatient Services Psychiatric Hospital</b>	\$275 copay per day for days 1-5  \$0 copay per day for days 6-90  Your daily copay includes the day of admission through the day of discharge.	\$300 copay per day for days 1-5  \$0 copay per day for days 6-90  You will not be charged a copay for the day of discharge.
<b>Intensive Cardiac Rehabilitation</b>	You pay a \$50 copay for intensive cardiac rehabilitation	You pay a \$35 copay for intensive cardiac rehabilitation
<b>Lymphedema Therapy in a: Physician's Office Outpatient Hospital Outpatient Rehabilitation Facility</b>	You pay a \$30 copay for lymphedema therapy in a Physician's office or Outpatient Hospital Facility  You pay a \$30 copay for lymphedema therapy in an Outpatient Rehabilitation Facility	You pay a \$0 copay for lymphedema therapy
<b>Medicare Covered Dental (Non-Routine)</b>	You pay a \$15 copay for Medicare Covered Dental (Non-Routine)	You pay a \$5 copay for Medicare Covered Dental (Non-Routine)
<b>Medicare Covered Eye Exam (Non-Routine)</b>	You pay a \$15 copay for Medicare Covered Eye Exam (Non-Routine)	You pay a \$5 copay for Medicare Covered Eye Exam (Non-Routine)
<b>Medicare Covered Hearing Exam (Non-Routine)</b>	You pay a \$15 copay for Medicare Covered Hearing Examination (Non-Routine)	You pay a \$5 copay for Medicare Covered Hearing Examination (Non-Routine)
<b>Medicare Part B Avastin<sup>®</sup> (bevacizumab)</b>	You pay 20% of the total cost for each injection of Avastin <sup>®</sup> (bevacizumab) covered for eye injections	You pay a \$0 copay for each injection of Avastin <sup>®</sup> (bevacizumab) covered for eye injections



Cost	2024 (this year)	2025 (next year)
<b>Medicare Part B Prescription Drugs</b> <b>(Allergy Injection)</b>	You pay a \$5 copay for allergy injections (in office)	You pay a \$0 copay for allergy injections (in office)
<b>Outpatient Hospital Observation Services</b>	You pay a \$135 copay per Outpatient Hospital Observation visit.	You pay a \$140 copay per Outpatient Hospital Observation visit.
<b>Outpatient Hospital Services</b> <b>(Diagnostic Colonoscopy)</b>	You pay a \$100 copay for Outpatient Hospital Services  This copay also includes diagnostic colonoscopy.	You pay a \$0 copay for diagnostic colonoscopy
<b>Over-the-Counter Items</b>	You have a \$85 allowance each quarter. Balance does not roll over to next quarter.  You can shop for eligible products online or by phone using our designated vendor.	You have a \$189 allowance each quarter. Balance does not roll over to next quarter.  You can shop for eligible products online or by phone and at participating retail locations using our designated vendor.
<b>Physician Office Visits</b> <b>(Basic hearing and balance exams performed by an In-Network specialist)</b>	You pay a \$15 for basic hearing and balance exams performed by an In-Network specialist	You pay \$0 copay for basic hearing and balance exams performed by an In-Network specialist
<b>Physician Specialist</b>	You pay a \$15 copay for physician specialist services	You pay a \$5 copay for physician specialist services
<b>Skilled Nursing Facility (SNF)</b>	You pay a \$0 copay per day 1-20  You pay a \$184 copay per day 21-100	You pay a \$0 copay per day 1-20  You pay a \$214 copay per day 21-100

Cost	2024 (this year)	2025 (next year)
<b>Special Supplemental Benefits for the Chronically Ill (SSBCI)</b>	<p>You pay a \$0 copay for Special Supplemental Benefits for the Chronically Ill (SSBCI)</p> <p>Targeted Conditions: any of the following or combination:            Coronary Artery Disease (CAD), Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Dementia, Bipolar disorders, Major depressive disorders, Paranoid disorder, Schizophrenia, Schizoaffective disorders, Amyotrophic lateral sclerosis, Epilepsy, Extensive paralysis, Huntington's disease, Multiple sclerosis, Parkinson's disease, Polyneuropathy, Spinal stenosis, and/or Stroke-related neurologic deficit you may receive the following additional benefits:</p> <ul style="list-style-type: none"> <li>• Chronic Condition Meals: 20 meals per month</li> <li>• Nutritional Therapy and Planning: 3 phone consultations with counselor</li> <li>• OTC: additional allowance of \$50 per Quarter</li> <li>• Transportation: 12 one-way additional trips per year with no clinical criteria</li> </ul>	<p>You pay a \$0 copay for Special Supplemental Benefits for the Chronically Ill (SSBCI)</p> <p>Targeted Conditions: any of the following or combination:            Coronary Artery Disease (CAD), Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Dementia, Bipolar disorders, Major depressive disorders, Paranoid disorder, Schizophrenia, Schizoaffective disorders, Amyotrophic lateral sclerosis, Epilepsy, Extensive paralysis, Huntington's disease, Multiple sclerosis, Parkinson's disease, Polyneuropathy, Spinal stenosis, and/or Stroke-related neurologic deficit you may receive the following additional benefits:</p> <ul style="list-style-type: none"> <li>• \$100 per month on your Blue Dollars Benefits MasterCard® Prepaid Card to purchase healthy food and produce at a plan approved location in order to assist members in maintaining a healthy diet to support their nutritional needs. The benefit card will be mailed directly to members and replenished at the beginning of each month.            Any balance not used for a month will not carry over to</li> </ul>

Cost	2024 (this year)	2025 (next year)
	<ul style="list-style-type: none"> <li>Hourly In-Home Support Services: 30 annual hours for IADLs: assistance for transportation, companionship, household chores, use of electronic devices, exercise and activities.</li> </ul>	<p>the next month. The Blue Dollars Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Mastercard and the circles design is a trademark of Mastercard International Incorporated.</p>
<b>Telehealth Services (Dermatology)</b>	<p>You pay a \$15 copay for Telehealth Services (Dermatology)</p>	<p>You pay a \$5 copay for Telehealth Services (Dermatology)</p>
<b>Transportation (Non-Emergency)</b>	<p>Transportation (Non-Emergency) benefit allows up to 48 one-way trips per calendar year plan-approved locations for scheduled medical related services and prescriptions within your service area. Locations include provider offices, hospitals and pharmacies.</p>	<p>Transportation (Non-Emergency) benefit allows up to 30 one-way trips per calendar year to plan-approved locations for scheduled medical related services and prescriptions within your service area. Locations include provider offices, hospitals and pharmacies.</p>
<b>Worldwide Emergency/Urgent Services</b>	<p><b><u>In- and Out-of-Network</u></b> You pay a \$135 copay for worldwide emergency/urgent services</p>	<p><b><u>In- and Out-of-Network</u></b> You pay a \$140 copay for worldwide emergency/urgent services</p>

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## Section 2.5 – Changes to Part D Prescription Drug Coverage

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

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

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

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

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website:

<https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>.

You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

### Changes to Prescription Drug Benefits and 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 does not apply to you.** We sent you a separate insert, called the *Evidence of Coverage Rider for People Who Get "Extra Help" Paying for Prescription Drugs* (also called the *Low-Income Subsidy Rider* or the *LIS Rider*), which tells you about your drug costs. If you receive "Extra Help" and you haven't received this insert by September 30, 2024, please call Member Services and ask for the *LIS Rider*.

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

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

### Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	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	2024 (this year)	2025 (next year)
<b>Stage 2: Initial Coverage Stage</b> During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b>	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:

Stage	2024 (this year)	2025 (next year)
<p>The costs in this chart are for a one-month (31-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. 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><b>Tier 1-Preferred Generic:</b> You pay \$0 per prescription</p>	<p><b>Tier 1-Preferred Generic:</b> You pay \$0 per prescription</p>
	<p><b>Tier 2-Generic:</b> You pay \$0 per prescription</p>	<p><b>Tier 2-Generic:</b> You pay \$0 per prescription</p>
	<p><b>Tier 3-Preferred Brand:</b> You pay \$25 per prescription</p> <p>You pay up to \$25 per month supply of each covered insulin product on this tier.</p>	<p><b>Tier 3-Preferred Brand:</b> You pay \$25 per prescription</p> <p>You pay up to \$25 per month supply of each covered insulin product on this tier.</p>
<p>We changed the tier for some of the drugs on our "Drug List." To see if your drugs will be in a different tier, look them up on the "Drug List."</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p><b>Tier 4-Non-Preferred Drug:</b> You pay \$80 per prescription</p>	<p><b>Tier 4-Non-Preferred Drug:</b> You pay \$80 per prescription</p> <p>You pay up to \$35 per month supply of each covered insulin product on this tier.</p>
	<p><b>Tier 5-Specialty Tier:</b> You pay 33% of the total cost</p>	<p><b>Tier 5-Specialty Tier:</b> You pay 33% of the total cost</p> <p>You pay up to \$35 per month supply of each covered insulin product on this tier.</p>
	<p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

### Changes to the Catastrophic Coverage Stage

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

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6 in your *Evidence of Coverage*.

### SECTION 3 Administrative Changes

	2024 (this year)	2025 (next year)
<b>Medicare Prescription Payment Plan</b>	Not applicable	<p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across <b>monthly payments that vary throughout the year</b> (January – December).</p> <p>To learn more about this payment option, please contact us at 1-800-926-6565 or visit Medicare.gov.</p>

### SECTION 4 Deciding Which Plan to Choose

#### Section 4.1 – If you want to stay in BlueMedicare Preferred

**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 BlueMedicare Preferred.

#### 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 2025 follow these steps:

##### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,

- -OR- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

As a reminder, Florida Blue Medicare offers other Medicare health plans and Medicare prescription drug 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 BlueMedicare Preferred.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from BlueMedicare Preferred.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services 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, 2025.

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

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

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.



If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## SECTION 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 Florida, the SHIP is called Serving Health Insurance Needs of Elders (SHINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE 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 SHINE at 1-800-963-5337 (TTY users should call 1-800-955-8770). You can learn more about SHINE by visiting their website ([www.FLORIDASHINE.org](http://www.FLORIDASHINE.org)).

## 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.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY 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.

- **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. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Florida AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, please call Florida's ADAP directly at 1-800-352-2437 (TTY: 1-888-503-7118), or mail them at: HIV/AIDS Section, 4052 Bald Cypress Way, Tallahassee, FL 32399. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**  
“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-800-926-6565 or visit Medicare.gov.

## SECTION 8 Questions?

### Section 8.1 – Getting Help from BlueMedicare Preferred

Questions? We're here to help. Please call Member Services at 1-800-926-6565. (TTY only, call 1-800-955-8770). We are available for phone calls 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 through March 31, except for Thanksgiving and Christmas. From April 1 through September 30, our hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday, except for major holidays. Calls to these numbers are free.

### **Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for BlueMedicare Preferred. 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.floridablue.com/medicare/forms](http://www.floridablue.com/medicare/forms). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

### **Visit our Website**

You can also visit our website at [www.floridablue.com/medicare](http://www.floridablue.com/medicare). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

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## **Section 8.2 – Getting Help from Medicare**

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To get information directly from Medicare:

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

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

### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and 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](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2025***

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. View the Discrimination and Accessibility Notice at [floridablue.com/ndnotice](https://floridablue.com/ndnotice), plus information on our free language assistance services. Or call 1-800-352-2583 (TTY: 1-800-955-8770).

Puede ver la notificación de no discriminación y accesibilidad, además de información sobre nuestros servicios gratuitos de asistencia lingüística en [floridablue.com/es/ndnotice](https://floridablue.com/es/ndnotice). O llame al 1-800-352-2583 (TTY: 1-877-955-8773).

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### 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 1-800-926-6565. (TTY users should call 1-800-955-8770). 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 1-800-926-6565 (TTY: 1-877-955-8773). 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 1-800-926-6565。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 1-800-926-6565。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 pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-926-6565. 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 1-800-926-6565. 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 1-800-926-6565. 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 1-800-926-6565. 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 1-800-926-6565. 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 1-800-926-6565. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

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**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على بمساعدتك. هذه خدمة مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-926-6565. سيقوم شخص ما يتحدث العربية مجاناً.

**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 1-800-926-6565 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 1-800-926-6565. Un nostro incaricato che parla Italiano 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 1-800-926-6565. 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 1-800-926-6565. 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 1-800-926-6565. 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、1-800-926-6565 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。

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(Expires 12/31/25)