BlueMedicare Premier (HMO) offered by Florida Blue Medicare

Annual Notice of Changes for 2024

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 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.floridablue.com/medicare. 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 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.

OMB Approval 0938-1051 (Expires: February 29, 2024)
Y0011_FBM1555 2023_M

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 BlueMedicare Premier.
- 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 BlueMedicare Premier.
- 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

- 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 for more information.

About BlueMedicare Premier

- 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 Premier.

Annual Notice of Changes for 2024
Table of Contents

Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for BlueMedicare Premier in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	$0	$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$2,700	$2,400
Doctor office visits	Primary care visits: $0 copay per visit Specialist visits: $20 copay per visit	Primary care visits: $0 copay per visit Specialist visits: $20 copay per visit
Inpatient hospital stays	Days 1-6: $109 copay per day (per Medicare-covered stay). After the 6th day, the plan pays 100% of the covered expenses.	Days 1-6: $110 copay per day (per Medicare-covered stay). After the 6th day, the plan pays 100% of the covered expenses.
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: $0 Copay/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $0 copay	Deductible: $0 Copay/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $0 copay

Cost	2023 (this year)	2024 (next year)
	• Drug Tier 2: $0 copay • Drug Tier 3: $35 copay • Drug Tier 4: $93 copay • Drug Tier 5: 33% of the total cost Catastrophic Coverage: • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called **coinsurance**), or a copayment ($4.15 for a generic drug or a drug that is treated like a generic, and $10.35 for all other drugs).	• Drug Tier 2: $0 copay • Drug Tier 3: $35 copay • Drug Tier 4: $93 copay • Drug Tier 5: 33% of the total cost Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefits. You pay nothing.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – 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.)	$0	$0

- 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 1.2 – Changes to Your Maximum Out-of-Pocket Amount

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

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$2,700	$2,400 Once you have paid $2,400 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.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.floridablue.com/medicare. 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 2024 *Provider Directory* 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 2024 *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 Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

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

Cost	2023 (this year)	2024 (next year)
Acupuncture	Prior authorization is required for acupuncture for over 12 visits.	Prior authorization is not required for acupuncture over 12 visits.
At Home Care Program	You pay a $0 copay for At Home Care, 60 hours per year. Services include support with Instrumental Activities of Daily Living (IADL).	At Home Care is not covered
Dental, Hearing and Vision Flex Benefits	Dental, hearing and vision flex benefits are not covered.	Your plan includes an additional **$500** 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

Cost	2023 (this year)	2024 (next year)
		plan. Any balance not used will not carry over to the next year.
Dental Services* (additional benefits)		
Annual Maximum Allowance	There is no Annual Maximum Allowance.	$3,500 Annual Maximum Allowance may NOT be used for implants, orthodontics, or cosmetic dentistry
Clinical Oral Evaluations	2 evaluations per 12 consecutive months You pay a $0 Copay for clinical oral evaluations As necessary You pay a $0 Copay for limited oral evaluation 1 per lifetime, per dentist You pay a $0 Copay for comprehensive oral evaluation	Applies towards the Annual Maximum Allowance
Diagnostic Imaging	1 set every 36 months You pay a $0 Copay for intraoral -complete set of radiographic images 1 set per 12 consecutive months limits on bitewings You pay a $0 Copay for intraoral periapical 1 set per 12 consecutive months. Any of these services constitute a set.	Applies towards the Annual Maximum Allowance

Cost	2023 (this year)	2024 (next year)
	You pay a $0 Copay for bitewings x-rays 1 set every 36 months combined with intraoral complete series radiographic images You pay a $0 Copay for panoramic radiographic	
Dental Prophylaxis (Cleaning)	2 cleanings per 12 consecutive months You pay a $0 Copay for dental prophylaxis (cleaning)	Applies towards the Annual Maximum Allowance
Fluoride	Fluoride is not covered	Applies towards the Annual Maximum Allowance
Other preventive services **(application of caries arresting medicament)**	Application of caries arresting medicament is not covered	Applies towards the Annual Maximum Allowance
Restorative Services	1 restoration per surface per tooth per 12 consecutive months • You pay a $15 Copay for amalgam - one surface, primary or permanent • You pay a $19 Copay for amalgam - two surfaces, primary or permanent • You pay a $23 Copay for amalgam -three surfaces, primary or permanent	Applies towards the Annual Maximum Allowance

Cost	2023 (this year)	2024 (next year)
	• You pay a $28 Copay for amalgam - four or more surfaces, primary or permanent • You pay a $20 Copay for resin-based composite -anterior - one surface • You pay a $26 Copay for resin-based composite -anterior -two surfaces • You pay a $30 Copay for resin-based composite -anterior -three surfaces • You pay a $32 Copay for resin-based composite -anterior -four or more surfaces or involving incisal angle • You pay a $22 Copay for resin-baed composite -posterior -one surface • You pay a $29 Copay for resin-based composite -posterior -two surfaces • You pay a $37 Copay for resin-based composite -posterior -three surfaces • You pay a $38 Copay resin-based composite -posterior -four or more surfaces	

Cost	2023 (this year)	2024 (next year)
Crowns	1 crown per 12 consecutive months • You pay a $148 Copay for resin-based composite • You pay a $324 Copay for porcelain-ceramic substrate • You pay a $315 Copay for porcelain-fused to high noble metal • You pay a $289 Copay for porcelain-fused to predominantly base metal • You pay a $302 Copay for porcelain-fused to noble metal • You pay a $301 Copay for full cast-high noble metal • You pay a $268 Copay for full cast-predominantly base metal • You pay a $285 Copay for full cast-noble metal • You pay a $284 Copay for full cast-titanium • Core build-up, including any pins when required is not covered. • Pin retention-per tooth, in addition to restoration is not covered. • Post and core in addition to crown, indirectly fabricated is not covered.	Applies towards the Annual Maximum Allowance

Cost	2023 (this year)	2024 (next year)
Endodontics - Root Canals	1 per 12 consecutive months • You pay a $47 Copay for Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament • You pay a $196 Copay for endodontic therapy- anterior tooth (excluding final restoration) • You pay a $231 Copay for endodontic therapy-bicuspid tooth (excluding final restoration) • You pay a $305 Copay for endodontic therapy- molar (excluding final restoration) • You pay a $256 Copay for Retreatment or previous root canal therapy-anterior • You pay a $296 Copay for Retreatment or previous root canal therapy-bicuspid • You pay a $358 Copay for Retreatment or previous root canal therapy-molar	Applies towards the Annual Maximum Allowance
Periodontics	1 per quadrant per 24 month period • You pay a $61 Copay for Periodontal scaling and root planing- four or more teeth per quadrant	Applies towards the Annual Maximum Allowance

Cost	2023 (this year)	2024 (next year)
	• You pay a $46 Copay for periodontal scaling and root planing - one to three teeth per quadrant • You pay a $34 Copay for full mouth debridement to enable comprehensive evaluation and diagnosis • You pay a $34 Copay for periodontal maintenance	
Prosthodontics, Removable	1 set per 60 months • You pay a $382 Copay for complete denture maxillary or mandibular • You pay a $418 Copay for immediate denture maxillary or mandibular • You pay a $296 Copay for Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) • You pay a $303 Copay for Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	Applies towards the Annual Maximum Allowance

Cost	2023 (this year)	2024 (next year)
	• You pay a $420 Copay for maxillary or mandibular partial denture-cast metal framework, with resin denture base (including any conventional clasps, rests and teeth) 2 per 12 consecutive months • You pay a $10 Copay for adjust complete maxillary or mandibular, adjust partial maxillary denture • You pay a $9 Copay for adjust partial mandibular denture • Repair broken complete denture maxillary or mandibular is not covered • Replace missing or broken teeth is not covered As necessary • You pay a $21 Copay for repair resin partial denture maxillary or mandibular • You pay a $23 Copay for repair cast partial framework maxillary or mandibular • You pay a $20 Copay for repair or replace broken clasp	

Cost	2023 (this year)	2024 (next year)
	• Replace broken teeth-per tooth is not covered • Add tooth to existing partial denture is not covered • Add clasp to existing partial denture is not covered • Rebase complete maxillary or mandibular denture is not covered 1 per 36 months • You pay a $38 Copay for reline complete maxillary or mandibular denture (chair side) • You pay a $34 Copay for reline maxillary or mandibular partial denture (chair side) • You pay a $59 Copay for reline complete maxillary denture (laboratory) • You pay a $57 Copay for reline complete mandibular denture (laboratory) • You pay a $53 Copay for reline maxillary or mandibular partial denture (laboratory)	
Oral and Maxillofacial Surgery	1 per lifetime of the tooth	Applies towards the Annual Maximum Allowance

Cost	2023 (this year)	2024 (next year)
	• You pay a $17 Copay for Extraction, erupted tooth or exposed root (elevation and/or forceps removal) • You pay a $31 Copay for Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated • You pay a $39 Copay for Removal of impacted tooth - soft tissue • You pay a $53 Copay for Removal of impacted tooth - partially bony • You pay a $64 Copay for Removal of impacted tooth - completely bony • You pay a $72 Copay for Removal of impacted tooth - completely bony, with unusual surgical complications • You pay a $32 Copay for Surgical removal of residual roots (cutting procedure)	

Emergency Services	**In- and Out-of-Network** You pay a $105 copay for each Medicare-covered Emergency Room Visit.	**In- and Out-of-Network** You pay a $135 copay for each Medicare-covered Emergency Room Visit.
Eyeglass Frames and Lenses (Vision Materials)	$250 Allowance per year towards the purchase of lenses, frames or contacts Member responsible for costs exceeding the Benefit Maximum	$300 maximum allowance per year towards the purchase of lenses, frames or contacts lenses Member responsible for costs exceeding the Benefit Maximum
Food as Pharmacy Program	You pay a $0 copay for food as pharmacy program.	Food as pharmacy is not covered
Health Education	You pay a $0 copay for Health Education provided through meQuilibrium's digital coaching platform.	Health Education is not covered
Inpatient Hospital - Acute	You pay a $109 copay per days 1-6 and a $0 copay after day 6	You pay a $110 copay per days 1-6 and a $0 copay after day 6
Intensive Cardiac Rehabilitation	You pay a $25 copay for intensive cardiac rehabilitation	You pay a $50 copay for intensive cardiac rehabilitation
Outpatient Hospital Services	You pay a $150 copay for Outpatient Hospital Services	You pay a $75 copay for Outpatient Hospital Services
Outpatient Hospital Observation Services	You pay a $105 copay per Outpatient Hospital Observation visit.	You pay a $135 copay per Outpatient Hospital Observation visit.
Over-the-Counter Items	$100 each quarter. Balance does not roll over to next quarter.	$150 each quarter. Balance does not roll over to next quarter.
Special Supplemental Benefits for the Chronically Ill (SSBCI)	You pay a $0 copay for Special Supplemental Benefits for the Chronically Ill (SSBCI)	You pay a $0 copay for Special Supplemental Benefits for the Chronically Ill (SSBCI)

Cost	2023 (this year)	2024 (next year)
	Targeted Conditions: any of the following or combination: Coronary Artery Disease (CAD), Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), and/or Diabetes you may receive the following additional benefits: • $20 per month toward the purchase of healthy foods at a plan approved location. Any unused amounts do not roll over to the next month.	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:

Cost	2023 (this year)	2024 (next year)
		• $50 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 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. • At Home Care: 30 hours per year for at home care through our participating provider. Services include support with Instrumental Activities of Daily Living (IADL).

Cost	2023 (this year)	2024 (next year)
Supervised Exercise Therapy (SET)	Prior authorization is not required for supervised exercise therapy services.	Prior authorization is required for supervised exercise therapy services.
Worldwide Emergency/Urgent Services	**In- and Out-of-Network** You pay a $125 copay for worldwide emergency/urgent services	**In- and Out-of-Network** You pay a $135 copay for worldwide emergency/urgent services

Section 1.5 – 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 Member Services for more information.

Changes to Prescription Drug Costs

Note*:* If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs 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, 2023, please call Member Services and ask for the LIS Rider.

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

Changes to the Deductible Stage

Stage	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)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.** Most adult Part D vaccines are covered at no cost to you. The costs in this row 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 *Evidence of Coverage*. We changed the tier for some of the drugs on our "Drug List." To see if your drugs will be in a	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	2023 (this year)	2024 (next year)
different tier, look them up on the "Drug List."	***Tier 1-Preferred Generic:*** You pay $0 per prescription	***Tier 1-Preferred Generic:*** You pay $0 per prescription
	Tier 2-Generic: You pay $0 per prescription	***Tier 2-Generic:*** You pay $0 per prescription
	Tier 3-Preferred Brand: You pay $35 per prescription	***Tier 3-Preferred Brand:*** You pay $35 per prescription
	Tier 4-Non-Preferred Drug: You pay $93 per prescription	***Tier 4-Non-Preferred Drug:*** You pay $93 per prescription
	Tier 5-Specialty Tier: You pay 33% of the total cost	***Tier 5-Specialty Tier:*** You pay 33% of the total cost
	Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage).

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 and for excluded drugs that are covered under our enhanced benefit.

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

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in BlueMedicare Premier

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 Premier.

Section 2.2 – 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. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

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 Premier.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from BlueMedicare Premier.
- 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 3 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, 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.

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 4 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).

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
- Your State Medicaid Office (applications).

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Florida AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, 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.

SECTION 6 Questions?

Section 6.1 – Getting Help from BlueMedicare Premier

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 *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 BlueMedicare Premier. 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. 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. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/"Drug List")*.

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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

Read *Medicare & You 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.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Visit floridablue.com/ndnotice for information on our free language assistance services.

Nosotros cumplimos con las leyes federales de derechos civiles aplicables y no discriminamos por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Para información sobre nuestros servicios gratuitos de asistencia lingüística, visite floridablue.com/es/ndnotice.

Form Approved
OMB# 0938-1421

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 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 1-800-926-6565. 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 quí vị cần thông dịch viên xin gọi 1-800-926-6565. sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-926-6565. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-926-6565. 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.

Form CMS-10802
(Expires 12/31/25)

Form Approved
OMB# 0938-1421

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مساعدتك. هذه خدمة مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-926-6565. 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 1-800-926-6565. 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 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 1-800-926-6565. 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ございます。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。