## Blue Medicare Advantage Plus (HMO) offered by Blue Cross and Blue Shield of Kansas City

# Annual Notice of Changes for 2021

You are currently enrolled as a member of Blue Medicare Advantage Plus. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes*.

- **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.

- It's important to review your coverage now to make sure it will meet your needs next year.
- Do the changes affect the services you use?
- Look in Sections 1.5 and 1.6 for information about benefit and cost changes for our plan.

☐ Check the changes in the booklet to our prescription drug coverage to see if they affect you.

- Will your drugs be covered?
- Are your drugs in a different tier, with different cost sharing?
- Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
- Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
- Review the 2021 Drug List and look in Section 1.6 for information about changes to our drug coverage.
- Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit go.medicare.gov/drugprices. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

OMB Approval 0938-1051 (Expires: December 31, 2021)

☐ Check to see if your doctors and other providers will be in our network next year.

- Are your doctors, including specialists you see regularly, in our network?
- What about the hospitals or other providers you use?
- Look in Section 1.3 for information about our Provider/Pharmacy Directory.

☐ Think about your overall health care costs.

- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
- How much will you spend on your premium and deductibles?
- How do your total plan costs compare to other Medicare coverage options?

☐ 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 personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
- Review the list in the back of your *Medicare & You* handbook.
- Look in Section 3.2 to learn more about your choices.

☐ 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, 2020, you will be enrolled in *Blue Medicare Advantage Plus.*
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2020**

- If you don't join another plan by **December 7, 2020**, you will be enrolled in *Blue Medicare Advantage Plus*.
- If you join another plan by **December 7, 2020**, your new coverage will start on **January 1, 2021.** You will be automatically disenrolled from your current plan.

## Additional Resources

- Please contact our Customer Service number at 1-866-508-7140 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., seven days a week. You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day.

- This document may be available in other formats such as braille, large print or other alternate 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 Medicare Advantage Plus

- Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association. All products are offered by Blue-Advantage Plus Of Kansas City, Inc., a wholly-owned subsidiary of Blue Cross and Blue Shield of Kansas City. Blue Cross and Blue Shield of Kansas City's Blue Medicare Advantage is an HMO with a Medicare Contract. Enrollment in Blue Medicare Advantage depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Blue Cross and Blue Shield of Kansas City. When it says "plan" or "our plan," it means Blue Medicare Advantage Plus.

H1352_21-381_M File & Use 09152020

## Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for *Blue Medicare Advantage Plus* in several important areas. **Please note this is only a summary of changes**. A copy of the Evidence of Coverage is located on our website at www.medicarebluekc.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Monthly plan premium***<br>* Your premium may be higher or lower than this amount. See Section 1.1 for details. | $34 | $45 |
| **Maximum out-of-pocket amount**<br>This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.) | $4,800 | $5,200 |
| **Doctor office visits** | Primary care visits:<br>$0 Copay per visit<br>Specialist visits:<br>$35 Copay per visit | Primary care visits:<br>$5 Copay per visit<br>Specialist visits:<br>$20-$40 Copay per visit |
| **Inpatient hospital stays**<br>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day. | You pay a $285 Copay per day, per stay: Days 1-6<br>You pay a $0 Copay per day, per stay: Days 7-90.<br><br>Our plan covers an unlimited number of additional days for an inpatient hospital stay at $0 Copay.<br><br>Medicare-covered Lifetime Reserve Days:<br>You pay a $285 Copay per day, per stay: Days 1-6 | You pay a $285 Copay per day, per stay: Days 1-6<br>You pay a $0 Copay per day for days 7-90.<br><br>Our plan covers an unlimited number of additional days for an inpatient hospital stay at $0 Copay.<br><br>Medicare-covered Lifetime Reserve Days:<br>You pay a $0 Copay per day, per stay: Days 1-60. |

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| | You pay a $0 Copay per day, per stay: Days 7-60. | |
| **Part D prescription drug coverage**<br>(See Section 1.6 for details.) | Deductible: $0<br>Copayment/Coinsurance during the Initial Coverage Stage:<br>• Drug Tier 1: $3<br>• Drug Tier 2: $12<br>• Drug Tier 3: $47<br>• Drug Tier 4: $100<br>• Drug Tier 5: 33% | Deductible: $0<br>Copayment/Coinsurance during the Initial Coverage Stage:<br>• Drug Tier 1: $0<br>• Drug Tier 2: $5<br>• Drug Tier 3: $47<br>• Drug Tier 4: $100<br>• Drug Tier 5: 33% |

# *Annual Notice of Changes* for 2021
# Table of Contents

**Summary of Important Costs for 2021 .......... 1**

**SECTION 1 Changes to Benefits and Costs for Next Year .......... 4**

Section 1.1 – Changes to the Monthly Premium .......... 4

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount .......... 4

Section 1.3 – Changes to the Provider Network .......... 4

Section 1.4 – Changes to the Pharmacy Network .......... 5

Section 1.5 – Changes to Benefits and Costs for Medical Services .......... 5

Section 1.6 – Changes to Part D Prescription Drug Coverage .......... 15

**SECTION 2 Administrative Changes .......... 18**

**SECTION 3 Deciding Which Plan to Choose .......... 19**

Section 3.1 – If you want to stay in *Blue Medicare Advantage Plus* .......... 19

Section 3.2 – If you want to change plans .......... 19

**SECTION 4 Deadline for Changing Plans .......... 20**

**SECTION 5 Programs That Offer Free Counseling about Medicare .......... 21**

**SECTION 6 Programs That Help Pay for Prescription Drugs .......... 21**

**SECTION 7 Questions? .......... 22**

Section 7.1 – Getting Help from *Blue Medicare Advantage Plus* .......... 22

Section 7.2 – Getting Help from Medicare .......... 23

# SECTION 1 Changes to Benefits and Costs for Next Year

## Section 1.1 – Changes to the Monthly Premium

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Monthly premium**<br>(You must also continue to pay your Medicare Part B premium.) | $34 | $45 |

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs. Please see Section 6 regarding "Extra Help" from Medicare.

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

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during 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 | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Maximum out-of-pocket amount**<br>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | $4,800 | $5,200<br><br>Once you have paid $5,200 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 Network

There are changes to our network of providers for next year. An updated Provider/Pharmacy Directory is located on our website at www.medicarebluekc.com. You may also call Customer

Service for updated provider information or to ask us to mail you a Provider/Pharmacy Directory. **Please review the 2021 Provider/Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

## Section 1.4 – Changes to the Pharmacy Network

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.

There are changes to our network of pharmacies for next year. An updated Provider/Pharmacy Directory is located on our website at www.medicarebluekc.com. You may also call Customer Service for updated provider information or to ask us to mail you a Provider/Pharmacy Directory. **Please review the 2021 Provider/Pharmacy Directory to see which pharmacies are in our network.**

## Section 1.5 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter

4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2021 Evidence of Coverage*.

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Acupuncture for Chronic Low Back Pain** | **In-Network:**<br>You pay a $35 copay. | **In-Network:**<br>You pay a $20 copay. |
| **Additional sessions of Smoking and Tobacco Cessation Counseling** | **In-Network:**<br>Additional sessions of Smoking and Tobacco Cessation Counseling are not covered. | **In-Network:**<br>You pay a $0 copay for 8 Additional sessions of Smoking and Tobacco Cessation Counseling beyond Medicare-covered sessions. |
| **Additional Telehealth Services** | **In-Network:**<br>Additional Telehealth Services are not covered. | **In-Network:**<br>You pay a $0 copay for Telehealth Services including:<br>• Primary Care Physician Services<br>• Occupational Therapy<br>• Physician Specialist Services<br>• Individual and Group Sessions for Mental Health<br>• Individual and Group Sessions for Psychiatric Services<br>• Physical and Speech-Language Therapy<br>• Opioid Treatment Programs |

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| | | • Individual and Group Sessions for Outpatient Substance Abuse<br>• Kidney Disease Education<br>• Diabetes Self-Management Training<br>• Other Health Care Professionals and Medicare-covered Preventive Services |
| **Ambulance Services (Ground and Air)** | You pay a $290 copay for Medicare-covered ambulance benefits (ground and air). This copay applies to each one-way trip.<br><br>Worldwide Emergent Transportation is not covered. | You pay a $285 copay for Medicare-covered ambulance benefits (ground and air). This copay applies to each one-way trip.<br><br>Worldwide Emergent Transportation:<br>You pay a $285 copay for Worldwide Emergency transportation. This copay applies to each one-way trip. |
| **Chiropractic Services** | Prior Authorization required. | No Prior Authorization required. |
| **Counseling Services** | **In-Network:**<br>Counseling Services are not covered. | **In-Network:**<br>You pay a $0 copay for telehealth counseling services.<br>You pay a $40 copay for in-person counseling services. |

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| | | Sessions limited to 30 minutes per visit. |
| **COVID-19 Cost Share Protection** | COVID-19 Cost Share Protection is covered according to the benefit and limitations of the Centers of Medicare and Medicaid Services Emergency order. | You pay a $0 copay for this benefit.<br><br>Reduced cost sharing benefit for members diagnosed with COVID-19 during/after any public health emergency or services related to COVID-19 diagnosis. Prior Authorization is requested to ensure appropriate application of cost-share reduction. |
| **Dental Services** | **In-Network:**<br>You pay nothing for Medicare-covered dental services.<br><br>There is $500 annual allowance for non-Medicare covered Dental Services. Covered Service include Type I and Type II Dental Services<br>**Type I**<br>• Oral Evaluations<br>• X-rays<br>• Teeth cleaning<br>• Fluoride Treatment<br>• Sealant application<br>• Fixed and removable space maintainer | **In-Network:**<br>You pay a $35 copay for Medicare-covered dental services.<br><br>There is $1,000 annual benefit combined for Preventive and Comprehensive Dental Services.<br>Preventive dental services+:<br>• Oral exam (up to 2 visits every year): You Pay Nothing.<br>• Cleaning (up to 2 visits every year): You Pay Nothing. |

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| | • Emergency Treatment<br>**Type II**<br>• Fillings – amalgam and composite on all teeth<br>• Recementation of existing inlays, crowns, implants and bridges<br>• Endodontics - root canals and pulpal therapy<br>• Periodontics-scaling and root planning and full mouth debridement<br>• Adjustments, relines, rebase and repairs of removable dentures<br>• Tooth extraction<br>• General Anesthesia | • Fluoride treatment (up to 1 visits every year): You Pay Nothing.<br>• Dental X-rays (up to 1 visits every year): You Pay Nothing.<br>Comprehensive dental services+:<br>• Non-routine Services (up to 2 visits every year): 50% Of the total cost.<br>• Diagnostic Services (up to 2 visits every year): 50% Of the total cost.<br>• Restorative Services (up to 2 visits every year): 50% Of the total cost.<br>• Endodontics (up to 1 visits every year): 50% Of the total cost.<br>• Periodontics (up to 2 visits every year): 50% Of the total cost.<br>• Extractions (up to 2 visits every year): 50% Of the total cost.<br>+ Member is responsible for charges over the Dental Benefit Maximum. |

| Cost | 2020 (this year) | 2021 (next year) |
| --- | --- | --- |
| **Diabetes Care Program** | Diabetes Care Program is not available. | Diabetic members who qualify will receive an invitation to participate in a personalized care management program.Program is optional and includes 24 hour,7 days per week access to a care team and a telemonitored enabled glucometer device,including mail delivery of test strips and supplies.You pay nothing for this program or the diabetic device and supplies. |
| **Diabetic Therapeutic Shoes or Inserts** | Diabetic Therapeutic Shoes or Inserts require a Prior Authorization. | Diabetic Therapeutic Shoes or Inserts does not require a Prior Authorization. |
| **Diagnostic Radiological Services** | **In-Network:**<br>You pay a $180 copay for MRI services in an outpatient hospital setting.<br>You pay a $80 copay for CT services in an outpatient hospital setting.<br>You pay a $90 copay for MRI in a provider office location.<br>You pay a $40 copay for CT services in a provider office location.<br>You pay a $5 copay for x-ray services. | **In-Network:**<br>You pay a $185 copay for services rendered in a physician's office or free standing facility.<br>You pay a $285 copay for services rendered at all other facilities.<br>You pay a $0 copay for x-ray services. |

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Eyewear** | **In-Network:**<br>There is a $300 annual allowance for eyeglasses (lenses and frames) or contact lenses.<br><br>Member is responsible for charges over the Eyewear Benefit Maximum. | **In-Network:**<br>There is a $250 annual benefit for eyeglasses (lenses and frames) or contact lenses.<br><br>Member is responsible for charges over the Eyewear Benefit Maximum. |
| **Fall risk - strength and balance training** | You pay nothing for Fall Risk - strength and balance Training program. | Fall Risk - strength and balance Training program is not covered. |
| **Inpatient Hospital Services** | **In-Network:**<br>You pay a $285 copay for Days 1 - 6.<br>You pay a $0 copay for Days 7 - 90.<br><br>Our plan covers an unlimited number of additional days for an inpatient hospital stay at $0 copay.<br><br>Medicare-covered Lifetime Reserve Days:<br>You pay a $285 copay for Days 1 - 6.<br>You pay a $0 copay for Days 7 - 60. | **In-Network:**<br>You pay a $285 copay for Days 1 - 6.<br>You pay a $0 copay for Days 7 - 90.<br><br>Our plan covers an unlimited number of additional days for an inpatient hospital stay at $0 copay.<br><br>Medicare-covered Lifetime Reserve Days:<br>You pay a $0 copay for Days 1 - 60. |
| **Inpatient Psychiatric Services** | **In-Network:**<br>You pay a $310 copay for Days 1 - 5. | **In-Network:**<br>You pay a $285 copay for Days 1 - 6. |

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| | You pay a $0 copay for Days 6 - 90.<br><br>Our plan covers an unlimited number of additional days for an inpatient hospital stay at $0 copay.<br><br>Medicare-covered Lifetime Reserve Days:<br>You pay a $310 copay for Days 1 - 5.<br>You pay a $0 copay for Days 6 - 60. | You pay a $0 copay for Days 7 - 90.<br><br>Medicare-covered Lifetime Reserve Days:<br>You pay a $0 copay for Days 1 - 60. |
| **Meal Benefit** | You pay nothing for 14 meals after an inpatient stay. | For members who qualify due to certain chronic conditions under the Special Supplemental Benefits for the Chronically Ill benefit, you pay nothing for up to 2 meals per day, for up to 10 weeks. |
| **Medicare Part B Rx Drugs-Other Medicare Part B Drugs** | **In-Network:**<br>You pay 20% of the total cost for Medicare-covered Part B vaccines and drugs. | **In-Network:**<br>You pay 0% of the total cost for Medicare- covered Part B vaccines.<br>You pay 20% of the total cost for other Medicare-covered Part B drugs. |
| **Mental Health Specialist visits** | Prior Authorization is required. | Prior Authorization is not required. |

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Nutritional Dietary Benefit** | **In-Network:**<br>Nutritional Dietary Counseling Benefit is not covered. | **In-Network:**<br>You pay a $0 copay for Nutritional Dietary Counseling. |
| **Opioid Treatment Program Services** | Opioid Treatment Program requires a Prior Authorization for services. | Opioid Treatment Program does not require a Prior Authorization for services. |
| **Outpatient Substance Abuse Services** | Prior Authorization is required. | Prior Authorization is not required. |
| **Personal Emergency Response System (PERS)** | Personal Emergency Response System (PERS) is not covered. | You are eligible for one Personal Emergency Response System once year. See your Evidence of Coverage or Member Handbook for more information on how to request these services. |
| **Physician Specialist Services** | **In-Network:**<br>You pay a $35 copay for Medicare-covered specialist visits.<br>You pay a $40 copay for Medicare-covered all other health care professionals in a Specialist Office.<br><br>Prior authorization for other health care professionals is required. | **In-Network:**<br>You pay a $40 copay for Medicare-covered specialist visits.<br>You pay a $45 copay for Medicare-covered all other health care professionals in a Specialist Office.<br><br>Prior authorization for other health care professions is not required. |

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Podiatry Services** | **In-Network:**<br>You pay a $40 copay for each Medicare-covered podiatry service.<br><br>Routine Footcare is not covered. | **In-Network:**<br>You pay a $45 copay for each Medicare-covered podiatry services and routine footcare visits.<br><br>Routine footcare limited to 6 visits per year. |
| **Primary Care Physician Services** | **In-Network:**<br>You pay a $0 copay for Primary Care Physician visits.<br><br>You pay a $40 copay for all other health care professionals in a PCP office.<br><br>Prior authorization for other health care professionals in a PCP office is required. | **In-Network:**<br>You pay a $5 copay for Primary Care Physician visits and all other health care professionals in a PCP office.<br><br>Prior authorization for other health care professions in a PCP office is not required. |
| **Psychiatric Specialist visits** | Prior Authorization is required. | Prior Authorization is not required. |
| **Remote Access Technology (Diabetes Prevention Program Virtual Visits)** | **In-Network:**<br>You pay a $0 copay for non-Medicare covered Diabetes Prevention Program Virtual Visits. | **In-Network:**<br>Non-Medicare covered Diabetes Prevention Program Virtual Visits are not covered. |
| **Skilled Nursing Facility (SNF) Medicare-covered stay** | **In-Network:**<br>You pay a $0 copay for Days 1 - 20.<br>You pay a $178 copay for Days 21 - 100. | **In-Network:**<br>You pay a $0 copay for Days 1 - 20.<br>You pay a $184 copay for Days 21 - 100. |

| Cost | 2020 (this year) | 2021 (next year) |
|---|---|---|
| | You are covered for up to 100 days per admission. | You are covered for up to 100 days per benefit period. |
| **Special Supplemental Benefits for the Chronically Ill** | You pay a $0 copay for Social Connection program. | Social Connection program is not covered. |
| **Support for Enrollees and Caregivers of Enrollees** | Support for Enrollees and Caregivers of Enrollees is not covered. | You are eligible for up to 40 hours of Personal and Caregiver Support Services. See your Evidence of Coverage or Member Handbook for more information on how to request these services. |

## Section 1.6 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug.
    - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Service.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage.*) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Formulary exception approvals are typically valid for 12 months.

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.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the Evidence of Coverage.)

## Changes to Prescription Drug Costs

*Note:* If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and haven't received this insert by September 30, 2020, please call Customer Service and ask for the "LIS Rider."

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year 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. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our website at www.medicarebluekc.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.)

### Changes to the Deductible Stage

| Stage | 2020 (this year) | 2021 (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

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

| Stage | 2020 (this year) | 2021 (next year) |
|---|---|---|
| **Stage 2: Initial Coverage Stage**<br>During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.**<br>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. 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*.<br>**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.** | Your cost for a one-month supply filled at a network pharmacy:<br>**Preferred Generics:**<br>You pay $3 per prescription<br>**Generics:**<br>You pay $12 per prescription<br>**Preferred Brand:**<br>You pay $47 per prescription<br>**Non-Preferred Brand:**<br>You pay $100 per prescription<br>**Specialty Tier:**<br>You pay 33% of the total cost | Your cost for a one-month supply filled at a network pharmacy:<br>**Preferred Generics:**<br>You pay $0 per prescription<br>**Generics:**<br>You pay $5 per prescription<br>**Preferred Brand:**<br>You pay $47 per prescription<br>**Non-Preferred Drug:**<br>You pay $100 per prescription<br>**Specialty Tier:**<br>You pay 33% of the total cost |

| Stage | 2020 (this year) | 2021 (next year) |
|---|---|---|
| | Once your total drug costs have reached $4,020 you will move to the next stage (the Coverage Gap Stage). | Once your total drug costs have reached $4,130, 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.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage.*

## SECTION 2 Administrative Changes

| Description | 2020 (this year) | 2021 (next year) |
|---|---|---|
| Pharmacy Benefit Manager (PBM) | Our PBM is MedImpact | Our PBM is OptumRx. Your prescription tier may have changed. A formulary is enclosed to ensure you know your prescription costs. |
| Prescription Mail Order | Your mail order drug will automatically charge to your account information on file with MedImpact. | OptumRx will need your payment information to continue shipping your medications. Please call OptumRx 844-569-4142 (TTY 711), Monday through Friday 8am to 8pm central time, with your payment information in January.<br><br>You may also receive your medications at a Retail Pharmacy. |

| Description | 2020 (this year) | 2021 (next year) |
| --- | --- | --- |
| Blue Medicare Advantage mailing address and member ID | You may write to us at PO Box 7065<br>Troy, MI 48007 | You may write to us at 2301 Main St., Kansas City MO 64108<br>You will receive a new ID card with a new Member ID. Please ensure to provide your new ID card to your doctors and pharmacy starting January. |
| Acupuncture Network | Acupuncture services were delivered by American Specialty Health | Acupuncture services are delivered through the Blue Medicare Advantage network. Visit www.medicarebluekc.com/find-a-doctor to find an in-network acupuncturist. |

# SECTION 3 Deciding Which Plan to Choose

## Section 3.1 – If you want to stay in *Blue Medicare Advantage Plus*

**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 Medicare Advantage Plus.

## Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2021 follow these steps:

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

- You can join a different Medicare health plan timely,
- *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, read *Medicare & You 2021*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare**. Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Blue Cross and Blue Shield of Kansas City 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 Medicare Advantage Plus*.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from *Blue Medicare Advantage Plus*.
- 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 this (phone numbers are in Section 7.1 of this booklet).
  - *– 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 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2021.

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

In certain situations, changes are also allowed at other times of the year. For example, 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 may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage.*

If you enrolled in a Medicare Advantage plan for January 1, 2021, 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, 2021. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage.*

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Kansas , the SHIP is called Senior Health Insurance Counseling for Kansas (SHICK). In Missouri, the SHIP is called Community Leaders Assisting the Insured of Missouri (CLAIM).

SHICK and CLAIM are independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare.SHICK and CLAIM 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 (SHICK) at 1-785-296-4986 or toll free 1-800-860-5260 (TTY: 711). You can call CLAIM at 1-573-817-8320 or toll free 1-800-390-3330 (TTY: 711). You can learn more about SHICK by visiting their website www.KDADS.KS.gov. You can learn more about CLAIM by visiting their website www.MissouriClaim.org.

## SECTION 6 Programs That Help Pay for Prescription Drugs

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

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. 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 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); 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 Kansas Ryan White Part B Program or the Missouri HIV/AIDS Case Management Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call:

**In Kansas** –
The Kansas Ryan White Part B Program
1000 SW Jackson, Ste. 210
Topeka, KS 66612

**Phone:** 1-785-296-6174 (TTY: 711)
**Fax:** 1-785-559-4225

**In Missouri** –
HIV/AIDS Case Management Program Bureau of HIV, STD, and Hepatitis
Missouri Department of Health and Senior Services
P.O. Box 570
Jefferson City, MO 65102-0570

**Phone**: 1-573-751-6439 (TTY: 711)
**Fax**: 1-573-751-6447
**Email**: info@health.mo.gov

# SECTION 7 Questions?

## Section 7.1 – Getting Help from *Blue Medicare Advantage Plus*

Questions? We're here to help. Please call Customer Service at 1-866-508-7140. (TTY only, call 711). We are available for phone calls 8 a.m. to 8 p.m. You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day. Calls to these numbers are free.

### Read your 2021 *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 2021. For details, look in the 2021 *Evidence of Coverage* for *Blue Medicare Advantage Plus.* 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.medicarebluekc.com. 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.medicarebluekc.com. 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 7.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

### Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare).

### Read *Medicare & You 2021*

You can read the *Medicare & You 2021* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) 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.