

## Annual Notice of Changes for 2022

You are currently enrolled as a member of Blue Medicare Advantage Access. 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.**
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### 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 2.5 and 2.6 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 2022 Drug List and look in Section 2.6 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](https://www.go.medicare.gov/drugprices), and click the "dashboards" link in the middle of the second Note toward the bottom of the page. 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.

- 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 2.3 for information about our *Provider and 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](http://www.medicare.gov/plan-compare) website.
  - Review the list in the back of your *Medicare & You 2022* handbook.
  - Look in Section 4.2 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, 2021, you will be enrolled in Blue Medicare Advantage Essential.
- 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, 2021**

- If you **don't join another plan by December 7, 2021**, you will be enrolled in Blue Medicare Advantage Essential.
- If you **join another plan by December 7, 2021**, your new coverage will start on **January 1, 2022**. 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

## **About Blue Medicare Advantage Essential**

- Blue Medicare Advantage is an independent licensee of the Blue Cross and Blue Shield Association. All products are offered by Missouri Valley Life And Health Insurance Company, a wholly-owned subsidiary of Blue Medicare Advantage. Blue Medicare Advantage's Blue Medicare Advantage Essential is a PPO with a Medicare contract. Enrollment in Blue Medicare Advantage Essential depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Blue Medicare Advantage. When it says "plan" or "our plan," it means Blue Medicare Advantage Essential.

## Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for Blue Medicare Advantage Essential 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](http://www.medicarebluekc.com). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 2.1 for details.	\$0	\$0
<b>Maximum out-of-pocket amounts</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.)	<b>In-Network Providers:</b> \$5,900 <b>In-network and out-of-network providers combined:</b> \$5,900	<b>In-Network providers:</b> \$3,425 <b>In-network and out-of-network providers combined:</b> \$3,425
<b>Doctor office visits</b>	<b>In-Network</b> Primary care visits: \$5 Copay per visit Specialist visits: \$20-\$35 Copay per visit <b>Out-of-Network</b> Primary care visits: You pay a \$10 copay per visit Specialist visits: You pay a \$70 copay per visit	<b>In-Network</b> Primary care visits: \$0 Copay per visit Specialist visits: \$20-\$25 Copay per visit <b>Out-of-Network</b> Primary care visits: \$25 Copay per visit Specialist visits: \$50 Copay per visit
<b>Inpatient hospital stays</b> 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	<b>In-Network</b> You pay a \$285 Copay per day for days 1-5. You pay a \$0 Copay per day for days 6 and beyond. <b>Out-of-Network</b>	<b>In-Network</b> You pay a \$325 Copay per day for days 1-5. You pay a \$0 Copay per day for days 6 and beyond. <b>Out-of-Network</b> You pay 45% per stay.

Cost	2021 (this year)	2022 (next year)
<p>hospital with a doctor's order. The day before you are discharged is your last inpatient day.</p>	<p>You pay a \$500 per day for days 1-5.</p> <p>You pay a \$0 copay per day for days 6-90.</p>	
<p><b>Part D prescription drug coverage</b> (See Section 2.6 for details.)</p>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0</li> <li>• Drug Tier 2: \$5</li> <li>• Drug Tier 3: \$47</li> <li>• Drug Tier 4: \$100</li> <li>• Drug Tier 5: 33%</li> </ul>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0</li> <li>• Drug Tier 2: \$10</li> <li>• Drug Tier 3: \$47</li> <li>• Drug Tier 4: \$100</li> <li>• Drug Tier 5: 33%</li> </ul>
<p><b>Part D Senior Savings Model</b></p> <p>To find out which drugs are covered Insulins, review the most recent Drug List we provided electronically. All Insulins in the Drug List are covered.</p> <p>If you have questions about the Drug List, you can also call Customer Services (Phone numbers for Customer Services are printed on the back cover of this booklet).</p> <p>(See Section 2.6 for details.)</p>	<p>Not Participating</p>	<p>You pay a \$35 copay for covered insulins.</p>

## ***Annual Notice of Changes for 2022***

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## **SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in *Blue Medicare Advantage Essential* in 2022**

On January 1, 2022, Blue Medicare Advantage will be combining *Blue Medicare Advantage Access* with one of our plans, *Blue Medicare Advantage Essential*.

**If you do nothing to change your Medicare coverage by December 7, 2021, we will automatically enroll you in our *Blue Medicare Advantage Essential*.** This means starting January 1, 2022, you will be getting your medical and prescription drug coverage through *Blue Medicare Advantage Essential*. If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare. If you want to change plans, you can 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.

The information in this document tells you about the differences between your current benefits in *Blue Medicare Advantage Access* and the benefits you will have on January 1, 2022 as a member of *Blue Medicare Advantage Essential*.

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

### **Section 2.1 – Changes to the Monthly Premium**

<b>Cost</b>	<b>2021 (this year)</b>	<b>2022 (next year)</b>
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$60	\$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.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.

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

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

Cost	2021 (this year)	2022 (next year)
<p><b>In-network maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	\$5,900	<p>\$3,425</p> <p>Once you have paid \$3,425 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.</p>
<p><b>Combined maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	\$5,900	<p>\$3,425</p> <p>Once you have paid \$3,425 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</p>

## Section 2.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider and Pharmacy Directory* is located on our website at [www.medicarebluekc.com](http://www.medicarebluekc.com). You may also call Customer Service for updated provider information or to ask us to mail you a *Provider and Pharmacy*



*Directory. Please review the 2022 Provider and 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.

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## **Section 2.4 – Changes to the Pharmacy Network**

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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.

There are changes to our network of pharmacies for next year. An updated *Provider and Pharmacy Directory* is located on our website at [www.medicarebluekc.com](http://www.medicarebluekc.com). You may also call Customer Service for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. **Please review the 2022 Provider and Pharmacy Directory to see which pharmacies are in our network.**

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## **Section 2.5 – Changes to Benefits and Costs for Medical Services**

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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 2022 Evidence of Coverage.

### Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Cost	2021 (this year)	2022 (next year)
<b>Acupuncture</b>	<p><b>In-Network:</b> You pay a \$20 copay for 20 treatments per year.</p> <p>You pay a \$20 copay for Medicare-covered acupuncture services.</p> <p><b>Out-of-Network:</b> You pay a \$40 copay for acupuncture services for 20 treatments per year.</p> <p>You pay a \$40 copay for Medicare-covered acupuncture services.</p>	<p><b>In-Network:</b> You pay a \$20 copay for 20 treatments per year.</p> <p>You pay a \$20 copay for Medicare-covered acupuncture services.</p> <p><b>Out-of-Network:</b> You pay 45% coinsurance for acupuncture services for 20 treatments per year.</p> <p>You pay a \$50 copay for Medicare-covered acupuncture services.</p>
<b>Ambulance Services</b>	You pay a \$285 copay for Medicare-covered ambulance	You pay a \$300 copay for Medicare-covered ambulance benefits. This

Cost	2021 (this year)	2022 (next year)
	<p>benefits. This copay applies to each one-way trip.</p> <p>You pay a \$285 copay for worldwide ambulance benefit.</p>	<p>copay applies to each one-way trip.</p> <p>You pay a \$300 copay for worldwide ambulance benefit.</p>
<p><b>Annual Physical Exam</b></p>	<p><b>In-Network:</b> You pay a \$0 copay for annual wellness visits.</p> <p>There is no co-insurance, copayment, or deductible for the annual wellness visit.</p> <p><b>Out-of-Network:</b> You pay \$10 copay for annual wellness visits.</p>	<p><b>In-Network:</b> You pay a \$0 copay for annual wellness visits.</p> <p>There is no co-insurance, copayment, or deductible for the annual wellness visit.</p> <p><b>Out-of-Network:</b> You pay \$25 – \$50 copay for annual wellness visits.</p> <p>Minimum copay is for services at PCP offices, maximum for services rendered by a professional in a Specialists office.</p>
<p><b>Behavioral Health (Medicare-covered)</b></p>	<p><b>In-Network:</b> You pay a \$35 copay for each outpatient mental health individual and group therapy session.</p> <p><b>Out-of-Network:</b> You pay a \$70 copay for each mental health individual and group therapy session.</p>	<p><b>In-Network:</b> You pay a \$25 copay for each outpatient mental health individual and group therapy session.</p> <p><b>Out-of-Network:</b> You pay a 45% coinsurance for each mental health individual and group therapy session.</p>
<p><b>Cardiac, Pulmonary Rehabilitation, and SET</b></p>	<p><b>In-Network:</b> You pay a \$5 copay for cardiac, intensive cardiac, pulmonary rehabilitation, and Supervised</p>	<p><b>In-Network:</b> You pay a \$5 copay for cardiac, intensive cardiac, pulmonary rehabilitation, and</p>

Cost	2021 (this year)	2022 (next year)
	<p>Exercise Therapy (SET) services.</p> <p><b>Out-of-Network:</b> You pay a \$10 copay for cardiac, intensive cardiac, pulmonary rehabilitation, and Supervised Exercise Therapy (SET) services.</p>	<p>Supervised Exercise Therapy (SET) services.</p> <p><b>Out-of-Network:</b> You pay 45% coinsurance for cardiac, intensive cardiac, pulmonary rehabilitation, and Supervised Exercise Therapy (SET) services.</p>
<b>Chiropractic Care (Medicare-covered)</b>	<p><b>In-Network:</b> You pay a \$20 copay for chiropractic services.</p> <p><b>Out-of-Network:</b> You pay a \$40 copay for chiropractic services.</p>	<p><b>In-Network:</b> You pay a \$20 copay for chiropractic services.</p> <p><b>Out-of-Network:</b> You pay 45% coinsurance for chiropractic services.</p>
<b>Counseling Services</b>	<p><b>In-Network:</b> You pay a \$0 copay for counseling services via telehealth.</p> <p>You pay a \$40 copay for counseling services via in person visits.</p> <p><b>Out-of-Network:</b> You pay a \$70 copay for counseling services via in person visits.</p>	<p><b>In-Network:</b> You pay a \$0 copay for counseling services via telehealth.</p> <p>You pay a \$25 copay for counseling services via in person visits.</p> <p><b>Out-of-Network:</b> You pay 45% coinsurance for counseling services.</p>
<b>Dental Services</b>	<p><b>In-Network:</b> You pay a \$35 copay for Medicare-covered Dental Services.</p> <p><b>Out-of-Network:</b> You pay a \$70 copay for Medicare-covered Dental Services.</p>	<p><b>In-Network:</b> You pay a \$25 copay for Medicare-covered Dental Services.</p> <p><b>Out-of-Network:</b> You pay a \$50 copay for Medicare-covered Dental Services.</p>

Cost	2021 (this year)	2022 (next year)
<p><b>Diabetes Self-Management Training</b></p>	<p><b>In-Network:</b> You pay a \$0 copay for diabetes self-management training.</p> <p><b>Out-of-Network:</b> You pay a \$10 copay for diabetes self-management training.</p>	<p><b>In-Network:</b> You pay a \$0 copay for diabetes self-management training.</p> <p><b>Out-of-Network:</b> You pay a \$25 – \$50 copay for diabetes self-management training.</p> <p>Minimum copay is for services at PCP offices, maximum for services rendered by a professional in a Specialists office.</p>
<p><b>Diabetic Supplies (Medicare-covered)</b></p>	<p><b>In-Network:</b> You pay a \$0 copay for Bayer/Ascensia diabetes monitoring supplies when obtained at a pharmacy.</p> <p>You pay 20% coinsurance for all other brands of Medicare covered diabetes monitoring supplies when obtained at a pharmacy.</p> <p>You pay a \$0 copay for Medicare-covered diabetes monitoring supplies when obtained from Edgepark.</p> <p><b>Out-of-Network:</b> You pay a \$0 copay for Bayer/Ascensia Medicare covered diabetes monitoring supplies when obtained at a pharmacy.</p> <p>You pay 20% coinsurance for all other brands of Medicare covered diabetes monitoring</p>	<p><b>In-Network and Out-of-Network:</b> You pay a \$0 copay for Bayer/Ascensia diabetes monitoring supplies when obtained at a pharmacy.</p> <p>You pay 20% coinsurance for all other brands of Medicare covered diabetes monitoring supplies at a Pharmacy or any brand at a DME provider.</p> <p>You pay a \$0 copay for Continuous Glucose Monitors (CGM) at a Pharmacy.</p>

Cost	2021 (this year)	2022 (next year)
	supplies when obtained at a pharmacy and DME provider.	
<b>Diagnostic Procedures &amp; Tests (Medicare-covered)</b>	<p><b>In-Network:</b> You pay a \$0 copay for diagnostic procedures and tests.</p> <p><b>Out-of-Network:</b> You pay 50% coinsurance for diagnostic procedures and tests.</p>	<p><b>In-Network:</b> You pay a \$0 copay for diagnostic procedures and tests.</p> <p><b>Out-of-Network:</b> You pay 45% coinsurance for diagnostic procedures and tests.</p>
<b>Dialysis Services</b>	<p><b>In-Network:</b> You pay 20% coinsurance for dialysis.</p> <p><b>Out-of-Network:</b> You pay 50% coinsurance for dialysis.</p>	<p><b>In-Network:</b> You pay 20% coinsurance for dialysis.</p> <p><b>Out-of-Network:</b> You pay 45% coinsurance for dialysis.</p>
<b>Emergency Care</b>	<p>You pay \$90 copay for emergency room visits. If you are admitted to a hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.</p> <p>You pay a \$90 copay for worldwide emergency care.</p>	<p>You pay \$120 copay for emergency room visits. If you are admitted to a hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.</p> <p>You pay a \$120 copay for worldwide emergency care.</p>
<b>Hearing Services</b>	<p><b>In-Network:</b> You pay a \$40 copay for each Medicare-covered diagnostic hearing exam to diagnose and treat hearing and balance issues.</p> <p><b>Out-of-Network:</b> You pay a \$70 copay for each Medicare-covered diagnostic hearing</p>	<p><b>In-Network:</b> You pay a \$25 copay for each Medicare-covered diagnostic hearing exam to diagnose and treat hearing and balance issues.</p> <p><b>Out-of-Network:</b> You pay a \$50 copay for each Medicare-covered diagnostic hearing exam to</p>

**Cost**

<b>2021 (this year)</b>	<b>2022 (next year)</b>
<p>exam to diagnose and treat hearing and balance issues.</p> <p><b>In-Network:</b> You pay a \$0 copay for up to 3 fitting evaluations for hearing aids per year when using the TruHearing network.</p> <p><b>Out-of-Network:</b> You pay a \$70 copay for hearing aids per year when using the TruHearing network.</p> <p><b>In-Network:</b> You pay a \$399 copay for the Standard TruHearing Advanced hearing aid model. Benefit includes one hearing aid per ear each year.</p> <p>You pay a \$699 copay for the TruHearing Enhanced hearing aid model. Benefit includes one hearing aid per ear each year.</p> <p><b>Out-of-Network:</b> You pay a \$399 copay for the TruHearing Standard hearing aid model. Benefit includes one hearing aid per ear each year.</p> <p>You pay a \$699 copay for the TruHearing Enhanced hearing aid model. Benefit includes one hearing aid per ear each year.</p> <p><b>In-Network:</b> You pay a \$0 copay for 1 routine hearing</p>	<p>diagnose and treat hearing and balance issues.</p> <p><b>In-Network:</b> You pay a \$0 copay for up to 3 fitting evaluations included with your hearing aid purchase when using the NationsBenefits network.</p> <p><b>Out-of-Network:</b> You pay a \$0 copay for up to 3 fitting evaluations included with your hearing aid purchase when using the NationsBenefits network.</p> <p><b>In-Network:</b> You pay a \$0 copay for Level I hearing aids per ear, per year when using the NationsBenefits network. A \$500 benefit allowance per ear every year.</p> <p><b>Out-of-Network:</b> You pay a \$0 copay for Level I hearing aids per ear, per year when using the NationsBenefits network. A \$500 benefit allowance per ear every year.</p> <p><b>In-Network:</b> You pay a \$0 copay for 1 routine hearing exam per year when using the NationsBenefits network.</p> <p><b>Out-of-Network:</b> You pay a \$0 copay for 1 routine hearing exam per year when</p>

Cost	2021 (this year)	2022 (next year)
	<p>exam a year when using the TruHearing network.</p> <p><b>Out-of-Network:</b> You pay \$70 copay for each routine hearing exam.</p>	<p>using the NationsBenefits network.</p>
<b>Home Health</b>	<p><b>In-Network:</b> You pay \$0 copay for home health visit.</p> <p><b>Out-of-Network:</b> You pay 0% coinsurance for home health visits.</p>	<p><b>In-Network:</b> You pay \$0 copay for home health visit.</p> <p><b>Out-of-Network:</b> You pay 45% coinsurance for home health visits.</p>
<b>Inpatient Hospital Acute Medicare-covered stay</b>	<p><b>In-Network:</b> You pay a \$285 copayment for days 1-5.</p> <p>You pay a \$0 copayment for days 6 and beyond.</p> <p><b>Out-Of-Network:</b> You pay a \$500 copayment for days 1-5. You pay a \$0 copayment for days 6-90.</p>	<p><b>In Network:</b> You pay a \$325 copayment for days 1-5.</p> <p>You pay a \$0 copayment for days 6 and beyond.</p> <p><b>Out-of-Network:</b> You pay 45% coinsurance for each inpatient hospital stay.</p>
<b>Inpatient Psychiatric (Medicare-covered)</b>	<p><b>In Network:</b> You pay a \$285 copayment for days 1-5.</p> <p>You pay a \$0 copayment for days 6-90.</p> <p><b>Out-of-Network:</b> You pay a \$500 copayment for days 1-5. You pay a \$0 copayment for days 6-90.</p>	<p><b>In Network:</b> You pay a \$325 copayment for days 1-5.</p> <p>You pay a \$0 copayment for days 6-90.</p> <p><b>Out-of-Network:</b> You pay 45% coinsurance per stay.</p>
<b>Kidney Disease Education Services, (Medicare-covered)</b>	<p><b>In-Network:</b> You pay a \$0 copay for Kidney Disease Education.</p>	<p><b>In-Network:</b> You pay a \$0 copay for Kidney Disease Education.</p>



Cost	2021 (this year)	2022 (next year)
	<p><b>Out-of-Network:</b> You pay a \$10 copay for Kidney Disease Education.</p>	<p><b>Out-of-Network:</b> You pay a \$25 – \$50 copay for Kidney Disease Education.</p> <p>Minimum copay is for services at PCP offices, maximum for services rendered by a professional in a Specialists office.</p>
<p><b>Lab Services (Medicare-covered)</b></p>	<p><b>In-Network:</b> You pay a \$0 copay for lab services.</p> <p><b>Out-of-Network:</b> You pay 50% coinsurance for lab services.</p>	<p><b>In-Network:</b> You pay a \$0 copay for lab services.</p> <p><b>Out-of-Network:</b> You pay 45% coinsurance for lab services.</p>
<p><b>Meals for Chronic Conditions</b></p>	<p>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.</p> <p>Members who qualify with certain conditions you pay a \$0 copay for Nutritional shakes available for up to 8 weeks (60 units) per year.</p>	<p>For members who qualify with certain chronic conditions you pay \$0 copay for up to 2 meals per day, for up to 4 weeks or 56 pre-cooked, pre-packaged meals.</p> <p>Members who qualify with certain chronic conditions may also choose nutritional shakes for up to 4 weeks (24 shakes).</p>
<p><b>Medicare Part B Drugs and Chemotherapy</b></p>	<p><b>In-Network:</b> You pay a 20% coinsurance for Part B-covered chemotherapy drugs.</p> <p>You pay 0% coinsurance for other Part B covered vaccines.</p>	<p><b>In-Network:</b> You pay a 20% coinsurance for Part B-covered chemotherapy drugs.</p> <p>You pay 0% coinsurance for other Part B covered vaccines.</p>

Cost	2021 (this year)	2022 (next year)
	<p>You pay a 20% coinsurance for other Part B covered drugs.</p> <p><b>Out-Of-Network:</b> You pay 50% coinsurance for Part B prescription drugs.</p> <p>You pay 50% coinsurance for Part B-covered chemotherapy drugs.</p>	<p>You pay a 20% coinsurance for other Part B covered drugs.</p> <p><b>Out-Of-Network:</b> You pay 45% coinsurance for Part B prescription drugs.</p> <p>You pay 45% coinsurance for Part B-covered chemotherapy drugs.</p>
<b>Nutritional Dietary Benefit</b>	<p><b>In-Network:</b> You pay a \$0 copay for nutritional dietary counseling.</p> <p><b>Out-of-Network:</b> You pay a \$10 copay for nutritional dietary counseling.</p>	<p><b>In-Network:</b> You pay a \$0 copay for nutritional dietary counseling.</p> <p><b>Out-of-Network:</b> You pay a \$25 – \$50 copay for nutritional dietary counseling.</p> <p>Minimum copay is for services at PCP offices, maximum for services rendered by a professional in a Specialists office.</p>
<b>Observation (Medicare-covered)</b>	<p><b>In-Network:</b> You pay a \$285 copay for an observation stay.</p> <p><b>Out-of-Network:</b> You pay a \$500 copay for an observation stay.</p>	<p><b>In-Network:</b> You pay a \$325 copay for an observation stay.</p> <p><b>Out-of-Network:</b> You pay 45% coinsurance for an observation stay.</p>
<b>Opioid Treatment</b>	<b>In-Network:</b> You pay a \$35 copay for each opioid treatment program visit.	<b>In-Network:</b> You pay a \$25 copay for each opioid treatment program visit.

Cost	2021 (this year)	2022 (next year)
	<p><b>Out-of-Network:</b> You pay a \$70 copay for each opioid treatment program visit.</p>	<p><b>Out-of-Network:</b> You pay 45% coinsurance for opioid treatment program services.</p>
<b>Over the Counter Items (OTC)</b>	<p>Your benefit is \$25 per month for eligible OTC items</p>	<p>Your benefit is \$100 per quarter (every 3 months) for eligible OTC items.</p>
<b>Partial Hospitalization</b>	<p><b>In-Network:</b> You pay \$35 copay per day for each Medicare-covered partial hospitalization.</p> <p><b>Out-of-Network:</b> You pay \$70 copay per day for each Medicare-covered partial hospitalization.</p>	<p><b>In-Network:</b> You pay \$50 copay per day for each Medicare-covered partial hospitalization.</p> <p><b>Out-of-Network:</b> You pay 45% coinsurance for each Medicare-covered partial hospitalization.</p>
<b>Physical, Speech and Occupational Therapy (Medicare-covered)</b>	<p><b>In-Network:</b> You pay a \$35 copay per visit for physical therapy, speech therapy, and occupational therapy.</p> <p><b>Out-of-Network:</b> You pay a \$70 copay per visit for physical therapy, speech therapy, and occupational therapy.</p>	<p><b>In-Network:</b> You pay a \$25 copay per visit for physical therapy, speech therapy, and occupational therapy.</p> <p><b>Out-of-Network:</b> You pay 45% coinsurance for physical therapy, speech therapy, and occupational therapy.</p>
<b>Physician Services</b>	<p><b>In-Network:</b> You pay a \$5 copay for each primary care provider or other health care professional visit.</p> <p>You pay a \$35 copay for specialist or other healthcare professionals for specialty care.</p>	<p><b>In-Network:</b> You pay a \$0 copay for each primary care provider or other health care professional visit.</p> <p>You pay a \$25 copay for specialist or other healthcare professionals for specialty care.</p>

Cost	2021 (this year)	2022 (next year)
	<p><b>Out-of-Network:</b> You pay a \$10 copay for each primary care provider or other health care professional visit.</p> <p>You pay a \$70 copay for specialist or other healthcare professionals for specialty care.</p>	<p><b>Out-of-Network:</b> You pay a \$25 copay for each primary care provider or other health care professional visit.</p> <p>You pay a \$50 copay for specialist or other healthcare professionals for specialty care.</p>
<b>Podiatry Services</b>	<p><b>In-Network:</b> You pay a \$35 copay for each Medicare-covered podiatry service.</p> <p>You pay a \$35 copay up to 6 routine foot care visits a year.</p> <p><b>Out-of-Network:</b> You pay a \$70 copay for each Medicare-covered podiatry service.</p> <p>You pay a \$70 copay up to 6 routine foot care visits a year.</p>	<p><b>In-Network:</b> You pay a \$25 copay for each Medicare-covered podiatry service.</p> <p>You pay a \$25 copay up to 6 routine foot care visits a year.</p> <p><b>Out-of-Network:</b> You pay a \$50 copay for each Medicare-covered podiatry service.</p> <p>You pay a \$50 copay up to 6 routine foot care visits a year.</p> <p>For members who qualify due to certain chronic conditions under Flexible Uniformity, you pay \$0 copay for an in-home foot evaluation, including a waterless pedicure up to 12 visits a year.</p>
<b>Preventive Services (Medicare-covered)</b>	<p><b>In-Network:</b> You pay a \$0 copay for preventive screenings.</p>	<p><b>In-Network:</b> You pay a \$0 copay for preventive screenings.</p>

Cost	2021 (this year)	2022 (next year)
	<p><b>Out-of-Network:</b> You pay a \$10 copay for preventive screenings.</p>	<p><b>Out-of-Network:</b> You pay a \$25 copay for preventive screenings.</p>
<p><b>Radiological Services (Medicare-covered)</b></p>	<p><b>In-Network:</b> You pay a \$0 copay for x-rays.</p> <p><b>Out-of-Network:</b> You pay 50% coinsurance for x-rays.</p> <p><b>In-Network:</b> You pay 20% coinsurance for Medicare-covered therapeutic radiology services.</p> <p><b>Out-of-Network:</b> You pay 50% coinsurance for Medicare-covered outpatient therapeutic services.</p> <p><b>In-Network:</b> You pay a \$185 copay for diagnostic radiology services in a physician's office or free-standing radiology clinic.</p> <p>You pay a \$285 copay for diagnostic radiology services at all other locations.</p> <p><b>Out-of-Network:</b> You pay 50% coinsurance for diagnostic radiology services.</p>	<p><b>In-Network:</b> You pay a \$0 copay for x-rays.</p> <p><b>Out-of-Network:</b> You pay 45% coinsurance for x-rays.</p> <p><b>In-Network:</b> You pay 20% coinsurance for Medicare-covered therapeutic radiology services.</p> <p><b>Out-of-Network:</b> You pay 45% coinsurance for Medicare-covered outpatient therapeutic services.</p> <p><b>In-Network:</b> You pay a \$100 copay for diagnostic radiology services in a physician's office or free-standing radiology clinic.</p> <p>You pay a \$250 copay for diagnostic radiology services at all other locations.</p> <p><b>Out-of-Network:</b> You pay 45% coinsurance for diagnostic radiology services.</p>
<p><b>Skilled Nursing Facility (SNF) Medicare-covered stay</b></p>	<p><b>In Network:</b> You pay a \$0 copayment for days 1-20.</p> <p>You pay a \$184 copayment for days 21-100.</p>	<p><b>In Network:</b> You pay a \$20 copayment for days 1-20.</p> <p>You pay a \$188 copayment for days 21-100.</p>

Cost	2021 (this year)	2022 (next year)
	<p><b>Out-of-Network:</b> You pay a \$0 copayment for days 1-20.</p> <p>You pay a \$184 copayment for days 21-100.</p>	<p><b>Out-of-Network:</b> You pay 45% coinsurance for days 1-100.</p>
<p><b>Smoking and Tobacco Cessation Counseling</b></p>	<p><b>In-Network:</b> You pay a \$0 copay for smoking and tobacco use cessation preventive benefits.</p> <p><b>Out-of-Network:</b> You pay 0% coinsurance for smoking and tobacco use cessation preventive benefits.</p>	<p><b>In-Network:</b> You pay a \$0 copay for smoking and tobacco use cessation preventive benefits.</p> <p><b>Out-of-Network:</b> You pay a \$25 – \$50 copay for smoking and tobacco use cessation preventive benefits.</p> <p>Minimum copay is for services at PCP offices, maximum for services rendered by a professional in a Specialists office.</p>
<p><b>Step Therapy</b></p>	<p>Not Applicable</p>	<p>Requires the previous use of one of more drugs before coverage of a different drug is provided.</p>
<p><b>Substance Abuse Services</b></p>	<p><b>In-Network:</b> You pay a \$35 copay for each individual or group sessions.</p> <p><b>Out-of-Network:</b> You pay \$70 copay for outpatient substance abuse services.</p>	<p><b>In-Network:</b> You pay a \$25 copay for each individual or group sessions.</p> <p><b>Out-of-Network:</b> You pay 45% coinsurance for outpatient substance abuse services.</p>

**Cost****2021 (this year)****2022 (next year)****Surgical Services  
(Medicare-covered)**

**In-Network:** You pay a \$285 copay for outpatient hospital surgery services.

You pay 20% coinsurance for outpatient minor surgical procedures at a hospital.

**Out-of-Network:** You pay a \$500 copay for outpatient hospital surgery services.

**In-Network:** You pay a \$285 copay for each surgery at an ambulatory surgical center.

**Out-of-Network:** You pay a \$500 copay for each surgery at an ambulatory surgical center.

**In-Network:** You pay a \$0 copay for outpatient Blood Services.

**Out-of-Network:** You pay 0% coinsurance outpatient Blood Services.

**In-Network:** You pay a \$325 copay for outpatient hospital surgery services.

You pay 20% coinsurance for outpatient minor surgical procedures at a hospital.

**Out-of-Network:** You pay 45% coinsurance for outpatient surgery services at a hospital.

**In-Network:** You pay a \$250 copay for each surgery at an ambulatory surgical center.

You pay 20% coinsurance for minor surgical procedures at an ambulatory surgical center.

**Out-of-Network:** You pay 45% coinsurance surgery at an ambulatory surgical center.

**In-Network:** You pay a \$0 copay for outpatient Blood Services.

**Out-of-Network:** You pay 45% coinsurance outpatient Blood Services.

**Transportation Services**

You pay a \$0 copay for up to 12 one-way trips to plan

You may use your Blue Benefit Bucks card to schedule and pay for

Cost	2021 (this year)	2022 (next year)
	<p>approved health-related locations per year.</p>	<p>transportation services to any health location.</p> <p>There is a \$500 per year benefit allowance every year for transportation and eyewear combined.</p>
<p><b>Vision Services</b></p>	<p><b>In-Network:</b> You pay a \$0 copay for Medicare-covered glaucoma and diabetic eye exams.</p> <p>You pay \$35 copay for all other Medicare-covered eye exams.</p> <p>You pay \$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery (applies to single, bifocal, trifocal or lenticular lenses).</p> <p><b>Out-of-Network:</b> You pay \$70 copay for all other Medicare-covered eye exams.</p> <p>You pay a \$10 copay for Medicare-covered glaucoma screening.</p> <p>You pay 50% coinsurance for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery (applies to single, bifocal).</p> <p><b>In-Network:</b> You pay a \$0 copay for up to 1 routine eye exam every calendar year.</p>	<p><b>In-Network:</b> You pay a \$0 copay for Medicare-covered glaucoma and diabetic eye exams.</p> <p>You pay \$25 copay for all other Medicare-covered eye exams.</p> <p>You pay \$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery (applies to single, bifocal, trifocal or lenticular lenses).</p> <p><b>Out-of-Network:</b> You pay a \$50 copay for Medicare-covered eye exams.</p> <p>You pay 45% coinsurance for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery (applies to single, bifocal, trifocal or lenticular lenses).</p> <p><b>In-Network:</b> You pay a \$0 copay for up to 1 routine eye exam every calendar year.</p>



Cost	2021 (this year)	2022 (next year)
	<p><b>Out-of-Network:</b> You pay a \$70 copay for up to 1 routine eye exam every calendar year.</p> <p><b>In-Network and Out-of-Network:</b> You pay \$0 copay for eyewear, glasses (lenses and frames) and/or contact lenses.</p> <p>There is \$300 allowance Every Year for eyeglasses (lenses and frames) or contact lenses. Allowance is combined In-Network and Out-of-Network. You must use an EyeMed network provider for in-network benefits.</p>	<p><b>Out-of-Network:</b> You pay a \$0 copay for up to 1 routine eye exam every calendar year.</p> <p>You may use your Blue Benefit Bucks card to pay for eyewear. There is a \$500 per year benefit allowance every year for transportation and eyewear combined.</p>

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## Section 2.6 – 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, 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 have included 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. Because you receive “Extra Help” and didn’t receive this insert with this packet, 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](http://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	2021 (this year)	2022 (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

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	2021 (this year)	2022 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. 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>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.</b></p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Preferred Generics:</b> You pay \$0 per prescription</p> <p><b>Generics:</b> You pay \$5 per prescription</p> <p><b>Preferred Brand:</b> You pay \$47 per prescription You pay \$47 for covered insulins</p> <p><b>Non-Preferred Drug:</b> You pay \$100 per prescription</p> <p><b>Specialty Tier:</b> You pay 33% of the total cost</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Preferred Generics:</b> You pay \$0 per prescription</p> <p><b>Generics:</b> You pay \$10 per prescription</p> <p><b>Preferred Brands:</b> You pay \$47 per prescription You pay \$35 for covered insulins</p> <p><b>Non-Preferred Drugs:</b> You pay \$100 per prescription</p> <p><b>Specialty Tier:</b> You pay 33% of the total cost</p>

Stage	2021 (this year)	2022 (next year)
	Once your total drug costs have reached \$4,130, you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached \$4,430, 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*.

Blue Medicare Advantage Essential offers additional gap coverage for covered insulins. During the Coverage Gap stage, your out-of-pocket costs for covered insulins will be \$35 copay.

## SECTION 3 Administrative Changes

Cost	2021 (this year)	2022 (next year)
<b>Your Plan Information</b>	Your plan is Blue Medicare Advantage Access (PPO) under CMS contract number H6502-001.	Your plan is Blue Medicare Advantage Essential (PPO) under CMS contract number H6502-002.  You will receive a new ID card with this information in early December.
<b>Customer Support</b>	To contact Customer Service, you may call 1-866-508-7140 (TTY 711.)	To contact Customer Service, you may call 1-866-508-7140 (TTY 711.)  You may skip the wait and text the word: #BKC4HELP to the number 543210. This holds your place in line and the next available Customer Service representative will call you.

Cost	2021 (this year)	2022 (next year)
		<p>You may access benefits via interactive text by texting the word: #BMA22 to the number 543210. You receive brief highlights of all your benefit extras via text message.</p>
<p><b>Healthy Reward</b>  Money for healthy actions</p> <ul style="list-style-type: none"> <li>• Annual Wellness visit</li> <li>• Colorectal screening</li> <li>• Diabetic eye exam; or</li> <li>• Mammogram</li> </ul>	<p>After having a healthy action, you selected a \$25 gift card (up to \$50 per year) after registering online.</p>	<p>When you have a healthy action, \$25 benefit allowance will be deposited to your Blue Benefit Bucks card, up to \$50 per year. Your Blue Benefit Bucks can be used for dental, eyewear, transportation, hearing, healthy foods, or over the counter items. Your Blue Benefit Bucks card will be mailed to you in December. Allow 8-10 weeks* from the date of service for your \$25 healthy action to be credited to your Blue Benefit Bucks card.</p> <p>*Additional time may apply based on receipt and processing of the claim.</p>
<p><b>Hearing Services</b></p>	<p>Hearing network and services are provided through TruHearing.</p>	<p>Hearing network and services are provided by Nations Benefits.</p> <p>To schedule an appointment call 877-208-2596 (TTY: 711) between 8 a.m. to 8 p.m., Monday through Friday or go online <a href="http://NationsHearing.com/BlueKC">NationsHearing.com/BlueKC</a></p>

Cost	2021 (this year)	2022 (next year)
<b>Optometry &amp; Ophthalmology Providers</b>	Routine eye care (refraction exam and glasses or contacts) is provided through EyeMed.	Routine eye care (refraction exam and glasses and/or contacts) may be accessed through your Blue Medicare Advantage provider. To find a participating Optometrist or Ophthalmologist go online at <a href="http://www.BlueKCMA.com">www.BlueKCMA.com</a> . Select “Find a Doctor” at the top right corner of the web page.
<b>Over the Counter Items (OTC)</b>	Your benefit administrator is Solutran for Healthy Benefits.	Your benefit administrator is NationsBenefits. You can order online and monitor your balances at NationsOTC.com/BlueKC Your new OTC card will be mailed to you in mid December.

**SECTION 4 Deciding Which Plan to Choose**

**Section 4.1 – If you want to stay in *Blue Medicare Advantage Essential***

**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 Essential.

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## Section 4.2 – If you want to change plans

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We hope to keep you as a member next year but if you want to change for 2022 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, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

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](http://www.medicare.gov/plan-compare). **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Blue Medicare Advantage 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 Essential*.
- 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 Essential*.
- 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 8.1 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.

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## SECTION 5 Deadline for Changing Plans

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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, 2022.

## 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, 2022, 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, 2022. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

## SECTION 6 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](http://www.kdads.ks.gov). You can learn more about CLAIM by visiting their website [www.missouricclaim.org](http://www.missouricclaim.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, 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 in Kansas and Missouri Department of Health and Senior Services in Missouri. 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](mailto:info@health.mo.gov)

## **SECTION 8 Questions?**

### **Section 8.1 – Getting Help from *Blue Medicare Advantage Essential***

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 seven days a week from 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 2022 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 2022. For details, look in the 2022 *Evidence of Coverage for Blue Medicare Advantage Essential*. 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 member website at [www.medicarebluekc.com](http://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](http://www.medicarebluekc.com). As a reminder, our member website has the most up-to-date information about our provider network (*Provider and Pharmacy 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**

You can visit the Medicare website ([www.medicare.gov](http://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](http://www.medicare.gov/plan-compare)).

### **Read Medicare & You 2022**

You can read the *Medicare & You 2022* 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](http://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.