Blue KC Essential (PPO) offered by Blue Medicare Advantage

Annual Notice of Changes for 2023

You are currently enrolled as a member of Blue Medicare Advantage Essential (PPO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage,* which is located on our website at www.medicarebluekc.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage.*)

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- ☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you don't join another plan by December 7, 2022, you will stay in Blue Medicare Advantage Essential (PPO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023.** This will end your enrollment with Blue Medicare Advantage Essential (PPO).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Customer Service number at 1-866-508-7140 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 KC Essential (PPO)*

- 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 KC Essential* is a PPO with a Medicare contract. Enrollment in *Blue KC Essential (PPO)* depends on contract renewal.
- When this document says "we," "us," or "our", it means Blue Medicare Advantage. When it says "plan" or "our plan," it means *Blue KC Essential (PPO)*.

Annual Notice of Changes for 2023
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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for *Blue KC Essential (PPO)* in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 2.1 for details.	$0	$0
Maximum out-of-pocket amounts This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	**In-Network Providers:** $3,425 In-network and out-of-network providers combined: $3,425	**In-Network providers:** $3,425 In-network and out-of-network providers combined: $3,425
Doctor office visits	**In-Network** Primary care visits: $0 Copay per visit Specialist visits: $20-$25 Copay per visit **Out-of-Network** Primary care visits: $25 Copay per visit Specialist visits: $50 Copay per visit	**In-Network** Primary care visits: $0 Copay per visit Specialist visits: $20-$25 Copay per visit **Out-of-Network** Primary care visits: $25 Copay per visit Specialist visits: $50 Copay per visit
Inpatient hospital stays	**In-Network** You pay a $325 Copay per day for days 1-5. You pay a $0 Copay per day for days 6 and beyond. **Out-of-Network** You pay 45% Coinsurance for each inpatient hospital stay.	**In-Network** You pay a $325 Copay per day for days 1-5. You pay a $0 Copay per day for days 6 and beyond. **Out-of-Network** You pay 45% Coinsurance for each inpatient hospital stay.

Cost	2022 (this year)	2023 (next year)
Part D prescription drug coverage (See Section 2.5 for details.)	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $0 • Drug Tier 2: $10 • Drug Tier 3: $47 • Drug Tier 4: $100 • Drug Tier 5: 33%	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $0 • Drug Tier 2: $10 • Drug Tier 3: $47 • Drug Tier 4: $100 • Drug Tier 5: 33% Coinsurance or $100 copay, whichever is greater
Part D Senior Savings Model **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.** If you have questions about the Drug List, you can also call Customer Service (Phone numbers for Customer Service are printed on the back cover of this booklet).	You pay a $35 copay for covered insulin.	You pay a $35 copay for covered insulin.

SECTION 1 We Are Changing the Plan's Name

On January 1, 2023, our plan name will change from *Blue Medicare Advantage Essential (PPO)* to *Blue KC Essential (PPO)*.

You will receive a new ID card in the mail that will display the new plan name on or before December 31, 2022. Going forward, all other communications regarding your 2023 plan and benefits will also reflect the new name.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0

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

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

Medicare requires all health plans to limit how much you pay "out-of-pocket" for 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	2022 (this year)	2023 (next year)
In-network maximum out-of-pocket amount 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.	$3,425	$3,425 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.

Cost	2022 (this year)	2023 (next year)
Combined maximum out-of-pocket amount 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.	$3,425	$3,425 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.

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated Provider and Pharmacy directories are located on our website at www.medicarebluekc.com. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

There are changes to our network of pharmacies for next year. **Please review the 2023 *Pharmacy Directory* to see which pharmacies are in our network**.

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

Section 2.4 – Changes to Benefits and Costs for Medical Services

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

Cost	2022 (this year)	2023 (next year)
Additional telehealth services: Podiatry Services	Telehealth services for Podiatry was not offered.	You pay a $0 copay for virtual Podiatry services.
Blue KC 24-Hour Nurse line	You pay a $0 copay for a 24-Hour Nurse line.	The 24-Hour Nurse line is not available. For services on demand, you may access Blue KC Virtual Care services at https://virtualcare.bluekc.com/
COVID-19 Cost Share Protection	You pay a $0 copay for this benefit. Reduced cost sharing benefit for members diagnosed with COVID-19 during/after any public health emergency or services related to COVID19 diagnosis.	The COVID-19 Reduced Cost Sharing service will not be offered after the public health emergency is ended.
Dental Services	**In-Network:** You pay a $25 copay for Medicare-covered Dental Services. **Out-of-Network:** You pay a $50 copay for Medicare-covered Dental Services. **In-Network:** You pay a $0 copay for preventive dental services. • Oral Exams & Cleaning (2 per year) • X-rays and fluoride treatment (1 per year) **Out-of-Network:** You pay 50% coinsurance for preventive dental services. **In-Network:** You pay 50%	**In-Network:** You pay a $25 copay for Medicare-covered Dental Services. **Out-of-Network:** You pay a $50 copay for Medicare-covered Dental Services. **In-Network:** You pay a $0 copay for preventive dental services. • Oral Exams & Cleaning • X-rays and fluoride treatment **Out-of-Network:** You pay 50% coinsurance for preventive dental services. **In-Network:** You pay 50% coinsurance for covered

Cost	2022 (this year)	2023 (next year)
	coinsurance for covered comprehensive dental services. • Non-routine, Diagnostic, Periodontic Services (2 visits per year) • Restorative Services • Endodontic Services (root canal) (1 tooth per year) • Extractions (simple or surgical) (2 teeth per year) **Out-of-Network:** You pay 50% coinsurance for covered comprehensive dental services. There is a $1,000 allowance every year for preventive and comprehensive dental services for both In and Out of Network Services.	comprehensive dental services. • Non-routine, Diagnostic, Periodontic Services • Restorative Services (filings or crowns) • Endodontic Services (root canal) • Extractions (simple or surgical) **Out-of-Network:** You pay 50% coinsurance for covered comprehensive dental services. There is a $1,000 allowance every year for preventive and comprehensive dental services for both In and Out of Network Services.
Diabetic Supplies	**In-Network and Out-of-Network:** You pay a $0 copay for Bayer/Ascensia diabetes monitoring supplies when obtained at a pharmacy. You pay 20% coinsurance for all other brands of Medicare covered diabetes monitoring supplies at a Pharmacy or any brand at a DME provider. You pay a $0 copay for Continuous Glucose Monitors (CGM) at a Pharmacy.	**In-Network and Out-of-Network:** You pay a $0 copay for preferred brand diabetes monitoring devices and supplies including preferred Continuous Glucose Monitors (CGM) when obtained at a pharmacy. You pay 20% coinsurance for all other brands of diabetes monitoring supplies when obtained at a pharmacy. You pay 20% coinsurance for all diabetic supplies when obtained at a

Cost	2022 (this year)	2023 (next year)
		DME provider. Non-preferred brand Continuous Glucose Monitors (CGM) are covered only when deemed medically necessary and prior authorized.
Emergency Care	You pay a $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. You pay a $120 copay for worldwide emergency care.	You pay a $125 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. You pay a $125 copay for worldwide emergency care.
Meals for Chronic Conditions	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. Members who qualify with certain chronic conditions may also choose nutritional shakes for up to 4 weeks (24 shakes).	Meals for certain chronic conditions are no longer offered.
Medicare Part B prescription drugs	**In-Network:** You pay 0% coinsurance for Part B vaccines. You pay a 20% coinsurance for all other Part B drugs. **Out-of-Network:** You pay 45% coinsurance for Part B drugs.	**In-Network:** You pay 20% coinsurance for Part B drugs. **Out-of-Network:** You pay 45% coinsurance for Part B drugs.
Podiatry Services	For members who qualify due to certain chronic conditions under Flexible Uniformity, you pay $0	For members who qualify due to certain chronic conditions under Flexible Uniformity, you pay $0

Cost	2022 (this year)	2023 (next year)
	copay for an in-home foot evaluation, including a waterless pedicure up to 12 visits a year.	copay for an in-home foot evaluation, including a waterless pedicure up to 14 visits a year.
Radiological Services	**In-Network:** You pay a $0 copay for X-Ray and other Diagnostic Tests. **Out-of-Network:** You pay 45% of the total cost for X-Ray and other Diagnostic Tests.	**In-Network:** You pay a $10 copay for X-Ray and other Diagnostic Tests. **Out-of-Network:** You pay 45% of the total cost for X-Ray and other Diagnostic Tests.
Skilled Nursing Facility (SNF)	**In Network:** You pay a $20 copay for days 1-20. You pay a $188 copay for days 21-100. **Out-of-Network:** You pay a 45% coinsurance for days 1-100.	**In Network:** You pay a $20 copay for days 1-20. You pay a $196 copay for days 21-100. **Out-of-Network:** You pay a 45% coinsurance for days 1-100.
Surgical Services	**In-Network:** You pay a $325 copay for each outpatient hospital surgery service. 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.	**In-Network:** You pay a $325 copay for each outpatient hospital surgery service. You pay a $50 copay 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 a $50 copay for minor surgical procedures at an ambulatory surgical center.

Cost	2022 (this year)	2023 (next year)
	Out-of-Network: You pay 45% coinsurance for each surgery at an ambulatory surgical center.	**Out-of-Network:** You pay 45% coinsurance for each surgery at an ambulatory surgical center.

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

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

We made changes to our Drug List, 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.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

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

Changes to Prescription Drug Costs

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. If 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." The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.** 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*. **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 with standard cost sharing: **Preferred Generics:** You pay $0 per prescription **Generics:** You pay $10 per prescription **Preferred Brands:** You pay $47 per prescription You pay $35 for covered insulins. **Non-Preferred Drugs:** You pay $100 per prescription **Specialty Tiers:** You pay 33% of the total cost Once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage).	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Preferred Generics:** You pay $0 per prescription **Generics:** You pay $10 per prescription **Preferred Brands:** You pay $47 per prescription You pay $35 for covered insulins. **Non-Preferred Drugs:** You pay $100 per prescription **Specialty Tiers:** You pay 33% coinsurance of the total cost or a $100 copay, whichever is greater. Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Getting Help from Medicare - If you chose this plan because you were looking for insulin coverage at $35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.

Additional Resources to Help – 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.

SECTION 3 Administrative Changes

	2022 (this year)	2023 (next year)
Healthy Reward	When you have a healthy action, a $25 benefit allowance is added to your Blue Benefit Bucks card, up to $50 per year.	When you have a healthy action, a benefit allowance is added to your Blue Benefit Bucks card, up to $50 per year. • Annual Physical ($20) • Breast Cancer Screening ($20) • Silver Sneakers 10 in person visits per month ($10) • Flu Shot ($10); or • Covid Booster ($10)
How to Contact Us	You may contact us by phone, text, or by mail at:	You can contact us by phone or mail by calling 1-866-508-7140 (TTY 711)

	2022 (this year)	2023 (next year)
	2301 Main Street, Kansas City, MO 64108	Or by mail: Blue Cross and Blue Shield of Kansas City Attn: Government Programs PO BOX 410080 Kansas City MO 64141

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in *Blue KC Essential (PPO)*

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 KC Essential (PPO)*.

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

Step 1: Learn about and compare your choices

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

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

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 KC Essential (PPO)*.

- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from *Blue KC Essential (PPO)*.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
  - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2023.

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

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

If you enrolled in a Medicare Advantage Plan for January 1, 2023, 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, 2023.

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

SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent 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).

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 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. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **Prescription Cost Sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost sharing assistance through the 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

SECTION 8 Questions?

Section 8.1 – Getting Help from *Blue KC Essential (PPO)*

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 *2023 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 2023. For details, look in the *2023 Evidence of Coverage* for *Blue KC Essential (PPO)*. 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 Directory*) and our list of covered drugs (Formulary/Drug List).

Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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

Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every 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 document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-508-7140, TTY 711. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-508-7140, TTY: 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-866-508-7140，TTY: 711。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-866-508-7140，TTY: 711。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-508-7140, TTY: 711. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-508-7140, TTY : 711. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-866-508-7140, TTY: 711 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-508-7140, TTY: 711. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-508-7140, TTY: 711번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-508-7140, TTY: 711. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-508-7140, TTY: 711. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-508-7140, TTY: 711 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-508-7140, TTY: 711. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-508-7140, TTY: 711. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-508-7140, TTY: 711. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-508-7140, TTY: 711. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-866-508-7140, TTY: 711にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。