
IBEW Local 124 Health and Welfare Fund Group Medicare Advantage Plan (PPO) offered by Blue Cross and Blue Shield of Kansas City

Annual Notice of Changes for 2023

You are currently enrolled as a member of IBEW Local 124 Health and Welfare Fund Group Medicare Advantage Plan (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 <https://www.medicarebluekc.com/ibew-retirees/>. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

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. Contact your employer for instructions on when you may change to a different plan that may better meet your needs.

- If you don't join another plan by December 7, 2022, you will stay in IBEW Local 124 Health and Welfare Fund Group Medicare Advantage Plan (PPO).
- To change to a **different plan**, contact your employer, or you may select another option during Medicare's Annual Enrollment Period between October 15 and December 7. Your new coverage will start on **January 1, 2023. Changing your coverage will end your enrollment with IBEW Local 124 Health and Welfare Fund Group Medicare Advantage Plan (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 1-888-892-8907 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 *IBEW Local 124 Health and Welfare Fund Group Medicare Advantage Plan (PPO)*

- Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association. All products are offered by Missouri Valley Life and Health Insurance Company, a wholly-owned subsidiary of Blue Cross and Blue Shield of Kansas City. Blue Cross and Blue Shield of Kansas City's Blue Medicare Advantage is a PPO with a Medicare contract. Enrollment in Blue Medicare Advantage depends on contract renewal.
- When this document says "we," "us," or "our", it means Blue Cross and Blue Shield of Kansas City. When it says "plan" or "our plan," it means *IBEW Local 124 Health and Welfare Fund Group Medicare Advantage Plan (PPO)*.

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for *IBEW Local 124 Health and Welfare Fund Group Medicare Advantage Plan (PPO)* in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<p>Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	<p>Please refer to IBEW Local 124 Health and Welfare Trust Office at 816.943.0277.</p>	<p>Please refer to IBEW Local 124 Health and Welfare Trust Office at 816.943.0277.</p>
<p>Maximum out-of-pocket amounts This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>In-Network Providers: \$0 In-network and out-of-network providers combined: \$0</p>	<p>In-Network Providers: \$0 In-network and out-of-network providers combined: \$0</p>
<p>Doctor office visits</p>	<p>In-Network Primary care visits: \$0 Copay per visit Specialist visits: \$0 Copay per visit Out-of-Network Primary care visits: \$0 Copay per visit Specialist visits: \$0 Copay per visit</p>	<p>In-Network Primary care visits: \$0 Copay per visit Specialist visits: \$0 Copay per visit Out-of-Network Primary care visits: \$0 Copay per visit Specialist visits: \$0 Copay per visit</p>
<p>Inpatient hospital stays</p>	<p>In-Network You pay a \$0 copay per day for days 1-90. Out-of-Network You pay a \$0 copay per day for days 1-90.</p>	<p>In-Network You pay a \$0 copay per day for days 1-90. Out-of-Network You pay a \$0 copay per day for days 1-90.</p>

Cost	2022 (this year)	2023 (next year)
<p>Part D prescription drug coverage (See Section 1.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$5 • Drug Tier 2: \$5 • Drug Tier 3: \$15 • Drug Tier 4: \$15 • Drug Tier 5: \$75 	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$5 • Drug Tier 2: \$5 • Drug Tier 3: \$15 • Drug Tier 4: \$15 • Drug Tier 5: \$75

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – 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.)	Please refer to IBEW Local 124 Health and Welfare Trust Office at 816.943.0277.	Please refer to IBEW Local 124 Health and Welfare Trust Office at 816.943.0277.

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

Section 1.2 – Changes to Your Maximum Out-of-Pocket 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.	\$0	\$0 Once you have paid \$0 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)
<p>Combined maximum out-of-pocket amount</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>	\$0	<p>\$0</p> <p>Once you have paid \$0 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 1.3 – Changes to the Provider and Pharmacy Networks

Updated Provider and Pharmacy directories are located on our website at <https://www.medicarebluekc.com/ibew-retirees/>. 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 1.4 – Changes to Benefits and Costs for Medical Services

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

Cost	2022 (this year)	2023 (next year)
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,

Cost	2022 (this year)	2023 (next year)
		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.
Diabetic Supplies	You pay a \$0 copay for Continuous Glucose Monitors (CGM) at a Pharmacy	You pay a \$0 copay for preferred brand Continuous Glucose Monitors (CGM) at a Pharmacy. Non-preferred brand Continuous Glucose Monitors (CGM) are covered only when deemed medically necessary and prior authorized.

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically. You can get the complete Drug List by calling Customer Services (see the back cover) or visiting our website <https://www.medicarebluekc.com/ibew-retirees/>.

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 sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and 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)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</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>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Preferred Generics: You pay \$5 per prescription</p> <p>Generics: You pay \$5 per prescription</p> <p>Preferred Brands: You pay \$15 per prescription</p> <p>Non-Preferred Drugs: You pay \$15 per prescription</p> <p>Specialty Tiers: You pay \$75 per prescription</p> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Preferred Generics: You pay \$5 per prescription</p> <p>Generics: You pay \$5 per prescription</p> <p>Preferred Brands: You pay \$15 per prescription</p> <p>Non-Preferred Drugs: You pay \$15 per prescription</p> <p>Specialty Tiers: You pay \$75 per prescription</p> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

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 \$15 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 \$15 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 1-888-892-8907 for additional information. (TTY users should call 711) Hours are 8 a.m. to 8 p.m., seven days a week.

SECTION 2 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. <ul style="list-style-type: none"> • Annual Physical (\$20) • Breast Cancer Screening (\$20) • Silver Sneakers 10 in person visits per month (\$10) • Flu Shot (\$10) • Covid Booster (\$10)
How to Contact Us	You may contact us by phone, text, or by mail at: 2301 Main Street, Kansas City, MO 64108	You can contact us by phone by calling 1-888-892-8907 (TTY 711) Or by mail: Blue Cross and Blue Shield of Kansas City Attn: Government Programs PO BOX 410080 Kansas City MO 64141

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in *IBEW Local 124 Health and Welfare Fund Group Medicare Advantage Plan (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 *IBEW Local 124 Health and Welfare Fund Group Medicare Advantage Plan (PPO)*.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change 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.

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 5), or call Medicare (see Section 7.2).

As a reminder, Blue Cross and Blue Shield of Kansas City (Blue KC) 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 *IBEW Local 124 Health and Welfare Fund Group Medicare Advantage Plan (PPO)*.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from *IBEW Local 124 Health and Welfare Fund Group Medicare Advantage Plan (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 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 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 5 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 6 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. 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 7 Questions?

Section 7.1 – Getting Help from *IBEW Local 124 Health and Welfare Fund Group Medicare Advantage Plan (PPO)*

Questions? We're here to help. Please call Customer Service at 1-888-892-8907. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m. You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day. Calls to these numbers are free.

Read your 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 IBEW Local 124 Health and Welfare Fund Group Medicare Advantage Plan (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 <https://www.medicarebluekc.com/ibew-retirees/>. 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 <https://www.medicarebluekc.com/ibew-retirees/>. 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 7.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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.