

BlueMedicare Value (PFFS) offered by Arkansas Blue Medicare

Annual Notice of Changes for 2023

You are currently enrolled as a member of BlueMedicare Value (PFFS). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at **www.arkbluemedicare.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).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals, and other providers 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 BlueMedicare Value (PFFS).

- 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 BlueMedicare Value (PFFS)
- 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 **1-877-233-7022** for additional information. (TTY users should call **711**.) Hours are 8:00 a.m. to 8:00 p.m. Central, Monday through Friday (April 1 through September 30). From October 1 through March 31, our hours are 8:00 a.m. to 8:00 p.m. Central, seven days a week.
- This information is available in large print.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at: www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About BlueMedicare Value (PFFS)

- Arkansas Blue Medicare offers HMO, PFFS, PPO, and PDP plans with a Medicare contract. Enrollment in Arkansas Blue Medicare depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Arkansas Blue Medicare. When it says “plan” or “our plan,” it means BlueMedicare Value (PFFS).

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for BlueMedicare Value (PFFS) in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
Monthly plan premium See Section 1.1 for details.	\$29	\$29
Deductible	<u>In-Network and Out-of-Network (Out of Arkansas)</u> \$0	<u>In-Network and Out-of-Network (Out of Arkansas)</u> \$0
	<u>Out-of-Network (In Arkansas)</u> \$1,000	<u>Out-of-Network (In Arkansas)</u> \$1,000
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	\$7,500	\$7,500

Cost	2022 (this year)	2023 (next year)
Doctor office visits	<u>In-Network and Out-of-Network (Out of Arkansas)</u>	<u>In-Network and Out-of-Network (Out of Arkansas)</u>
	Primary care visits: \$30 copay per visit	Primary care visits: \$20 copay per visit
	Specialist visits: \$50 copay per visit	Specialist visits: \$50 copay per visit
	<u>Out-of-Network (In Arkansas)</u>	<u>Out-of-Network (In Arkansas)</u>
	Primary care visits: 40% coinsurance	Primary care visits: 40% coinsurance
	Specialist visits: 40% coinsurance	Specialist visits: 40% coinsurance
Inpatient hospital stays	<u>In-Network and Out-of-Network (Out of Arkansas)</u>	<u>In-Network and Out-of-Network (Out of Arkansas)</u>
	For each Medicare-covered hospital stay: \$372 copay per day for days 1–5, \$0 copay per day for days 6–90, and \$0 copay per day for additional days beyond day 90	For each Medicare-covered hospital stay: \$390 copay per day for days 1–5, \$0 copay per day for days 6–90, and \$0 copay per day for additional days beyond day 90
	<u>Out-of-Network (In Arkansas)</u>	<u>Out-of-Network (In Arkansas)</u>
	For each Medicare-covered hospital stay: 40% coinsurance	For each Medicare-covered hospital stay: 40% coinsurance

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	\$29	\$29
(You must also continue to pay your Medicare Part B premium.)		

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

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

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount	\$7,500	\$7,500
Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.		Once you have paid \$7,500 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

An updated Directory is located on our website at www.arkbluemedicare.com. You may also call Customer Service for updated provider 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.**

It is important that you know that we may make changes to the hospitals and doctors and specialists (providers) 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)
Cardiac rehabilitation services	<p><u>In-Network and Out-of-Network (Out of Arkansas)</u></p> <p>You pay a \$45 copay per visit.</p>	<p><u>In-Network and Out-of-Network (Out of Arkansas)</u></p> <p>You pay a \$40 copay per visit.</p>
Emergency services	<p><u>In- and Out-of-Network (In and Out of Arkansas)</u></p> <p>You pay a \$90 copay per visit.</p>	<p><u>In- and Out-of-Network (In and Out of Arkansas)</u></p> <p>You pay a \$95 copay per visit.</p>
Inpatient hospital stays	<p><u>In-Network and Out-of-Network (Out of Arkansas)</u></p> <p>For each Medicare-covered hospital stay: \$372 copay per day for days 1–5, \$0 copay per day for days 6–90, and \$0 copay per day for additional days beyond day 90</p>	<p><u>In-Network and Out-of-Network (Out of Arkansas)</u></p> <p>For each Medicare-covered hospital stay: \$390 copay per day for days 1–5, \$0 copay per day for days 6–90, and \$0 copay per day for additional days beyond day 90</p>

Cost	2022 (this year)	2023 (next year)
Intensive cardiac rehabilitation services	<u>In-Network and Out-of-Network (Out of Arkansas)</u> You pay a \$90 copay per visit.	<u>In-Network and Out-of-Network (Out of Arkansas)</u> You pay a \$60 copay per visit.
Outpatient mental health specialty services	<u>In-Network and Out-of-Network (Out of Arkansas)</u> You pay a \$40 copay per visit (individual or group session).	<u>In-Network and Out-of-Network (Out of Arkansas)</u> You pay a \$35 copay per visit (individual or group session).
Outpatient psychiatric services	<u>In-Network and Out-of-Network (Out of Arkansas)</u> You pay a \$40 copay per visit (individual or group session).	<u>In-Network and Out-of-Network (Out of Arkansas)</u> You pay a \$35 copay per visit (individual or group session).
Primary care provider (PCP) services (including services provided by other healthcare professionals in a PCP office)	<u>In-Network and Out-of-Network (Out of Arkansas)</u> You pay a \$30 copay per visit.	<u>In-Network and Out-of-Network (Out of Arkansas)</u> You pay a \$20 copay per visit.
Pulmonary rehabilitation services	<u>In-Network and Out-of-Network (Out of Arkansas)</u> You pay a \$30 copay per visit.	<u>In-Network and Out-of-Network (Out of Arkansas)</u> You pay a \$20 copay per visit.
Skilled nursing facility (SNF) care	<u>In-Network and Out-of-Network (Out of Arkansas)</u> You pay a \$0 copay per day for days 1–20 and a \$178 copay per day for days 21–100.	<u>In-Network and Out-of-Network (Out of Arkansas)</u> You pay a \$0 copay per day for days 1–20 and a \$196 copay per day for days 21–100.

Cost	2022 (this year)	2023 (next year)
Supervised exercise therapy (SET) for peripheral artery disease (PAD) services	<u>In-Network and Out-of-Network (Out of Arkansas)</u> You pay a \$30 copay per visit.	<u>In-Network and Out-of-Network (Out of Arkansas)</u> You pay a \$25 copay per visit.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in BlueMedicare Value (PFFS)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our BlueMedicare Value (PFFS).

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 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, there may be 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 4), or call Medicare (see Section 6.2).

As a reminder, Arkansas Blue Medicare offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change to a different Medicare health plan, enroll in the new plan. You will automatically be disenrolled from BlueMedicare Value (PFFS).

- To change to Original Medicare and add a Medicare prescription drug plan or change to a different drug plan, you must:
 - Send us a written request to disenroll from BlueMedicare Value (PFFS) or contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048. Contact Customer Service if you need more information on how to disenroll (phone numbers are in Section 6.1 of this document);
 - – *and* – Contact the Medicare prescription drug plan that you want to enroll in and ask to be enrolled.
- 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, seven days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 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 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Arkansas, the SHIP is called The Senior Health Insurance Information Program.

It is a state program that gets money from the federal government to give **free** local health insurance counseling to people with Medicare. The Senior Health Insurance Information Program 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 The Senior Health Insurance Information Program at **1-800-224-6330**. You can learn more about The Senior Health Insurance Information Program by visiting their website (<https://insurance.arkansas.gov/pages/consumer-services/senior-health>).

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“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/seven days a week;
 - The Social Security Office at **1-800-772-1213** between 8:00 a.m. and 7:00 p.m., 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 Arkansas AIDS Drug Assistance Program (Ryan White Program). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call **1-501-661-2408** or visit <https://www.healthy.arkansas.gov/programs-services/topics/ryan-white-program>.

SECTION 6 Questions?

Section 6.1 – Getting Help from BlueMedicare Value (PFFS)

Questions? We’re here to help. Please call Customer Service at **1-877-233-7022**. (TTY only, call **711**.) We are available for phone calls 8:00 a.m. to 8:00 p.m. Central, Monday through Friday (April 1 through September 30). From October 1 through March 31, our hours are 8:00 a.m. to 8:00 p.m. Central, seven days a week. 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 BlueMedicare Value (PFFS). 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. A copy of the *Evidence of Coverage* is located on our website at www.arkbluemedicare.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.arkbluemedicare.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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