BlueMedicare Freedom Giveback (PPO) offered by Arkansas Blue Medicare

Annual Notice of Changes for 2025

You are currently enrolled as a member of BlueMedicare Freedom Giveback (PPO). 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 the **www.medicare.gov/plan-compare** website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

☐ 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, 2024, you will stay in BlueMedicare Freedom Giveback (PPO).

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- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025.** This will end your enrollment with BlueMedicare Freedom Giveback (PPO).
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- Please contact our Customer Service number at **1-844-463-1088** 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 call is free.
- This information is available in large print, braille, or audio.
- **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 Freedom Giveback (PPO)

- 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 Freedom Giveback (PPO).
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for BlueMedicare Freedom Giveback (PPO) in several important areas. **Please note this is only a summary of costs**.

Cost	2024 (this year)	2025 (next year)
Monthly plan premium	$0 We will reduce your monthly Medicare Part B premium by $75.	$0 We will reduce your monthly Medicare Part B premium by $75.
Maximum out-of-pocket amounts This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	From network providers: $4,500 From in-network and out-of-network providers combined: $9,550	From network providers: $4,500 From in-network and out-of-network providers combined: $9,550
Doctor office visits	**<u>In-Network</u>** Primary care visits: $0 copay per visit Specialist visits: $35 copay per visit **<u>Out-of-Network</u>** Primary care visits: $20 copay per visit Specialist visits: 40% of the total cost	**<u>In-Network</u>** Primary care visits: $0 copay per visit Specialist visits: $35 copay per visit **<u>Out-of-Network</u>** Primary care visits: $20 copay per visit Specialist visits: 40% of the total cost

Cost	2024 (this year)	2025 (next year)
Inpatient hospital stays	**In-Network** For each Medicare-covered hospital stay: $350 copay per day for days 1–5; $0 copay per day for days 6–90 Additional days are not covered. A transfer from one facility (e.g., an acute care or long-term care hospital) to another facility is treated as a new admission. **Out-of-Network** For each Medicare-covered hospital stay: 40% of the total cost	**In-Network** For each Medicare-covered hospital stay: $375 copay per day for days 1–5; $0 copay per day for days 6–90 Additional days are not covered. A transfer from one facility (e.g., an acute care or long-term care hospital) to another facility is treated as a new admission. **Out-of-Network** For each Medicare-covered hospital stay: 40% of the total cost

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0 We will reduce your monthly Medicare Part B premium by $75.	$0 We will reduce your monthly Medicare Part B premium by $75.

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 services for the rest of the year.

Cost	2024 (this year)	2025 (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.	$4,500	$4,500 Once you have paid $4,500 out-of-pocket for covered services from network providers, you will pay nothing for your covered services from network providers for the rest of the calendar 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.	$9,550	$9,550 Once you have paid $9,550 out-of-pocket for covered services, you will pay nothing for your covered services from in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

Updated directories are 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 *Provider Directory*, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider Directory* at www.arkbluemedicare.com 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. 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	2024 (this year)	2025 (next year)
Cardiac rehabilitation services	**In-Network** Prior authorization is required for cardiac rehabilitation services.	**In-Network** Prior authorization is not required for cardiac rehabilitation services.
Chiropractic services	**In-Network** You pay a $20 copay per visit.	**In-Network** You pay a $15 copay per visit.
Dental (supplemental)	**In- and Out-of-Network** You have an annual maximum of $2,000 for preventive and comprehensive dental services.	**In- and Out-of-Network** You have an annual maximum of $3,000 for preventive and comprehensive dental services.
Dental Xtra℠	**In- and Out-of-Network** This benefit is covered.	**In- and Out-of-Network** This benefit is not covered.
Diabetic supplies	**In-Network** Prior authorization is required for diabetic supplies (CGMs).	**In-Network** Prior authorization is not required for diabetic supplies (CGMs).

Cost	2024 (this year)	2025 (next year)
Emergency services	**<u>In- and Out-of-Network</u>** You pay a $120 copay per visit.	**<u>In- and Out-of-Network</u>** You pay a $125 copay per visit.
Eyewear (supplemental)	**<u>In- and Out-of-Network</u>** Contact lenses and eyeglasses (lenses and frames) are limited to one per year up to the annual allowance.	**<u>In- and Out-of-Network</u>** Contact lenses and eyeglasses (lenses and frames) are unlimited up to the annual allowance.
Inpatient hospital stays	**<u>In-Network</u>** You pay a $350 copay per day for days 1–5 and a $0 copay per day for days 6–90.	**<u>In-Network</u>** You pay a $375 copay per day for days 1–5 and a $0 copay per day for days 6–90.
Inpatient psychiatric stays	**<u>In-Network</u>** You pay a $350 copay per day for days 1–5 and a $0 copay per day for days 6–90.	**<u>In-Network</u>** You pay a $375 copay per day for days 1–5 and a $0 copay per day for days 6–90.
Intensive cardiac rehabilitation services	**<u>In-Network</u>** Prior authorization is required for intensive cardiac rehabilitation services.	**<u>In-Network</u>** Prior authorization is <u>not</u> required for intensive cardiac rehabilitation services.
Outpatient diagnostic radiological services	**<u>In-Network</u>** You pay a $275 copay per visit for outpatient diagnostic radiological services, excluding mammograms and ultrasounds. You pay a $0 copay for diagnostic DEXA scans.	**<u>In-Network</u>** You pay a $300 copay per visit for outpatient diagnostic radiological services, excluding mammograms and ultrasounds. You pay a $300 copay for diagnostic DEXA scans.
Outpatient hospital observation	**<u>In-Network</u>** You pay a $275 copay per stay.	**<u>In-Network</u>** You pay a $300 copay per stay.
Outpatient hospital services	**<u>In-Network</u>** You pay a $275 copay per visit.	**<u>In-Network</u>** You pay a $300 copay per visit.

Cost	2024 (this year)	2025 (next year)
Outpatient rehabilitation services	**In-Network** You pay a $40 copay for physical and speech therapy visits.	**In-Network** You pay a $35 copay for physical and speech therapy visits.
Skilled nursing facility (SNF) care	**In-Network** You pay a $0 copay per day for days 1–20 and a $203 copay per day for days 21–100.	**In-Network** You pay a $0 copay per day for days 1–20 and a $214 copay per day for days 21–100.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in BlueMedicare Freedom Giveback (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 BlueMedicare Freedom Giveback (PPO).

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 2025 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 2025* 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 Freedom Giveback (PPO).
    - To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from BlueMedicare Freedom Giveback (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, 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, 2025.

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, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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 Seniors 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. Seniors 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 Seniors Health Insurance Information Program at **1-800-224-6330**. You can learn more about Seniors Health Insurance Information Program by visiting their website (**www.shiipar.com**).

SECTION 5 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 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.
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. 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). **Note:** To be eligible for the ADAP operating in your State, 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.

  If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. You can contact the Arkansas AIDS Drug Assistance Program (Ryan White Program) by calling **1-501-661-2408.**

  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 Freedom Giveback (PPO)

Questions? We're here to help. Please call Customer Service at **1-844-463-1088**. (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 2025 *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 2025. For details, look in the 2025 *Evidence of Coverage* for BlueMedicare Freedom Giveback (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.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 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document 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**.