

How to get important plan materials online or in the mail

We've made it easier to find important info about your plan.

Go to bcbstmedicare.com/yourmaterials.
Then log in or create your online member account.

Once you're signed in, you can:

- › Find a doctor, hospital or pharmacy in our network — available **Oct. 15, 2024**.
- › See if your prescriptions are on our covered drug list (formulary) — available **Oct. 15, 2024**.
- › View a copy of our Evidence of Coverage (EOC) — available **Oct. 15, 2024**.
- › Check your claims and balances anytime.

We're here for you

If you need help finding a network pharmacy or provider, or want a paper copy of the drug list or EOC mailed to you, let us know. Just give us a call at the Member Service number on the back of your Member ID card. You can also opt out of phone calls about your plan.

Best of Health,
Your Member Care Team



Why is it better to go online?

Your online member account gives you the most up-to-date info and materials you may need. That makes it a good place to go for important details about your coverage.

Member Service: 8 a.m. to 9 p.m. ET, 7 days a week (**Oct. 1–March 31**); 8 a.m. to 9 p.m. ET, M–F (**April 1–Sept. 30**). BlueCross BlueShield of Tennessee, Inc. does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-831-2583, TTY 711.

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم .TTY 711 1-800-831-2583.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the Blue Cross Blue Shield Association

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 1-800-831-2583, 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 1-800-831-2583, 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 1-800-831-2583, 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 1-800-831-2583, 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 pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-831-2583, 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 1-800-831-2583, 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 quý vị cần thông dịch viên xin gọi 1-800-831-2583, TTY 711 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-831-2583, TTY 711. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-831-2583, TTY 711 번으로 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 1-800-831-2583, 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 1-800-831-2583, TTY 711. سيفوم 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 1-800-831-2583, 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 1-800-831-2583, TTY 711. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: 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 1-800-831-2583, 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 1-800-831-2583, 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 1-800-831-2583, 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。通訳をご用命になるには、1-800-831-2583, 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。



BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the Blue Cross Blue Shield Association

BlueAdvantage Ruby (PPO)SM offered by BlueCross BlueShield of Tennessee, Inc.

Annual Notice of Changes for 2025

You are currently enrolled as a member of BlueAdvantage Ruby. 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 bcbstmedicare.com. You may also call Member 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 coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
 - Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.

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- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
- 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 BlueAdvantage Ruby.
- 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 BlueAdvantage Ruby.
- 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 Member Service number at **1-800-831-2583** for additional information. (TTY users should call **711**.) Hours are from **Oct. 1 to March 31**, you can call us seven days a week from 8 a.m. to 9 p.m. ET. From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. This call is free.
- This material is also available in alternate formats (e.g., braille, large print, 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 BlueAdvantage Ruby

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- BlueAdvantage is a PPO plan with a Medicare contract. Enrollment in BlueAdvantage depends on contract renewal.
 - When this document says “we,” “us,” or “our”, it means BlueCross BlueShield of Tennessee, Inc. When it says “plan” or “our plan,” it means BlueAdvantage Ruby.
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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for BlueAdvantage Ruby in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	<p>\$97</p>	<p>\$96</p>
<p>Maximum out-of-pocket amounts</p> <p>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>From network providers: \$3,850</p> <p>From network and out-of-network providers combined: \$5,750</p>	<p>From network providers: \$3,850</p> <p>From network and out-of-network providers combined: \$5,750</p>
<p>Doctor office visits</p>	<p>In-Network:</p> <p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$25 copay per visit</p> <p>Out-of-Network:</p> <p>Primary care visits: \$10 copay per visit</p> <p>Specialist visits: \$30 copay per visit</p>	<p>In-Network:</p> <p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$25 copay per visit</p> <p>Out-of-Network:</p> <p>Primary care visits: \$10 copay per visit</p> <p>Specialist visits: \$30 copay per visit</p>

Cost	2024 (this year)	2025 (next year)
Inpatient hospital stays	<p>In-Network:</p> <p>Medicare-covered stay \$260 copay per day for days 1-4 \$0 copay per day for additional days</p> <p>Non-Medicare covered stay Non-Medicare covered stay is <u>not</u> covered</p> <p>Out-of-Network:</p> <p>Medicare-covered stay \$310 copay per day for days 1-4 \$0 copay per day for additional days</p> <p>Non-Medicare-covered stay Non-Medicare-covered stay is <u>not</u> covered</p>	<p>In-Network:</p> <p>Medicare-covered stay \$235 copay per day for days 1-4 \$0 copay per day for additional days</p> <p>Non-Medicare covered stay Non-Medicare covered stay is <u>not</u> covered</p> <p>Out-of-Network:</p> <p>Medicare-covered stay \$285 copay per day for days 1-4 \$0 copay per day for additional days</p> <p>Non-Medicare-covered stay Non-Medicare-covered stay is <u>not</u> covered</p>

Cost	2024 (this year)	2025 (next year)
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: Preferred Generic <u>Standard cost sharing:</u> \$6 copay <u>Preferred cost sharing:</u> \$0 copay • Drug Tier 2: Generic Drugs <u>Standard cost sharing:</u> \$10 copay <u>Preferred cost sharing:</u> \$5 copay • Drug Tier 3: Insulin Drugs: <u>Standard cost sharing:</u> \$33 copay <u>Preferred cost sharing:</u> \$28 copay • Drug Tier 3: Preferred Brand <u>Standard cost sharing:</u> \$33 copay <u>Preferred cost sharing:</u> \$28 copay You pay no more than \$33 per one-month supply of each covered insulin product on this tier. <ul style="list-style-type: none"> • Drug Tier 4: Non-Preferred Drugs <u>Standard cost sharing:</u> \$70 copay 	Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: Preferred Generic <u>Standard cost sharing:</u> \$6 copay <u>Preferred cost sharing:</u> \$0 copay • Drug Tier 2: Generic Drugs <u>Standard cost sharing:</u> \$10 copay <u>Preferred cost sharing:</u> \$5 copay • Drug Tier 3: Insulin Drugs: <u>Standard cost sharing:</u> \$33 copay <u>Preferred cost sharing:</u> \$28 copay • Drug Tier 3: Preferred Brand <u>Standard cost sharing:</u> \$33 copay <u>Preferred cost sharing:</u> \$28 copay You pay no more than \$33 per one-month supply of each covered insulin product on this tier. <ul style="list-style-type: none"> • Drug Tier 4: Non-Preferred Drugs <u>Standard cost sharing:</u> 50% coinsurance

Cost	2024 (this year)	2025 (next year)
	<p><u>Preferred cost sharing:</u> \$65 copay You pay no more than \$35 per one-month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 5: Specialty Drugs <p><u>Standard cost sharing:</u> 33% coinsurance</p> <p><u>Preferred cost sharing:</u> 33% coinsurance</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. • You may have cost sharing for drugs that are covered under our enhanced benefit. 	<p><u>Preferred cost sharing:</u> 50% coinsurance You pay no more than \$35 per one-month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 5: Specialty Drugs <p><u>Standard cost sharing:</u> 33% coinsurance</p> <p><u>Preferred cost sharing:</u> 33% coinsurance</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, you pay nothing for your covered Part D drugs. • You may have cost sharing for drugs that are covered under our enhanced benefit.

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.)	\$97	\$96

- 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	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. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$3,850	\$3,850 Once you have paid \$3,850 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	2024 (this year)	2025 (next year)
Combined maximum out-of-pocket amount	\$5,750	\$5,750
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 plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.		Once you have paid \$5,750 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 1.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Updated directories are located on our website at bcbstmedicare.com. You may also call Member Service for updated provider and/or pharmacy information or to ask us to mail you a 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 bcbst.sapphirecareselect.com 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 2025 Pharmacy Directory bcbst.sapphirecareselect.com 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 Member 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)
Dental services - Supplemental (Annual Allowance) including Preventive, Restorative and Specialty	<p>In- and Out-of-Network: You have a \$1,500 annual allowance per year toward all covered supplemental dental services.</p> <p>You pay 100% of charges beyond the \$1,500 allowance, for non-covered services or if you exceed a service limit.</p>	<p>In- and Out-of-Network: You have a \$2,000 annual allowance per year toward all covered supplemental dental services.</p> <p>You pay 100% of charges beyond the \$2,000 allowance, for non-covered services or if you exceed a service limit.</p>
Emergency Care - Domestic	<p>In- and Out-of-Network: You pay a \$95 copay per visit</p>	<p>In- and Out-of-Network: You pay a \$140 copay per visit</p>
Inpatient hospital care	<p>In-Network: You pay a \$260 copay per day for days 1-4 You pay a \$0 copay per day for additional days</p> <p>Out-of-Network: You pay a \$310 copay per day for days 1-4 You pay a \$0 copay per day for additional days</p>	<p>In-Network: You pay a \$235 copay per day for days 1-4 You pay a \$0 copay per day for additional days</p> <p>Out-of-Network: You pay a \$285 copay per day for days 1-4 You pay a \$0 copay per day for additional days</p>
Inpatient services in a psychiatric hospital	<p>In-Network: You pay a \$260 copay per</p>	<p>In-Network: You pay a \$235 copay per day</p>

Cost	2024 (this year)	2025 (next year)
<p>This benefit covers a maximum of 190 days (a lifetime limit) for inpatient services in a free-standing psychiatric hospital.</p>	<p>day for days 1-4 You pay a \$0 copay per day for days 5-190</p> <p>Out-of-Network: You pay a \$310 copay per day for days 1-4 You pay a \$0 copay per day for days 5-190</p>	<p>for days 1-4 You pay a \$0 copay per day for days 5-190</p> <p>Out-of-Network: You pay a \$285 copay per day for days 1-4 You pay a \$0 copay per day for days 5-190</p>
<p>Outpatient Hospital Observation</p>	<p>In-Network: You pay a \$0 copay per stay</p> <p>Out-of-Network: You pay 50% of the Medicare-allowed amount per stay</p>	<p>In-Network: You pay a \$200 copay per stay</p> <p>Out-of-Network: You pay 50% of the Medicare-allowed amount per stay</p>
<p>Outpatient Surgery at an Outpatient Hospital Facility</p>	<p>In-Network: You pay a \$260 copay</p> <p>Out-of-Network: You pay a \$310 copay</p>	<p>In-Network: You pay a \$225 copay</p> <p>Out-of-Network: You pay a \$275 copay</p>
<p>Over-the-Counter (OTC) Benefits</p>	<p>In-Network: You pay a \$0 copay through the \$115 quarterly allowance for OTC products</p> <p>This benefit is administered by CVS and is available by phone, online catalog order or by shopping at your local CVS store. There is no roll-over of the allowance from one quarter to another.</p>	<p>In-Network: You pay a \$0 copay through the \$55 quarterly allowance for OTC products</p> <p>This benefit will be administered by Medline and is available by phone, online catalog order or mail order form. There is no roll-over of the allowance from one quarter to another.</p> <p>Medline contact information:</p>

Cost	2024 (this year)	2025 (next year)
	<p>Out-of-Network: Not covered - must use designated vendor</p>	<p>Online: bcbstmedicare.com/OTC Phone: 1-844-995-5834 (Monday - Friday, 8 a.m. to 8 p.m.)</p> <p>Out-of-Network: Not covered - must use designated vendor</p>
<p>Skilled Nursing Facility (SNF) stay</p>	<p>In-Network: You pay a \$0 copay per day for days 1-20 You pay a \$203 copay per day for days 21-100</p> <p>Out-of-Network: You pay 50% of the Medicare-allowed amount per admission</p>	<p>In-Network: You pay a \$0 copay per day for days 1-20 You pay a \$214 copay per day for days 21-100</p> <p>Out-of-Network: You pay 50% of the Medicare-allowed amount per admission</p>
<p>Vision services - Supplemental (Annual Eyewear Allowance)</p>	<p>In- and Out-of-Network: You have a \$225 annual allowance for contacts and/or glasses (frames and lenses)</p>	<p>In- and Out-of-Network: You have a \$250 annual allowance for contacts and/or glasses (frames and lenses)</p>

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.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

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 Member Service for more information.

Starting in 2025, we may immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we may decide to keep the brand name drug or original biological product on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

This means, for instance, if you are taking a brand name drug or biological product that is being replaced by a generic or biosimilar version, you may not get notice of the change 30 days before we make it or get a month's supply of your brand name drug or biological product at a network pharmacy. If you are taking the brand name drug or biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of the drug types that are discussed throughout this chapter, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Member Service or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and 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 you haven’t received this insert by Sept. 30, 2024, please call Member Service and ask for the *LIS Rider*.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (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	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage	Preferred Generic Drugs:	Preferred Generic Drugs:
	<u>Standard cost sharing:</u>	<u>Standard cost sharing:</u>
During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost. For 2024 you paid a \$70-\$65 copayment for drugs on Tier 4. For 2025 you will pay 50% coinsurance for drugs on this tier.	You pay \$6 per prescription	You pay \$6 per prescription
	<u>Preferred cost sharing:</u>	<u>Preferred cost sharing:</u>
	You pay \$0 per prescription	You pay \$0 per prescription
	Generic Drugs:	Generic Drugs:
	<u>Standard cost sharing:</u>	<u>Standard cost sharing:</u>
	You pay \$10 per prescription	You pay \$10 per prescription
	<u>Preferred cost sharing:</u>	<u>Preferred cost sharing:</u>
	You pay \$5 per prescription	You pay \$5 per prescription
The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy.	Insulin Drugs:	Insulin Drugs:
	<u>Standard cost sharing:</u>	<u>Standard cost sharing:</u>
	You pay \$33 per prescription	You pay \$33 per prescription

Stage	2024 (this year)	2025 (next year)
<p>For information about 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>Most adult Part D vaccines are covered at no cost to you.</p>	<p><u>Preferred cost sharing:</u> You pay \$28 per prescription</p> <p>Preferred Brand Drugs: <u>Standard cost sharing:</u> You pay \$33 per prescription You pay \$33 per month supply of each covered insulin product on this tier.</p> <p><u>Preferred cost sharing:</u> You pay \$28 per prescription You pay \$28 per month supply of each covered insulin product on this tier.</p> <p>Non-Preferred Drugs: <u>Standard cost sharing:</u> You pay \$70 per prescription You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is: \$70.</p> <p><u>Preferred cost sharing:</u> You pay \$65 per prescription You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is: \$65.</p> <p>Specialty Tier: <u>Standard cost sharing:</u></p>	<p><u>Preferred cost sharing:</u> You pay \$28 per prescription</p> <p>Preferred Brand Drugs: <u>Standard cost sharing:</u> You pay \$33 per prescription You pay \$33 per month supply of each covered insulin product on this tier.</p> <p><u>Preferred cost sharing:</u> You pay \$28 per prescription You pay \$28 per month supply of each covered insulin product on this tier.</p> <p>Non-Preferred Drugs: <u>Standard cost sharing:</u> You pay 50% coinsurance You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is: 50% coinsurance.</p> <p><u>Preferred cost sharing:</u> You pay 50% coinsurance You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is: 50% coinsurance.</p> <p>Specialty Tier: <u>Standard cost sharing:</u></p>

Stage	2024 (this year)	2025 (next year)
	You pay 33% coinsurance	You pay 33% coinsurance
	<u>Preferred cost sharing:</u> You pay 33% coinsurance	<u>Preferred cost sharing:</u> You pay 33% coinsurance
	Once your total drug costs have reached \$5,030 , you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached \$2,000 , you will move to the next stage (the Catastrophic Coverage Stage).

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Cost	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not Applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January - December).

Cost	2024 (this year)	2025 (next year)
<p>To learn more about this payment option, please contact us at 1-800-831-2583, TTY 711, or visit Medicare.gov.</p>		

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in BlueAdvantage Ruby

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 BlueAdvantage Ruby.

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 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, please see Section 1.1 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 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, BlueCross BlueShield of Tennessee, Inc. (Plan/Part D Sponsor) 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 BlueAdvantage Ruby.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from BlueAdvantage Ruby.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member 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, 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 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 Tennessee, the SHIP is called Tennessee State Health Insurance Assistance Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Tennessee State Health Insurance Assistance

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 Tennessee State Health Insurance Assistance Program at 1-877-801-0044 (Toll-Free). You can learn more about Tennessee State Health Insurance Assistance Program by visiting their website (www.tn.gov/aging/our-programs/state-health-insurance-assistance-program--ship-.html).

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, yearly 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, 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.
- **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. 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. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Ryan White Program (Tennessee’s AIDS Drug Assistance Program). For information on eligibility criteria, covered drugs, or how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call the Ryan White Program (Tennessee’s AIDS Drug Assistance Program): 1-615-741-7500, Monday – Friday 8:00 a.m. to 4:30 p.m. CT. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn’t save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-800-831-2583, TTY 711, or visit Medicare.gov.

SECTION 7 Questions?

Section 7.1 – Getting Help from BlueAdvantage Ruby

Questions? We’re here to help. Please call Member Service at **1-800-831-2583**. (TTY only, call **711**.) We are available for phone calls from **Oct. 1 to March 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. 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 BlueAdvantage Ruby. 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 bcbstmedicare.com. You may also call Member Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at bcbstmedicare.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 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 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, 7 days a week. TTY users should call 1-877-486-2048.