

Blue Advantage® Complete (PPO) offered by Blue Cross and Blue Shield of Alabama

Annual Notice of Changes for 2025

You are currently enrolled as a member of **Blue Advantage Complete**. 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.BCBSALMedicare.com/Documents. You may also call **Member Services** 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.**
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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.
- ☐ 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 **Blue Advantage Complete**.
- 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 **Blue Advantage Complete**.
- 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 Services** number at **1-888-234-8266** for additional information. (TTY users should call 711.) Hours are Monday – Friday, 8 a.m. – 8 p.m. CST. From October 1 through March 31, the hours of operation are Monday – Sunday, 8 a.m. – 8 p.m. CST. You may be required to leave a message for calls made after hours, weekends and holidays. Calls will be returned the next business day. This call is free.
- **Member Services** has free language interpreter services available for non-English speakers (phone numbers are in section 7.1 of this document). You may also receive this material in an alternative format, including braille, large print and audio by calling **Member Services**.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Blue Advantage Complete (PPO)

- **Blue Advantage** is a PPO with a Medicare contract. Enrollment in **Blue Advantage (PPO)** depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Blue Cross and Blue Shield of Alabama. When it says “plan” or “our plan,” it means **Blue Advantage Complete**.

Notice of Nondiscrimination

Discrimination is Against the Law

Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described in 45 CFR § 92.101(a)(2)). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides reasonable modifications and free appropriate auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-216-3144 (TTY: 711) or call Customer Service.

Arabic: أضيأ رفوتت امك. ةيناجمل اةيوجلل اةدعاسمل اامدخ لك رفوتت ةيبرعل اةدحتت تنك اذإ ةابتنل لصت. أناجم اهيلل لوصولل لةس ي ااق ي سنن تب امول عمل ري فوتل ةبسانمل اةيفاضل إل اامدخل او اادعاسمل اامعل اةمدخب لاصتال وأ (711: ي صنل افاهل) 1-855-216-3144 مقرلاب.

Chinese: 注意：如果您说普通话，我们可免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以易读格式向您提供信息。请拨打 1-855-216-3144 (TTY 用户请拨 711) 或致电客户服务部。

French: À NOTER: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1 855 216 3144 (TTY : 711) ou contactez le service client.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in zugänglichen Formaten sind ebenfalls kostenlos erhältlich. Rufen Sie +1 855 216 3144 (Durchwahl: 711) oder den Kundendienst an.

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે નિઃશુલ્ક ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટેની યોગ્ય સહાય અને સેવાઓ પણ વાનિ મૂલ્યે ઉપલબ્ધ છે. 1-855-216-3144 (TTY: 711) પર અથવા ગ્રાહક સેવા પર કોલ કરો.

Hindi: ध्यान दें: अगर आप हिन्दी बोलते हैं, तो आपके लिए निशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। आसान प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निशुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें या ग्राहक सेवा को कॉल करें।

Japanese: ご案内:日本語を話される方には、無料の言語アシスタントサービスをご用意しております。アクセシブルな形式で情報を提供するため、補助器具や支援サービスも無料で提供しております。1-855-216-3144 (TTY: 711) もしくは、カスタマーサービスにお電話でお問合せください。

Korean: 주의: 한국어(를) 하시면 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구와 서비스도 무료로 제공됩니다. 1-855-216-3144 (TTY: 711)로 전화하거나 고객 서비스에 문의하세요.

Lao: ເອົາໃຈໃສ່: ຖ້າເຈົ້າເວົ້າ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີແມ່ນມີໃຫ້ທ່ານ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ເໝາະສົມໃນການສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-855-216-3144 (TTY: 711) ຫຼື ໂທຫາຝ່າຍບໍລິການລູກຄ້າ.

Portuguese: ATENÇÃO: Se você falar português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-855-216-3144 (TTY: 711) ou ligue para o Atendimento ao Cliente.

Russian: ВНИМАНИЕ. Если ваш язык русский язык, к вашим услугам бесплатная языковая помощь. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-216-3144 (TTY: 711) или обратитесь в службу поддержки клиентов.

Spanish: ATENCIÓN: Si usted habla español, hay disponibles servicios gratuitos de asistencia lingüística. También hay disponibles, de forma gratuita, ayudas y servicios auxiliares adecuados para dar información en formatos accesibles. Llame al 1-855-216-3144 (TTY: 711) o llame a Servicio al cliente.

Tagalog: ATTENTION: Kung nagsasalita ka ng Tagalog, available sa iyo ang mga libreng serbisyo sa tulong sa wika. Available rin ang naaangkop na mga pantulong na tulong at serbisyo nang walang bayad para magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-216-3144 (TTY: 711) o tumawag sa Serbisyo sa Customer.

Turkish: DİKKAT Konuşmanız durumunda Türkçe, ücretsiz dil yardımı hizmetlerinden yararlanabilirsiniz. Erişilebilir formatlarda bilgi sağlamak için uygun yardımcı araçlar ve hizmetler de ücretsiz olarak sunulmaktadır. 1-855-216-3144 (TTY: 711) nolu telefonu veya Müşteri Hizmetlerini arayın.

Vietnamese: CHÚ Ý: Nếu quý vị nói tiếng việt thì dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Chúng tôi cũng có các hỗ trợ và dịch vụ phụ trợ miễn phí phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận. Vui lòng gọi số 1-855-216-3144 (TTY: 711) hoặc gọi Dịch Vụ Khách Hàng.

Annual Notice of Changes for 2025

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Summary of Important Costs for 2025

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

Cost	2024 (this year)	2025 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$0	\$29.50
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.)	From network providers: \$5,100 From network and out-of-network providers combined: \$7,500	From network providers: \$5,100 From network and out-of-network providers combined: \$7,500
Doctor office visits	Primary care visits: You pay \$5 per visit or telehealth visit. Specialist visits: You pay \$35 per visit or telehealth visit.	Primary care visits: You pay \$5 per visit or telehealth visit. Specialist visits: You pay \$35 per visit or telehealth visit.
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	For Medicare-covered hospital stays: \$290 copay per day for days 1 through 7 \$0 copay per day for days 8 through 90 \$0 copay for each additional hospital day	For Medicare-covered hospital stays: \$290 copay per day for days 1 through 7 \$0 copay per day for days 8 through 90 \$0 copay for each additional hospital day
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: \$0 Copayment/Coinsurance during the Initial	Deductible: \$0 Copayment/Coinsurance during the Initial

Cost	2024 (this year)	2025 (next year)
Part D prescription drug coverage (continued)	<p>Coverage Stage:</p> <p>Drug Tier 1:</p> <p><i>Preferred cost-sharing:</i> You pay \$4 per prescription.</p> <p><i>Standard cost-sharing:</i> You pay \$11 per prescription.</p> <p><i>Preferred mail-order cost-sharing:</i> You pay \$0 per prescription.</p> <p><i>Standard mail-order cost-sharing:</i> You pay \$7 per prescription.</p> <p>Drug Tier 2:</p> <p><i>Preferred cost-sharing:</i> You pay \$13 per prescription.</p> <p><i>Standard cost-sharing:</i> You pay \$20 per prescription.</p> <p><i>Preferred mail-order cost-sharing:</i> You pay \$13 per prescription.</p> <p><i>Standard mail-order cost-sharing:</i> You pay \$20 per prescription.</p> <p>Drug Tier 3:</p> <p><i>Preferred cost-sharing:</i> You pay \$40 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Coverage Stage:</p> <p>Drug Tier 1:</p> <p><i>Preferred cost-sharing:</i> You pay \$4 per prescription.</p> <p><i>Standard cost-sharing:</i> You pay \$11 per prescription.</p> <p><i>Preferred mail-order cost-sharing:</i> You pay \$0 per prescription.</p> <p><i>Standard mail-order cost-sharing:</i> You pay \$7 per prescription.</p> <p>Drug Tier 2:</p> <p><i>Preferred cost-sharing:</i> You pay \$13 per prescription.</p> <p><i>Standard cost-sharing:</i> You pay \$20 per prescription.</p> <p><i>Preferred mail-order cost-sharing:</i> You pay \$13 per prescription.</p> <p><i>Standard mail-order cost-sharing:</i> You pay \$20 per prescription.</p> <p>Drug Tier 3:</p> <p><i>Preferred cost-sharing:</i> You pay \$40 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>

Cost	2024 (this year)	2025 (next year)
Part D prescription drug coverage (continued)	<p><i>Standard cost-sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred mail-order cost-sharing:</i> You pay \$40 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard mail-order cost-sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: <i>Preferred cost-sharing:</i> You pay 28% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. <i>Standard cost-sharing:</i> You pay 33% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. <i>Preferred mail-order cost-sharing:</i> You pay 28% per prescription.</p>	<p><i>Standard cost-sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred mail-order cost-sharing:</i> You pay \$40 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard mail-order cost-sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: <i>Preferred cost-sharing:</i> You pay 38% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. <i>Standard cost-sharing:</i> You pay 43% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. <i>Preferred mail-order cost-sharing:</i> You pay 38% per prescription.</p>

Cost	2024 (this year)	2025 (next year)
Part D prescription drug coverage (continued)	<p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard mail-order cost-sharing:</i> You pay 33% per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5: <i>Preferred cost-sharing:</i> You pay 33% of the total cost. <i>Standard cost-sharing:</i> You pay 33% of the total cost.</p> <p><i>Preferred mail-order cost-sharing:</i> You pay 33% per prescription. <i>Standard mail-order cost-sharing:</i> You pay 33% per prescription.</p> <p>Drug Tier 6: <i>Preferred cost-sharing:</i> You pay \$0 per prescription. <i>Standard cost-sharing:</i> You pay \$0 per prescription.</p>	<p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard mail-order cost-sharing:</i> You pay 43% per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5: <i>Preferred cost-sharing:</i> You pay 33% of the total cost. <i>Standard cost-sharing:</i> You pay 33% of the total cost.</p> <p><i>Preferred mail-order cost-sharing:</i> You pay 33% per prescription. <i>Standard mail-order cost-sharing:</i> You pay 33% per prescription.</p> <p>Drug Tier 6: <i>Preferred cost-sharing:</i> You pay \$0 per prescription. <i>Standard cost-sharing:</i> You pay \$0 per prescription.</p>

Cost	2024 (this year)	2025 (next year)
Part D prescription drug coverage (continued)	<p><i>Preferred mail-order cost-sharing:</i> You pay \$0 per prescription.</p> <p><i>Standard mail-order cost-sharing:</i> You pay \$0 per prescription.</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 pay nothing.	<p><i>Preferred mail-order cost-sharing:</i> You pay \$0 per prescription.</p> <p><i>Standard mail-order cost-sharing:</i> You pay \$0 per prescription.</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none">During this payment stage, you pay nothing for your covered Part D drugs.

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	\$0	\$29.50
(You must also continue to pay your Medicare Part B premium.)		

- 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.	\$5,100	\$5,100 Once you have paid \$5,100 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 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.	\$7,500	\$7,500 Once you have paid \$7,500 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 www.BCBSALMedicare.com/Documents. You may also call **Member Services** 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 www.BCBSALMedicare.com/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 2025 Pharmacy Directory www.BCBSALMedicare.com/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 **Member Services** 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)
Ambulance Services	You pay a \$315 copay for Medicare-covered ground and air ambulance benefits. Cost-sharing applies to each one-way trip.	You pay a \$405 copay for Medicare-covered ground and air ambulance benefits. Cost-sharing applies to each one-way trip.
Chiropractic Services	You pay a \$15 copay for each Medicare-covered chiropractic service.	You pay a \$20 copay for each Medicare-covered chiropractic service.
Diabetic Self Management Training, Diabetic Services & Supplies	You pay a \$0 copay for Continuous Glucose Monitoring (CGM) products Dexcom G6 and Dexcom G7 when used with a Dexcom Receiver, and Abbott Freestyle Libre and Freestyle Libre 2 products, and Freestyle Libre 3 when used with a Freestyle Libre receiver.	You pay a \$0 copay for Continuous Glucose Monitoring (CGM) products obtained through the pharmacy and are limited to Medicare-covered Dexcom branded products and Abbott branded products. Prior Approval will be required for any other CGM brands. All receivers and transmitters will be subject to quantity limits. 1 receiver per calendar year, 1 transmitter every 90 days, and sensor per product labeling.
Durable Medical Equipment (DME) and Related Medical Supplies	You pay 22% of the total cost for Medicare-covered durable medical equipment (DME) and related medical supplies.	You pay 23% of the total cost for Medicare-covered durable medical equipment (DME) and related medical supplies.

Cost	2024 (this year)	2025 (next year)
Emergency Care	You pay a \$120 copay for emergency care.	You pay a \$125 copay for emergency care.
Fitness Benefit	<p>Your fitness benefit will be a \$90 allowance every three months and will be loaded on the FlexCard mailed to you at enrollment.* It can be used toward memberships at a health club. For complete benefit information and additional details, please call Member Services at 1-800-962-1964 (TTY 711).</p> <p>*The Alabama FlexCard Mastercard® Prepaid Card is issued by Stride Bank, N.A., Member FDIC, pursuant to license by Mastercard International.</p>	No Benefit.
Outpatient Diagnostic Test and Therapeutic Services and Supplies	<p>You pay a \$50 copay per visit for Medicare-covered therapeutic radiology services.</p> <p>You pay a \$75 copay per visit for Medicare-covered diagnostic radiology services such as MRI, nuclear stress test and cardiac imaging, CT and PET scans (not including X-rays).</p>	<p>You pay a \$60 copay per visit for Medicare-covered therapeutic radiology services.</p> <p>You pay a \$95 copay per visit for Medicare-covered diagnostic radiology services such as MRI, nuclear stress test and cardiac imaging, CT and PET scans (not including X-rays).</p>
Outpatient Hospital Observation	You pay a \$245 copay per visit for each Medicare-covered outpatient hospital observation.	You pay a \$265 copay per visit for each Medicare-covered outpatient hospital observation.

Cost	2024 (this year)	2025 (next year)
Outpatient Hospital Services	You pay a \$0-\$245 copay per visit for each Medicare-covered outpatient hospital service.	You pay a \$0-\$265 copay, depending upon the service, for each Medicare-covered outpatient hospital service received.
Outpatient Surgery, including Services provided at Hospital Outpatient Facilities and Ambulatory Surgical Centers	You pay a \$245 copay per visit for Medicare-covered outpatient surgery.	You pay a \$0-\$265 copay, depending upon the service, for each Medicare-covered outpatient hospital surgery or service received.
Prosthetic Devices and Related Supplies	You pay 22% of the cost for prosthetic devices and related medical supplies.	You pay 23% of the cost for prosthetic devices and related medical supplies.
Screening for Lung Cancer with Low Dose Computed Tomography (LDCT)	You pay a \$0 copay per Medicare-covered lung cancer screening with LDCT for members aged 55-77 who have no signs of Lung Cancer, have history of smoking 30 packs a year, but not within the past 15 years.	You pay a \$0 copay per Medicare-covered lung cancer screening with LDCT for members aged 50-77 who have no signs of Lung Cancer, have history of smoking 20 packs a year, but not within the past 15 years.
Skilled Nursing Facility (SNF) Care	You pay a \$0 copay per day for days 1-20 and a \$203 copay per day for days 21-100.	You pay a \$0 copay per day for days 1-20 and a \$214 copay per day for days 21-100.
Vision Care	You pay a \$30 copay per visit for exams to diagnose and treat diseases and conditions of the eye.	You pay a \$35 copay per visit for exams to diagnose and treat diseases and conditions of the eye.
Worldwide Emergency Care	You pay a \$120 copay per visit for worldwide emergency care.	You pay a \$125 copay per visit for worldwide emergency care.

Cost	2024 (this year)	2025 (next year)
Worldwide Emergency Transportation	You pay a \$315 copay for worldwide emergency transportation. Cost-sharing applies to each one-way trip.	You pay a \$405 copay for worldwide emergency transportation. Cost-sharing applies to each one-way trip.

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 Services** for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original 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 drug types, 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 Services** 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 September 30, 2024, please call **Member Services** 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 During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost. 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. Most adult Part D vaccines are covered at no cost to you.	Your cost for a one-month supply is: Tier 1: Preferred Generic: <i>Preferred cost-sharing:</i> You pay \$4 per prescription. <i>Standard cost-sharing:</i> You pay \$11 per prescription.	Your cost for a one-month supply is: Tier 1: Preferred Generic: <i>Preferred cost-sharing:</i> You pay \$4 per prescription. <i>Standard cost-sharing:</i> You pay \$11 per prescription.

Stage	2024 (this year)	2025 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</p> <p>For information about the cost-sharing, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>. A benefit change for a 90-day supply up to a 100-day supply will also be provided.</p>	<p>Tier 2: Generic: <i>Preferred cost-sharing:</i> You pay \$13 per prescription. <i>Standard cost-sharing:</i> You pay \$20 per prescription.</p> <p>Tier 3: Preferred Brand: <i>Preferred cost-sharing:</i> You pay \$40 per prescription. You pay \$35 per month supply of each covered insulin product on this tier. <i>Standard cost-sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4: Non-Preferred Drug: <i>Preferred cost-sharing:</i> You pay 28% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 28% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. <i>Standard cost-sharing:</i> You pay 33% of the total cost.</p>	<p>Tier 2: Generic: <i>Preferred cost-sharing:</i> You pay \$13 per prescription. <i>Standard cost-sharing:</i> You pay \$20 per prescription.</p> <p>Tier 3: Preferred Brand: <i>Preferred cost-sharing:</i> You pay \$40 per prescription. You pay \$35 per month supply of each covered insulin product on this tier. <i>Standard cost-sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4: Non-Preferred Drug: <i>Preferred cost-sharing:</i> You pay 38% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 38% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. <i>Standard cost-sharing:</i> You pay 43% of the total cost.</p>

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage (continued)	<p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is 33% of the total cost.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 5: Specialty: <i>Preferred cost-sharing:</i> You pay 33% of the total cost. <i>Standard cost-sharing:</i> You pay 33% of the total cost.</p> <p>Tier 6: Select Care: <i>Preferred cost-sharing:</i> You pay \$0 per prescription. <i>Standard cost-sharing:</i> You pay \$0 per prescription.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>	<p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is 43% of the total cost.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 5: Specialty: <i>Preferred cost-sharing:</i> You pay 33% of the total cost. <i>Standard cost-sharing:</i> You pay 33% of the total cost.</p> <p>Tier 6: Select Care: <i>Preferred cost-sharing:</i> You pay \$0 per prescription. <i>Standard cost-sharing:</i> You pay \$0 per prescription.</p> <hr/> <p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage)</p>

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.

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

Description	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	<p>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).</p> <p>To learn more about this payment option, please contact Blue Advantage's Medicare Prescription Payment Plan Support line at 1-833-696-2087 (TTY 711) or visit Medicare.gov.</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Blue Advantage Complete

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our **Blue Advantage Complete**.

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, Blue Cross and Blue Shield of Alabama 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 **Blue Advantage Complete**.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from **Blue Advantage Complete**.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll.
Contact **Member Services** 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 Alabama, the SHIP is called Alabama 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. Alabama 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 the Alabama State Health Insurance Assistance Program at 1-800-AGELINE (1-800-243-5463). You can learn more about the Alabama State Health Insurance Assistance Program by visiting their website (www.alabamaageline.gov).

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.
- **Help from your state’s pharmaceutical assistance program.** Alabama has a program called Alabama SenioRx Prescription Assistance Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, please call 1-800-AGELINE (1-800-243-5463).
- **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 Alabama AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call 1-866-574-9964. 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 Blue Advantage's Medicare Prescription Payment Plan Support line at 1-833-696-2087 (TTY 711) or visit [Medicare.gov](https://www.Medicare.gov).

SECTION 7 Questions?

Section 7.1 – Getting Help from Blue Advantage Complete

Questions? We're here to help. Please call **Member Services** at **1-888-234-8266**. (TTY only, call **711**.) We are available for phone calls Monday – Friday, 8 a.m. – 8 p.m. CST. From October 1 through March 31, the hours of operation are Monday – Sunday, 8 a.m. – 8 p.m. CST. You may be required to leave a message for calls made after hours, weekends and holidays. Calls will be returned the next business day. 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 **Blue Advantage Complete**. 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.BCBSALMedicare.com/Documents. You may also call **Member Services** to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.BCBSALMedicare.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 (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.

**Blue Advantage is a PPO with a Medicare contract.
Enrollment in Blue Advantage (PPO) depends on contract renewal.**



Blue Advantage (PPO) is provided by Blue Cross and Blue Shield of Alabama,
an independent licensee of the Blue Cross and Blue Shield Association.