Blue Medicare Advocate Health (HMO)[SM] offered by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC)

Annual Notice of Changes for 2023

You are currently enrolled as a member of Blue Medicare Advocate Health (HMO)[SM]. 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 getblueil.com/mapd. 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)
- Review the changes to our drug coverage, including authorization requirements and costs
- Think about how much you will spend on premiums, deductibles, and cost sharing

☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.

☐ Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in Blue Medicare Advocate Health (HMO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1**, **2023**. This will end your enrollment with Blue Medicare Advocate Health (HMO).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call Customer Service at 1-877-774-8592 (TTY only, call 711) for more information.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicio al Cliente al 1-877-774-8592 (TTY 711) para recibir más información.
- Please contact our Customer Service number at 1-877-774-8592 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. – 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.
- Para obtener más información por favor póngase en contacto con nuestro número de servicio al cliente en 1-877-774-8592. (Usuarios de TTY deben llamar al 711.) El horario es de 8:00 – 20:00, hora de local, 7 días a la semana. Si usted está llamando desde el 1 de abril hasta el 30 de septiembre, tecnologías alternativas (por ejemplo, correo de voz) se utilizarán los fines de semana y festivos.
- Please contact Blue Medicare Advocate Health (HMO) if you need this information in another language or format (Spanish, braille, large print or alternate formats).
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Blue Medicare Advocate Health (HMO)

- Blue Medicare Advocate Health (HMO) provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC), an Independent Licensee of the Blue Cross and Blue Shield Association. ILBCBSIC is a Medicare Advantage organization with a Medicare contract. Enrollment in ILBCBSIC's plan depends on contract renewal.
- When this document says "we," "us," or "our", it means Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). When it says "plan" or "our plan," it means Blue Medicare Advocate Health (HMO).

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Blue Medicare Advocate Health (HMO) in several important areas. **Please note this is only a summary of costs**.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	$0	$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	$2,950	$2,500
Doctor office visits	**Primary care visits:** $0 copay per visit **Specialist visits:** $25 copay per visit	**Primary care visits:** $0 copay per visit **Specialist visits:** $25 copay per visit
Inpatient hospital stays	$225 copay per day for days 1-7 and a $0 copay per day for days 8-90 $0 copay per day for days 91 and beyond	$225 copay per day for days 1-7 and a $0 copay per day for days 8-90 $0 copay per day for days 91 and beyond

Cost	2022 (this year)	2023 (next year)
Part D prescription drug coverage (See Section 1.5 for details.)	**Deductible:** $0 Copayment/Coinsurance during the Initial Coverage Stage: **Drug Tier 1:** • *Standard cost-sharing:* $10 copay • *Preferred cost-sharing:* $0 copay **Drug Tier 2:** • *Standard cost-sharing:* $20 copay • *Preferred cost-sharing:* $10 copay **Drug Tier 3:** • *Standard cost-sharing:* $47 copay • *Preferred cost-sharing:* $47 copay **Drug Tier 4:** • *Standard cost-sharing:* $100 copay • *Preferred cost-sharing:* $100 copay	**Deductible:** $0 Copayment/Coinsurance during the Initial Coverage Stage: **Drug Tier 1:** • *Standard cost-sharing:* $10 copay • *Preferred cost-sharing:* $0 copay **Drug Tier 2:** • *Standard cost-sharing:* $20 copay • *Preferred cost-sharing:* $10 copay **Drug Tier 3:** • *Standard cost-sharing:* $47 copay • *Preferred cost-sharing:* $47 copay **Drug Tier 4:** • *Standard cost-sharing:* $100 copay • *Preferred cost-sharing:* $100 copay

Cost	2022 (this year)	2023 (next year)
	Drug Tier 5: • *Standard cost-sharing:* 33% of the total cost • *Preferred cost-sharing:* 33% of the total cost	**Drug Tier 5:** • *Standard cost-sharing:* 33% of the total cost • *Preferred cost-sharing:* 33% of the total cost

SECTION 1 Changes to Benefit and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0
Optional Supplemental Benefits (Optional supplemental benefit available for *an extra premium*) See Chapter 4, Section 2.2 *(Extra "optional supplemental" benefits you can buy)* of the Evidence of Coverage for details.	Not covered	$43.00

- 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.

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

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

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$2,950	$2,500 Once you have paid $2,500 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at getblueil.com/mapd. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a *directory*.

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

There are changes to our network of pharmacies for next year. **Please review the 2023 Pharmacy Directory to see which pharmacies are in our network**.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

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

Cost	2022 (this year)	2023 (next year)
Dental Services (Non-Medicare-covered Comprehensive)	**In and Out-of-Network** $1,000 maximum plan coverage amount for in- and out-of-network comprehensive dental benefits per year. 0% of the total cost for Basic Restorative Services and Non-Surgical Periodontal Services. 50% of the total cost for Non-Surgical Extractions and Adjunctive Services.	**In and Out-of-Network** $2,000 maximum plan coverage amount for in- and out-of-network comprehensive dental benefits per year. 0% of the total cost for Basic Restorative Services and Non-Surgical Periodontal Services. 50% of the total cost for Non-Surgical Extractions and Adjunctive Services. The following optional supplemental dental benefits are available for an extra premium: **In and Out-of-Network** $1,000 maximum plan coverage amount for in- and out-of-network comprehensive dental benefits per year. 20% of the total cost for Endodontic Services, Oral Surgery Services, Surgical Periodontal Services, Major Restorative Services, Prosthodontic Services, Miscellaneous Restorative and Prosthodontic Services.

Cost	2022 (this year)	2023 (next year)
Home Infusion Therapy	**In-Network** $0 copay for Medicare-covered services.	**In-Network** 20% of the total cost for Medicare-covered services.
Over-the-counter items	**$75** allowance every three months for specific over-the-counter drugs and health-related products.	**$100** allowance every three months for specific over-the-counter drugs and health-related products.
Skilled Nursing Facility (SNF) Care	**In-Network** $0 copay per day for days 1-20 and a $188 copay per day for days 21-100 for each Medicare-covered SNF stay.	**In-Network** $0 copay per day for days 1-20, $196 copay per day for days 21-39 and $0 copay per day for days 40-100 for each Medicare-covered SNF stay.
Pulmonary Rehabilitation Services	**In-Network** $30 copay for Medicare-covered pulmonary rehab services.	**In-Network** $20 copay for Medicare-covered pulmonary rehab services.
Vision Care (Non-Medicare-covered Eyewear)	**In Network** Routine eye wear: $0 copay for contact lenses, eyeglass frames, and eyeglass lenses $100 maximum plan coverage amount for routine eye wear every year (including	**In Network** Routine eye wear: $0 copay for contact lenses, eyeglass frames, and eyeglass lenses $200 maximum plan coverage amount for routine eye wear every year (including eyeglass frames, lenses, and contact lenses). Coverage includes:

Cost	2022 (this year)	2023 (next year)
	eyeglass frames, lenses, and contact lenses). Coverage includes: 1 pair of eyeglass lenses every year (Standard lenses only. Progressive lenses excluded) 1 pair of eyeglass frames per year No limit on the number of contact lenses	1 pair of eyeglass lenses every year (Standard lenses only. Progressive lenses excluded) 1 pair of eyeglass frames per year No limit on the number of contact lenses

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, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

Changes to Prescription Drug Costs

There are four "drug payment stages."

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Important Message About What You Pay for Insulin

You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
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.** The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of	Your cost for a one-month supply filled at a network pharmacy: **Tier 1 – Preferred Generic:** • *Standard cost sharing:* You pay $10 copay per prescription. • *Preferred cost sharing:* You pay $0 copay per prescription. **Tier 2 – Generic:** • *Standard cost sharing:* You pay $20 copay per prescription. • *Preferred cost sharing:* You pay $10 copay per prescription.	Your cost for a one-month supply filled at a network pharmacy: **Tier 1 – Preferred Generic:** • *Standard cost sharing:* You pay $10 copay per prescription. • *Preferred cost sharing:* You pay $0 copay per prescription. **Tier 2 – Generic:** • *Standard cost sharing:* You pay $20 copay per prescription. • *Preferred cost sharing:* You pay $10 copay per prescription.

Stage	2022 (this year)	2023 (next year)
your *Evidence of Coverage*. 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.	**Tier 3 – Preferred Brand:** • *Standard cost sharing:* You pay $47 copay per prescription. • *Preferred cost sharing:* You pay $47 copay per prescription. **Tier 4 – Non-Preferred Drug:** • *Standard cost sharing:* You pay $100 copay per prescription. • *Preferred cost sharing:* You pay $100 copay per prescription. **Tier 5 – Specialty:** • *Standard cost sharing:* You pay 33% of the total cost • *Preferred cost sharing:* You pay 33% of the total cost _____ Once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage).	**Tier 3 – Preferred Brand:** • *Standard cost sharing:* You pay $47 copay per prescription. • *Preferred cost sharing:* You pay $47 copay per prescription. **Tier 4 – Non-Preferred Drug:** • *Standard cost sharing:* You pay $100 copay per prescription. • *Preferred cost sharing:* You pay $100 copay per prescription. **Tier 5 – Specialty:** • *Standard cost sharing:* You pay 33% of the total cost • *Preferred cost sharing:* You pay 33% of the total cost _____ Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).

SECTION 2 Administrative Changes

Description	2022 (this year)	2023 (next year)
SilverSneakers	Stay active, healthy and connected with SilverSneakers	Stay active, healthy and connected with SilverSneakers

Description	2022 (this year)	2023 (next year)
	As a Blue Medicare Advocate Health (HMO) member, you have SilverSneakers® at no additional cost. SilverSneakers is more than a fitness program. It's a way to improve your health, gain confidence and connect with your community. Whether you play tennis, swim laps, lift weights, visit the gym or take live classes from home, SilverSneakers has you covered. Movement, exercise and social connections are essential to your health, and SilverSneakers supports you in all these ways. SilverSneakers gives you access to: • SilverSneakers LIVE™ classes and workshops taught by instructors trained in senior fitness • 200+ workout videos in the SilverSneakers On-Demand™ online library • SilverSneakers GO™ mobile app with digital workout programs • Thousands of participating gyms[1], with group fitness classes[2] at select locations	As a Blue Medicare Advocate Health (HMO) member, you have SilverSneakers® at no additional cost. SilverSneakers is more than a fitness program. It's a way to improve your health, gain confidence and connect with your community. Whether you play tennis, swim laps, lift weights, visit the gym or take live classes from home, SilverSneakers has you covered. Movement, exercise and social connections are essential to your health, and SilverSneakers supports you in all these ways. SilverSneakers gives you access to: • SilverSneakers LIVE™ classes and workshops taught by instructors trained in senior fitness • 200+ workout videos in the SilverSneakers On-Demand™ online library • SilverSneakers GO™ mobile app with digital workout programs • Thousands of participating gyms[1], with group fitness classes[2] at select locations

Description	2022 (this year)	2023 (next year)
	• SilverSneakers FLEX® Community classes offered in local neighborhood locations • Online fitness and nutrition tips • GetSetUp[3], with thousands of live online classes to ignite your interests in topics like cooking, technology and art. Stay active at the gym, from home and at locations around your community. With SilverSneakers, you have more options than ever. Create an account and unlock your full SilverSneakers benefits today. SilverSneakers.com/StartHere Link: https://tools.silversneakers.com/Eligibility/StartHere Footnotes:	• SilverSneakers FLEX® Community classes offered in local neighborhood locations • Online fitness and nutrition tips • GetSetUp[3], with thousands of live online classes to ignite your interests in topics like cooking, technology and art. Stay active at the gym, from home and at locations around your community. With SilverSneakers, you have more options than ever. Create an account and unlock your full SilverSneakers benefits today. SilverSneakers.com/StartHere Link: https://tools.silversneakers.com/Eligibility/StartHere Footnotes:

Description	2022 (this year)	2023 (next year)
	1. Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL. 2. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location. Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. SilverSneakers LIVE, SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2022 Tivity Health, Inc. All rights reserved.	1. Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL. 2. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location. 3. GetSetUp is a third-party service provider and is not owned or operated by Tivity Health, Inc. ("Tivity") or its affiliates. Users must have internet service to access GetSetUp service. Internet service charges are responsibility of user. Charges may apply for access to certain GetSetUp classes or functionality. Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered

Description	2022 (this year)	2023 (next year)
		service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. SilverSneakers LIVE, SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2022 Tivity Health, Inc. All rights reserved.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Blue Medicare Advocate Health (HMO)

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 Medicare Advocate Health (HMO).

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. 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*

2023 handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

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 Medicare Advocate Health (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Blue Medicare Advocate Health (HMO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Illinois, the SHIP is called Illinois Department on Aging.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Illinois Department on Aging 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 Illinois Department on Aging at 1-800-252-8966. You can learn more about Illinois Department on Aging by visiting their website (https://www2.illinois.gov/aging/ship/Pages/default.aspx).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Illinois Department of Public Health, 535 W. Jefferson St. First Floor, Springfield, IL 62761; https://dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/ryan-white-care-and-hopwa-services. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-217-782-4977.

SECTION 7 Questions?

Section 7.1 – Getting Help from Blue Medicare Advocate Health (HMO)

Questions? We're here to help. Please call Customer Service at 1-877-774-8592. (TTY only, call 711). We are available for phone calls 8:00 a.m. – 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays. Calls to these numbers are free.

Read your 2023 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the 2023 *Evidence of Coverage* for Blue Medicare Advocate Health (HMO). 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 getblueil.com/mapd. 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 getblueil.com/mapd. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our list of covered drugs (Formulary/Drug List).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website https://www.medicare.

gov/Pubs/pdf/10050-medicare-and-you.pdf or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.