

Addendum to the
Blue Medicare Advocate Health (HMO)
2023
Evidence of Coverage

February 22, 2023

Dear Member,

This is important information on changes in your **Blue Medicare Advocate Health (HMO)** coverage.

We previously sent you the Evidence of Coverage (EOC) which provides information about your coverage as an enrollee in our plan. This notice is to let you know that the law has changed and there are updates to your Medicare Part B prescription drug coverage. Below you will find information describing the updates. Please keep this information for your reference. The updated EOC can be found on our website at getblueil.com/mapd.

Changes to your EOC

Where you can find the update in your 2023 EOC	Original Information	Corrected Information	What does this mean for you?
Chapter 4, Section 2.1 – Medical Benefits Chart: Medicare Part B prescription drugs.	<p>Medicare Part B prescription drugs including insulin used with durable medical equipment is:</p> <p>In-Network - 20% coinsurance.</p> <p>Out-of-Network – 35%, 40%, or 50% coinsurance depending on your plan.</p>	<p>Effective April 1: Certain Part B rebatable drugs may be subject to a lower coinsurance.</p> <p>Effective July 1: Part B insulin cost sharing is subject to a coinsurance cap of \$35 for one-month’s supply of insulin. Deductibles do not apply.</p>	<p>This information informs you that effective April 1, certain Part B rebatable drugs may be subject to a lower coinsurance.</p> <p>Effective July 1, your Part B insulin coinsurance cap is no more than \$35 for a one-month supply. Deductibles do not apply.</p>

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions, please call us 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.

HMO plan provided by GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs). HMO Special Needs Plan and PPO plans provided by GHS Insurance Company (GHSIC). HMO and PPO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC, BlueLincs, and GHSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, BlueLincs, and GHSIC are Medicare Advantage organizations with a Medicare contract. GHSIC is a Medicare Advantage organization with a Medicare contract and a contract with the Oklahoma Medicaid program. Enrollment in these plans depends on contract renewal.

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 de lingüística. Llame a Servicio al Cliente al 1-877-774-8592 (TTY: 711) para recibir más información.