

## ***Freedom Premier (HMO) offered by BlueShield of Northeastern New York***

# **Annual Notice of Changes for 2021**

You are currently enrolled as a member of *Freedom Premier (HMO)*. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **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.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Sections 1.1, 1.2 and 1.5 for information about benefit and cost changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
  - Will your drugs be covered?
  - Are your drugs in a different tier, with different cost-sharing?
  - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
  - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
  - Review the 2021 Drug List and look in Section 1.6 for information about changes to our drug coverage.
  - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket

costs throughout the year. To get additional information on drug prices visit [go.medicare.gov/drugprices](https://www.medicare.gov/drugprices). These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

- Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors, including specialists you see regularly, in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 1.3 for information about our Provider Directory.
- Think about your overall health care costs.
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?
  - How do your total plan costs compare to other Medicare coverage options?
- 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 personalized search feature on the Medicare Plan Finder at [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website.
  - Review the list in the back of your Medicare & You handbook.
  - Look in Section 3.2 to learn more about your choices.
- 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, 2020, you will be enrolled in *Freedom Premier (HMO)*.
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

## 4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2020**

- If you don't join another plan by **December 7, 2020**, you will be enrolled in *Freedom Premier (HMO)*.
- If you join another plan by **December 7, 2020**, your new coverage will start on January 1, 2021. You will be automatically disenrolled from your current plan.

### **Additional Resources**

- Please contact our Member Services number at 1-800-329-2792 for additional information. (TTY users should call 711.) Hours are October 1<sup>st</sup> to March 31<sup>st</sup> from 8

a.m. to 8 p.m. seven days a week. We are available for phone calls April 1<sup>st</sup> to September 30<sup>th</sup> from 8 a.m. to 8 p.m. Monday through Friday.

- This information is also available in braille, large print, or other 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

#### **About *Freedom Premier (HMO)***

- BlueShield of Northeastern New York is an HMO plan with a Medicare contract. Enrollment in BlueShield of Northeastern New York depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means BlueShield of Northeastern New York. When it says “plan” or “our plan,” it means *Freedom Premier (HMO)*.

## Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for *Freedom Premier (HMO)* in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at [www.bsny.com/medicare](http://www.bsny.com/medicare). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$110	\$111
<b>Maximum out-of-pocket amount</b> 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.)	\$6,700	\$6,700
<b>Doctor office visits</b>	<b>Primary care visits:</b> \$5 <i>copay per visit</i>  <b>Specialist visits:</b> \$30 <i>copay per visit</i>	<b>Primary care visits:</b> \$5 <i>copay per visit</i>  <b>Specialist visits:</b> \$30 <i>copay per visit</i>
<b>Inpatient hospital stays</b> 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.	\$295 copay per day for days 1-4, \$0 copay per day for days 5-90  There is an out-of-pocket maximum of \$1,180 per year.	\$295 copay per day for days 1-4, \$0 copay per day for days 5-90  There is an out-of-pocket maximum of \$1,180 per year.

Cost	2020 (this year)	2021 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 1.6 for details.)</p>	<p>Deductible: \$100 on Tiers 3, 4, and 5.</p> <p>Copayment/Coinsurance as applicable during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• <b>Drug Tier 1:</b> <i>Standard cost-sharing: \$5 copay</i> <i>Preferred cost-sharing: \$0 copay</i></li> <li>• <b>Drug Tier 2:</b> <i>Standard cost-sharing: \$10 copay</i> <i>Preferred cost-sharing: \$5 copay</i></li> <li>• <b>Drug Tier 3:</b> <i>Standard cost-sharing: \$47 copay</i> <i>Preferred cost-sharing: \$42 copay</i></li> <li>• <b>Drug Tier 4:</b> <i>Standard cost-sharing: \$100 copay</i> <i>Preferred cost-sharing: \$94 copay</i></li> <li>• <b>Drug Tier 5:</b> <i>Standard cost-sharing: 31% coinsurance</i> <i>Preferred cost-sharing: 31% coinsurance</i></li> </ul>	<p>Deductible: \$100 on Tiers 3, 4, and 5.</p> <p>Copayment/Coinsurance as applicable during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• <b>Drug Tier 1:</b> <i>Standard cost-sharing: \$5 copay</i> <i>Preferred cost-sharing: \$0 copay</i></li> <li>• <b>Drug Tier 2:</b> <i>Standard cost-sharing: \$10 copay</i> <i>Preferred cost-sharing: \$5 copay</i></li> <li>• <b>Drug Tier 3:</b> <i>Standard cost-sharing: \$47 copay</i> <i>Preferred cost-sharing: \$42 copay</i></li> <li>• <b>Drug Tier 4:</b> <i>Standard cost-sharing: \$100 copay</i> <i>Preferred cost-sharing: \$94 copay</i></li> <li>• <b>Drug Tier 5:</b> <i>Standard cost-sharing: 31% coinsurance</i> <i>Preferred cost-sharing: 31% coinsurance</i></li> </ul>

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## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$110	\$111
<b>Optional Supplemental Dental Benefit Premium</b> (This premium is paid in addition to your monthly premium in our plan and your Medicare Part B premium.)	<p>If you were enrolled in the optional supplemental dental <b>Basic</b> benefit in 2020, your premium was \$13.</p> <p>If you were enrolled in the optional supplemental dental <b>Enhanced</b> benefit in 2020, your premium was \$24.</p> <p>If you did not elect to enroll in this optional benefit, this additional premium does not apply to you.</p>	<p>If you are enrolled in the optional supplemental dental <b>Basic</b> benefit in 2021, your premium is \$13.</p> <p>If you are enrolled in the optional supplemental dental <b>Enhanced</b> benefit in 2021, your premium is \$24.</p> <p>If you do not elect to enroll in this optional benefit, this additional premium does not apply to you.</p>

- 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 Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2020 (this year)	2021 (next year)
<b>Maximum out-of-pocket amount</b>	\$6,700	\$6,700
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		Once you have paid \$6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

## Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at [www.bsny.com/medicare](http://www.bsny.com/medicare). You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2021 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days’ notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.



- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

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## **Section 1.4 – Changes to the Pharmacy Network**

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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.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at [www.bsny.com/medicare](http://www.bsny.com/medicare). You may also call Member Services for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2021 Pharmacy Directory to see which pharmacies are in our network.**

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## **Section 1.5 – Changes to Benefits and Costs for Medical Services**

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We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2021 Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
<b>In-Network Skilled Nursing Facility (SNF)</b>	You pay a \$0 copay per day for days 1-20 and a \$178 copay per day for days 21-100.	You pay a \$0 copay per day for days 1-20 and a \$184 copay per day for days 21-100.
<b>In-Network Occupational Therapy Services</b>	You pay a \$40 copay per visit.	You pay a \$20 copay per visit.
<b>In-Network Physical Therapy &amp; Speech Therapy Services</b>	You pay a \$40 copay per visit.	You pay a \$20 copay per visit.
<b>In-Network Outpatient Hospital Services (Outpatient Surgery)</b>	You pay a \$375 copay per visit.	You pay a \$310 copay per visit.
<b>In-Network Outpatient Surgery (Ambulatory Surgical Center Services)</b>	You pay a \$275 copay per visit.	You pay a \$210 copay per visit.
<b>In-Network Observation Services</b>	You pay a \$300 copay per visit.	You pay a \$260 copay per visit.
<b>Preventive Dental Coverage: Cleanings (Supplemental Benefit)</b>	Periodontal (Deep Cleanings) are not covered under your medical plan.	You pay a \$15 copay per cleaning. There is a maximum of two routine cleanings/periodontal deep cleanings per calendar year.
<b>Optional Hearing Aid Rechargeability on Premium Hearing Aids (Supplemental Benefit)</b>	You pay an additional \$75 cost per aid for optional hearing aid rechargeability on Premium Hearing Aids at a TruHearing provider.	You pay an additional \$50 cost per aid for optional hearing aid rechargeability on Premium Hearing Aids at a TruHearing provider.

Cost	2020 (this year)	2021 (next year)
<b>Meal Benefit (Supplemental Benefit)</b>	Meals are not covered.	Your post discharge meal benefit provides access to one meal per day for 7-days following an Inpatient Hospital or Skilled Nursing Facility stay. \$0 copay for coordinated meal requests.

Cost	2020 (this year)	2021 (next year)
<b>In-Network Telehealth Services</b>	Additional telehealth services are not covered.	You may now be able to see your own provider for any of the following services via telehealth, and pay the same copay as you would for an in-office visit: Primary Care Physician Services, Occupational Therapy Services, Physician Specialist Services, Individual Sessions for Mental Health Specialty Services, Group Sessions for Mental Health Specialty Services, Podiatry Services, Other Health Care Professional, Individual Sessions for Psychiatric Services, Group Sessions for Psychiatric Services, Physical Therapy and Speech-Language Pathology Services, Individual Sessions for Outpatient Substance Abuse, Group Sessions for Outpatient Substance Abuse, Kidney Disease Education Services, Diabetes Self-Management Training, Eye Exams, and Hearing Exams.
<b>Part B Step Therapy</b>	Medicare Part B drugs do not have step therapy requirements.	Medicare Part B drugs may have step therapy requirements.

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## **Section 1.6 – Changes to Part D Prescription Drug Coverage**

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<b>Changes to Our Drug List</b>
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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.**

If you are affected by a change in drug coverage you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
  - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Services.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the Evidence of Coverage.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you have a previously approved formulary exception, it will still be in effect until the date listed in your approval letter. After the expiration date of your approved exception, you will need to file for a new formulary exception.

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.

Starting in 2021, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may 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.

This means, for instance, if you are taking a brand name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month's supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about the changes we make to the Drug List, see Chapter 5, Section 6 of the *Evidence of Coverage*.)

## Changes to Prescription Drug 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 haven’t received this insert by *September 30<sup>th</sup>*, please call Member Services and ask for the “LIS Rider.”

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year 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. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage* located on our website at [www.bsny.com/medicare](http://www.bsny.com/medicare). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.)

### Changes to the Deductible Stage

Stage	2020 (this year)	2021 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your <i>Tier 3 Preferred Brand, Tier 4 Non-Preferred Drugs, and Tier 5 Specialty Drugs</i> until you have reached the yearly deductible.</p>	<p>The deductible is \$100.</p> <p>During this stage, you pay either a \$0 or \$5 copayment for drugs at a preferred pharmacy or a \$5 or \$10 copayment at a standard pharmacy for drugs on <i>Tier 1 and Tier 2</i> and the full cost of drugs on <i>Tier 3, Tier 4, and Tier 5</i> until you have reached the yearly deductible.</p>	<p>The deductible is \$100.</p> <p>During this stage, you pay either a \$0 or \$5 copayment for drugs at a preferred pharmacy or a \$5 or \$10 copayment at a standard pharmacy for drugs on <i>Tier 1 and Tier 2</i> and the full cost of drugs on <i>Tier 3, Tier 4, and Tier 5</i> until you have reached the yearly deductible.</p>

### Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2020 (this year)	2021 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>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 <i>Evidence of Coverage</i>.</p> <p>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.</p>	<p>Your cost for a one-month supply at a network pharmacy.</p> <p><b>Tier 1 Preferred Generics:</b>  <i>Standard cost-sharing:</i> You pay \$5 copay per prescription.  <i>Preferred cost-sharing:</i> You pay \$0 copay per prescription.</p> <p><b>Tier 2 Generics:</b>  <i>Standard cost-sharing:</i> You pay \$10 copay per prescription.  <i>Preferred cost-sharing:</i> You pay \$5 copay per prescription.</p> <p><b>Tier 3 Preferred Brand:</b>  <i>Standard cost-sharing:</i> You pay \$47 copay per prescription.  <i>Preferred cost-sharing:</i> You pay \$42 copay per prescription.</p> <p><b>Tier 4 Non-Preferred Drug:</b>  <i>Standard cost-sharing:</i> You pay \$100 copay per prescription.  <i>Preferred cost-sharing:</i> You pay \$94 copay per prescription.</p> <p><b>Tier 5 Specialty Tier:</b>  <i>Standard cost-sharing:</i> You pay 31% coinsurance of the total cost.  <i>Preferred cost-sharing:</i> You pay 31% coinsurance of the total cost.</p>	<p>Your cost for a one-month supply at a network pharmacy.</p> <p><b>Tier 1 Preferred Generics:</b>  <i>Standard cost-sharing:</i> You pay \$5 copay per prescription.  <i>Preferred cost-sharing:</i> You pay \$0 copay per prescription.</p> <p><b>Tier 2 Generics:</b>  <i>Standard cost-sharing:</i> You pay \$10 copay per prescription.  <i>Preferred cost-sharing:</i> You pay \$5 copay per prescription.</p> <p><b>Tier 3 Preferred Brand:</b>  <i>Standard cost-sharing:</i> You pay \$47 copay per prescription.  <i>Preferred cost-sharing:</i> You pay \$42 copay per prescription.</p> <p><b>Tier 4 Non-Preferred Drug:</b>  <i>Standard cost-sharing:</i> You pay \$100 copay per prescription.  <i>Preferred cost-sharing:</i> You pay \$94 copay per prescription.</p> <p><b>Tier 5 Specialty Tier:</b>  <i>Standard cost-sharing:</i> You pay 31% coinsurance of the total cost.  <i>Preferred cost-sharing:</i> You pay 31% coinsurance of the total cost.</p>



Stage	2020 (this year)	2021 (next year)
	Once your total drugs costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).	Once your total drugs costs have reached \$4,130, you will move to the next stage (the Coverage Gap Stage).

### Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

Description	2020 (this year)	2021 (next year)
Vision vendor for services including routine eye exam, vision allowance (if your plan offers it), vision materials after cataract surgery, and vision discounts	EyeMed Vision Care currently administers your vision benefits associated with your Medicare Advantage plan.	Davis Vision, a subsidiary of Versant Health, will become the vision benefits administrator for your Medicare Advantage plan. Beginning January 1, 2021, you must visit providers participating with Davis Vision in order for your services to be covered in-network.
Formulary Exceptions	Cost sharing tier for generic drug exception request approval: Tier 2 (Non-Preferred Generic)	Cost sharing tier for generic drug exception request approval: Tier 4 (Non-Preferred Drug)

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in *Freedom Premier (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 Freedom Premier (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 for 2021 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- -- 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, read *Medicare & You 2021*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare). Here, you can find information about costs, coverage, and quality ratings for Medicare plans.

As a reminder, BlueShield of Northeastern New York offers other Medicare health plans *AND/OR* 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 *Freedom Premier (HMO)*.
- **To change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from *Freedom Premier (HMO)*.
- **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 this (phone numbers are in Section 7.1 of this booklet).

- – *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, 2021.

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

In certain situations, changes are also allowed at other times of the year. For example, 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 may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2021, 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, 2021. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In *New York State*, the SHIP is called *Health Insurance Information, Counseling and Assistance Program or HIICAP*.

*HIICAP* is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. *HIICAP* 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 *HIICAP* at 1-800-701-0501. You can learn more about *HIICAP* by visiting their website (<https://aging.ny.gov/health-insurance-information-counseling-and-assistance>).

## 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, annual

deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. 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 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications);
- **Help from your state's pharmaceutical assistance program.** New York State has a program called Elderly Pharmaceutical Insurance Coverage (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 5 of this booklet).
  - **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 New York State Department of Health's AIDS Institute/ADAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-542-2437 or 1-844-682-4058 (TDD 518-459-0121), Monday through Friday 9 a.m. – 5 p.m.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from *Freedom Premier (HMO)*

Questions? We're here to help. Please call Member Services at 1-800-329-2792. (TTY only, call 711). We are available for phone calls October 1<sup>st</sup> to March 31<sup>st</sup> from 8 a.m. to 8 p.m. seven days a week. We are available for phone calls April 1<sup>st</sup> to September 30<sup>th</sup> from 8 a.m. to 8 p.m. Monday through Friday. Calls to these numbers are free.

#### **Read your 2021 *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 2021. For details, look in the 2021 *Evidence of Coverage* for *Freedom Premier (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 [www.bsny.com/medicare](http://www.bsny.com/medicare). 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.bsny.com/medicare](http://www.bsny.com/medicare). 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).

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## Section 7.2 – Getting Help from Medicare

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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

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)).

### Read *Medicare & You 2021*

You can read the *Medicare & You 2021* Handbook. Every year in the 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 booklet, you can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) 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.

## BlueShield of Northeastern New York – Notice of Nondiscrimination

BlueShield of Northeastern New York complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. BlueShield of Northeastern New York does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

BlueShield of Northeastern New York:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please call the customer service number on the back of your ID card or contact the Vice President, Chief Compliance Officer.

If you believe that BlueShield of Northeastern New York has 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 with:

Vice President, Chief Compliance Officer, 257 West Genesee Street, Buffalo, NY 14202, 1-800-798-1453, (716) 887-6056 (fax), [complaint.compliance@bsneny.com](mailto:complaint.compliance@bsneny.com). You can file a grievance in person or by mail, fax, or email. 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, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### For assistance in English, call customer service at the number listed on your ID card.

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.

請撥打您 ID 卡上的客服號碼以尋求中文協助。

Обратитесь по номеру телефона обслуживания клиентов, указанному на Вашей идентификационной карточке, для помощи на русском языке.

Rele nimewo sèvis kliyantèl ki nan kat ID ou pou jwenn èd nan Kreyòl Ayisyen.

한국어로 도움을 받고 싶으시면 ID 카드에 있는 고객 서비스 전화번호로 문의해 주십시오.

Per assistenza in italiano chiamate il numero del servizio clienti riportato nella vostra scheda identificativa.

פאר הילף אין אידיש, רופט די קאסטומער סערוויס אויפן נומער וואס שטייט אויף אייער ID קארטל.

বাংলায় সহায়তার জন্য, আপনার আইডি কার্ডে তালিকাভুক্ত নম্বরে ক্রেতা পরিষেবায় ফোন করুন।

Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatorze.

اردو میں مدد کے لیے، کسٹمر سروس آپ کے شناختی کارڈ پر درج کردہ نمبر پر کال کریں

Pour une assistance en français, composez le numéro de téléphone du service à la clientèle figurant sur votre carte d'identification.

اردو زبان میں مدد کے لیے، کسٹمر سروس کو اپنے آئی ڈی کارڈ پر درج نمبر پر کال کریں۔

Para sa tulong sa Tagalog, tumawag sa numero ng serbisyo sa customer na nasa inyong ID card.

Για βοήθεια στα ελληνικά, καλέστε το τμήμα εξυπηρέτησης πελατών στον αριθμό που αναφέρεται στην ταυτότητά σας.

Për ndihmë në gjuhën shqipe, merrni në telefon shërbimin klientor në numrin e renditur në kartën tuaj të identitetit.