Independence

## *Personal Choice 65SM Medical-Only (PPO) offered by QCC Insurance Company*

# Annual Notice of Changes for 2024

You are currently enrolled as a member of Personal Choice 65 Medical-Only. 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.ibxmedicare.com/EOC. You may also call our Member Help Team 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).
- Think about how much you will spend on premiums, deductibles, and cost-sharing.

☐ Check to see if your primary care doctors, specialists, hospitals, and other providers 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 2024* 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, 2023, you will stay in Personal Choice 65 Medical-Only.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024.** This will end your enrollment with Personal Choice 65 Medical-Only.
- 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**

- Please contact our Member Help Team number at 1-888-718-3333 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., seven days a week. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. This call is free.
- To receive this document in an alternate format such as braille, large print or audio, please contact our Member Help Team.
- **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 Personal Choice 65 Medical-Only**

- Personal Choice 65 offers PPO plans with a Medicare contract. Enrollment in Personal Choice 65 Medicare Advantage plans depends on contract renewal.
- When this document says "we," "us," or "our," it means QCC Insurance Company. When it says "plan" or "our plan," it means Personal Choice 65 Medical-Only.

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# *Annual Notice of Changes* for 2024
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## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Personal Choice 65 Medical-Only in several important areas. **Please note this is only a summary of costs**.

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Monthly plan premium**<br>(See Section 1.1 for details.) | $163 | $138 |
| **Maximum out-of-pocket amount**<br>This is the most you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.) | From network providers: $5,000<br>From in-network and out-of-network providers combined: $8,950 | From network providers: $5,000<br>From in-network and out-of-network providers combined: $8,950 |
| **Doctor office visits** | Primary care visits:<br>$0 copayment per visit<br>Specialist visits:<br>$35 copayment per visit | Primary care visits:<br>$0 copayment per visit<br>Specialist visits:<br>$35 copayment per visit |
| **Inpatient hospital stays** | $240 copayment per day for days 1-6 per admission<br>$1,440 maximum copayment per admission | $240 copayment per day for days 1-6 per admission<br>$1,440 maximum copayment per admission |

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

### Section 1.1 – Changes to the Monthly Premium

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Monthly premium**<br>(You must also continue to pay your Medicare Part B premium.) | $163 | $138 |

## 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 | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **In-network maximum out-of-pocket amount**<br>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 does not count toward your maximum out-of-pocket amount. | $5,000 | $5,000<br>Once you have paid $5,000 out of pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year. |
| **Combined maximum out-of-pocket amount**<br>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 does not count toward your maximum out-of-pocket amount. | $8,950 | $8,950<br>Once you have paid $8,950 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 in-network or out-of-network providers for the rest of the calendar year. |

## Section 1.3 – Changes to the Provider Network

Updated directories are located on our website at www.ibxmedicare.com. You may also call our Member Help Team for updated provider 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 2024 *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. If a mid-year change in our providers affects you, please contact our Member Help Team 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 | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Emergency care** | You pay a $95 copay per visit. | You pay a $100 copay per visit. |
| **Emergency care - Worldwide** | You pay a $95 copay per visit. | You pay a $100 copay per visit. |
| **Outpatient diagnostic tests and therapeutic services and supplies – Radiation Therapy** | You pay a $60 copay per visit. | You pay a $75 copay per visit. |
| **Skilled nursing facility (SNF) care** | You pay a $0 copay per day for days 1 – 20.<br>$196 copay per day for days 21-100 | You pay a $0 copay per day for days 1 – 20.<br>$203 copay per day for days 21-100 |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Telemedicine visits**<br><br>*(continued)* | MDLIVE must be used for telemedicine visits.<br><br>Telemedicine is offered through MDLIVE.<br><br>Telemedicine for the following services is covered:<br><br>You pay a $0 copay for medical doctor visits focused on non-urgent medical conditions by a state-licensed physician.<br><br>You pay a $0 copay for behavioral health visits focused on therapy and counseling services;<br><br>You pay a $0 copay for dermatology visits focused on treating and diagnosing skin, hair, and nail conditions.<br><br>Telemedicine physicians are available 24/7, 365 days per year. | Teladoc Health must be used for telemedicine visits.<br><br>Telemedicine is offered through Teladoc Health.<br><br>Telemedicine for the following services is covered:<br><br>You pay a $0 copay for general medical visits focused on non-emergency conditions (e.g., flu, allergies, coughs, sore throats, rashes, and more) by connecting to a state-licensed physician.<br><br>You pay a $0 copay for mental/behavioral health visits focused on therapy and counseling services by connecting to a state-licensed therapist or psychiatrist.<br><br>You pay a $0 copay for dermatology consultations |

| | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Telemedicine visits (continued)** | | focused on diagnosing and treating skin, hair, and nail conditions by connecting members to board-certified dermatologists.<br>Access to the Teladoc platform and scheduling<br>support available 24/7, 365 days per year.<br>Members will access Teladoc by toll-free phone, secure video chat, or through a secure website/phone application.<br>Members must complete a comprehensive medical history assessment, either online or by telephone with a designated Teladoc Health representative, prior to receiving telemedicine services.<br>Mental/behavioral health visits must be scheduled via the online platform at www.teladochealth.com/signin. Visits cannot be scheduled by phone. Members must complete a mental health assessment via the website platform prior to scheduling. |
| **Urgently needed services** | You pay a $40 copay per urgent care center visit. | You pay a $60 copay per urgent care center visit. |
| **Urgently needed services - Worldwide** | You pay a $95 copay per visit. | You pay a $100 copay per visit. |

# SECTION 2 Deciding Which Plan to Choose

## Section 2.1 – If you want to stay in Personal Choice 65 Medical-Only

**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 Personal Choice 65 Medical-Only.

## Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 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, there may be 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 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, QCC Insurance Company offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

**Step 2: Change your coverage**

To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Personal Choice 65 Medical-Only.

To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Personal Choice 65 Medical-Only.

To **change to Original Medicare without a prescription drug plan**, you must either:

- Send us a written request to disenroll. Contact our Member Help Team 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 3 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, 2024.

**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, 2024, 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, 2024.

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 4 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 Pennsylvania, the SHIP is called Pennsylvania Medicare Education and Decision Insight (PA MEDI).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. PA MEDI 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 PA MEDI at 1-800-783-7067. You can learn more about PA MEDI by visiting their website (www.aging.pa.gov/aging-services/medicare-counseling/Pages/default.aspx).

## SECTION 5 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. 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 a.m. and 7 p.m., 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).
- **Help from your state's pharmaceutical assistance program.** Pennsylvania has a program called Pharmaceutical Assistance Contract for the Elderly (PACE) 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.
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Pennsylvania Office of Medical Assistance Programs (OMAP). **Note**: 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/underinsured status.

- If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. Please call the Pennsylvania Office of Medical Assistance Programs (OMAP) at 1-800-922-9384.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Pennsylvania Office of Medical Assistance Programs (OMAP) at 1-800-922-9384.

# SECTION 6 Questions?

## Section 6.1 – Getting Help from Personal Choice 65 Medical-Only

Questions? We're here to help. Please call our Member Help Team at 1-888-718-3333. (TTY/TDD: 711). We are available for phone calls seven days a week from 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. Calls to these numbers are free.

**Read your *2024 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 2024. For details, look in the *Evidence of Coverage* for Personal Choice 65 Medical-Only. 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.ibxmedicare.com/EOC. You may also call our Member Help Team to ask us to mail you an *Evidence of Coverage.*

**Visit our Website**

You can also visit our website at www.ibxmedicare.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

## Section 6.2 – 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 2024***

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the

most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Telemedicine is provided by Teladoc Health, an independent company.

MDLIVE, by Evernorth, an independent company.

Benefits underwritten by QCC Insurance Company, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

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