

***Blue Cross Medicare Advantage Dual Care Plus (HMO SNP)<sup>SM</sup>  
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 Cross Medicare Advantage Dual Care Plus (HMO SNP)<sup>SM</sup>. 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 [getbluenm.com/dsnp](https://getbluenm.com/dsnp). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

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### **What to do now**

**1. ASK:** Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital)
  - Review the changes to our drug coverage, including 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](https://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 Cross Medicare Advantage Dual Care Plus (HMO SNP).
- 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 Cross Medicare Advantage Dual Care Plus (HMO SNP).
- Look in section 3.2, page 21 to learn more about your choices.
- 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 1-877-688-1813 (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 1-877-688-1813 (TTY: 711) para recibir más información.
- Please contact our Customer Service number at 1-877-688-1813 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 1-877-688-1813. (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 Cross Medicare Advantage Dual Care Plus (HMO SNP) 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

## **About Blue Cross Medicare Advantage Dual Care Plus (HMO SNP)**

- Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association.
  - Such services are funded in part with the State of New Mexico.
  - HMO, PPO, HMO Special Needs Plans, and PPO Special Needs Plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). PPO plan provided by HCSC Insurance Services Company (HISC). HCSC and HISC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. HISC is a Medicare Advantage organization with a Medicare contract. Enrollment in these plans 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 Cross Medicare Advantage Dual Care Plus (HMO SNP).
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## ***Annual Notice of Changes for 2023***

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## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2022 (this year)	2023 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$34.30	\$36.40
<b>Deductible</b>	\$0 or \$233 (depending on your income and institutional status)	\$0 or \$233 (depending on your income and institutional status)  These are 2022 cost sharing amounts and may change for 2023. Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) will provide updated rates as soon as they are released.
<b>Doctor office visits</b>	Primary care visits: 0% or 20% of the total cost per visit  Specialist visits: 0% or 20% of the total cost per visit	Primary care visits: 0% or 20% of the total cost per visit  Specialist visits: 0% or 20% of the total cost per visit

Cost	2022 (this year)	2023 (next year)
<b>Inpatient hospital stays</b>	\$0 or \$1,556 deductible for each benefit period; \$0 copay per day for days 1-60; \$0 or \$389 copay per day for days 61-90	\$0 or \$1,556 deductible for each benefit period; \$0 copay per day for days 1-60; \$0 or \$389 copay per day for days 61-90  These are 2022 cost sharing amounts and may change for 2023. Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) will provide updated rates as soon as they are released.
<b>Part D prescription drug coverage</b> (See Section 1.5 for details.)	Deductible: \$0 to \$480 (depending on your income and institutional status)  Copayment during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• <b>Drug Tier 1: Generic Drugs</b> (including brand drugs treated as generic): \$0 copay; or \$1.35 copay; or \$3.95 copay; or 15% of the total cost</li> <li>• <b>All Other Drugs:</b> \$0 copay; or \$4.00 copay; or \$9.85 copay; or 15% of the total cost</li> </ul>	Deductible: \$0 to \$505 (depending on your income and institutional status)  Copayment during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• <b>Drug Tier 1: Generic Drugs</b> (including brand drugs treated as generic): \$0 copay; or \$1.45 copay; or \$4.15 copay; or 15% of the total cost</li> <li>• <b>All Other Drugs:</b> \$0 copay; or \$4.30 copay; or \$10.35 copay; or 15% of the total cost</li> </ul>

Cost	2022 (this year)	2023 (next year)
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	\$7,550  If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$7,550  If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

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

### Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Centennial Care (Medicaid).)	\$34.30	\$36.40

### 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)
<b>Maximum out-of-pocket amount</b> <b>Because our members also get assistance from Centennial Care (Medicaid), very few members</b>	\$7,550	\$7,550  Once you have paid \$7,550 out-of-pocket for covered services, you will pay nothing

Cost	2022 (this year)	2023 (next year)
<p><b>ever reach this out-of-pocket maximum.</b></p> <p>If you are eligible for Medicaid assistance with Part A and Part B copays and deductibles, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>Your costs for covered medical services (such as copays and deductibles) 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.</p>		<p>for your covered services for the rest of the calendar year.</p>

### Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at [getbluenm.com/dsnp](http://getbluenm.com/dsnp). 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 a 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

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.



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)
<b>Dental Services (Non-Medicare-covered Comprehensive)</b>	<b><u>In- and Out-of-Network</u></b> \$2,000 maximum plan coverage amount for in- and out-of-network comprehensive dental benefits per year.	<b><u>In- and Out-of-Network</u></b> \$3,000 maximum plan coverage amount for in- and out-of-network comprehensive dental benefits per year.
<b>Emergency Care</b>	<b><u>In-Network</u></b> \$90 copay for Medicare-covered services.	<b><u>In-Network</u></b> \$95 copay for Medicare-covered services.
<b>Flex Spending Card</b>	Not Covered	Your plan will offer you \$1,000 on a pre-loaded flexible spend card to use for covered services on dental, vision, and hearing benefits.  The preloaded funds can be used as needed between dental, vision, and hearing services.  Please reference your Evidence of Coverage for more information.
<b>Hearing Aids (Non-Medicare-covered)</b>	Not Covered	<b><u>In-Network</u></b> There is a \$2,000 maximum plan coverage limit for hearing aids (both

Cost	2022 (this year)	2023 (next year)
		ears combined) purchased every year.
<b>Hearing Exams (Non-Medicare-covered)</b>	Not Covered	<p><b><u>In-Network</u></b></p> <p>\$0 copay for 1 routine hearing exam every year</p> <p>\$0 copay for fitting/evaluation for hearing aid; unlimited provider visits for fitting and adjustments within 12 months of purchase of TruHearing hearing aids.</p>
<b>Inpatient hospital acute stay</b>	<p><b><u>In-Network</u></b></p> <p>\$0 or \$1,556 deductible for each benefit period. \$0 copay per day for days 1-60. \$0 or \$389 copay per day for days 61-90.</p>	<p><b><u>In-Network</u></b></p> <p>\$0 or \$1,556 deductible for each benefit period. \$0 copay per day for days 1-60. \$0 or \$389 copay per day for days 61-90.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, \$0 copayment amount.</p>
<b>Inpatient hospital acute stay - Lifetime reserve days</b>	<p><b><u>In-Network</u></b></p> <p>\$0 or \$778 copay per day for each benefit period (up to 60 days over your lifetime).</p>	<p><b><u>In-Network</u></b></p> <p>\$0 or \$778 copay per day for each benefit period (up to 60 days over your lifetime).</p> <p>If you are eligible for Medicare cost-sharing assistance under</p>

Cost	2022 (this year)	2023 (next year)
		Medicaid, \$0 copayment amount.
<b>Inpatient hospital psychiatric stay</b>	<p><b><u>In-Network</u></b></p> <p>\$0 or \$1,556 deductible for each benefit period. \$0 copay per day for days 1-60. \$0 or \$389 copay per day for days 61-90.</p>	<p><b><u>In-Network</u></b></p> <p>\$0 or \$1,556 deductible for each benefit period. \$0 copay per day for days 1-60. \$0 or \$389 copay per day for days 61-90.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, \$0 copayment amount.</p>
<b>Inpatient hospital psychiatric stay - Lifetime reserve days</b>	<p><b><u>In-Network</u></b></p> <p>\$0 or \$778 copay per day for each benefit period (up to 60 days over your lifetime).</p>	<p><b><u>In-Network</u></b></p> <p>\$0 or \$778 copay per day for each benefit period (up to 60 days over your lifetime).</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, \$0 copayment amount.</p>
<b>Outpatient diagnostic procedures and tests</b>	<p><b><u>In-Network</u></b></p> <p>0% of the total cost for Medicare-covered outpatient diagnostic procedures and tests.</p>	<p><b><u>In-Network</u></b></p> <p>0% or 20% of the total cost for Medicare-covered outpatient diagnostic procedures and tests.</p>

Cost	2022 (this year)	2023 (next year)
<b>Outpatient Hospital Observation</b>	<b><u>In-Network</u></b> for each Medicare-observation services.	<b><u>In-Network</u></b> 0% of the total cost for each Medicare-observation services.
<b>Over-the-counter items</b>	<b>\$255</b> allowance every three months for specific over-the-counter drugs and health-related products.	<b>\$295</b> allowance every three months for specific over-the-counter drugs and health-related products.
<b>Urgently Needed Care</b>	<b><u>In-Network</u></b> \$65 copay for Medicare-covered services.	<b><u>In-Network</u></b> \$60 copay for Medicare-covered services.
<b>Vision Care (Non-Medicare-covered Eyewear)</b>	<b><u>In- Network</u></b> Routine eye wear:  \$0 copay for contact lenses, eyeglass frames, and eyeglass lenses.  \$150 amount for routine eye wear every two years (including eyeglass frames, lenses, and contact lenses).	<b><u>In- Network</u></b> Routine eye wear:  \$0 copay for contact lenses, eyeglass frames, and eyeglass lenses.  \$250 amount for routine eyewear every year (including eyeglass frames, lenses, and 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.

Starting in 2023, 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.

### 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 have included 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 didn't receive this insert with this packet, please call Customer Service and ask for the "LIS Rider."

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, even if you haven't paid your deductible. 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, even if you haven't paid your deductible.

### Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<b>Stage 1: Yearly Deductible Stage</b> During this stage, <b>you pay the full cost</b> of your Part D drugs until you have reached the yearly deductible.	Your deductible amount is \$0 to \$480, depending on the level of "Extra Help" you receive. (Look at the separate insert, the "LIS Rider," for your deductible amount.)	Your deductible amount is \$0 to \$505, depending on the level of "Extra Help" you receive. (Look at the separate insert, the "LIS Rider," for your deductible amount.)

### 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	2022 (this year)	2023 (next year)
<b>Stage 2: Initial Coverage Stage</b> 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> . The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply; or for	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: <b>Drug Tier 1:</b> <b>Generic Drugs</b> (including brand drugs treated as generic): You pay \$0 copay; or \$1.35 copay; or \$3.95 copay; or 15% of the total cost per prescription. <b>All Other Drugs:</b>	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: <b>Drug Tier 1:</b> <b>Generic Drugs</b> (including brand drugs treated as generic): You pay \$0 copay; or \$1.45 copay; or \$4.15 copay; or 15% of the total cost per prescription. <b>All Other Drugs:</b>

Stage	2022 (this year)	2023 (next year)
mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i> .	You pay \$0 copay; or \$4.00 copay; or \$9.85 copay; or 15% of the total cost per prescription.	You pay \$0 copay; or \$4.30 copay; or \$10.35 copay; or 15% of the total cost per prescription.
	Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).	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)
<b>Service Area</b>	The service area for this plan includes these counties: Bernalillo, Chaves, Curry, Doña Ana, Otero, Quay, Roosevelt, Sandoval, Santa Fe, Taos, Torrance, and Valencia	The service area for this plan includes these counties: Bernalillo, Catron, Chaves, Cibola, Colfax, Curry, De Baca, Doña Ana, Grant, Guadalupe, Harding, Lincoln, Los Alamos, Luna, McKinley, Mora, Otero, Quay, Rio Arriba, Roosevelt, San Juan, San Miguel, Sandoval, Santa Fe, Sierra, Socorro, Taos, Torrance, and Valencia
<b>SilverSneakers</b>	Stay active, healthy and connected with SilverSneakers	Stay active, healthy and connected with SilverSneakers

Description	2022 (this year)	2023 (next year)
	<p>As a Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) member, you have SilverSneakers<sup>®</sup> 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.</p> <p>SilverSneakers gives you access to:</p>	<p>As a Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) member, you have SilverSneakers<sup>®</sup> 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.</p> <p>SilverSneakers gives you access to:</p>



Description	2022 (this year)	2023 (next year)
	<ul style="list-style-type: none"> <li>• SilverSneakers LIVE<sup>TM</sup> classes and workshops taught by instructors trained in senior fitness</li> <li>• 200+ workout videos in the SilverSneakers On-Demand<sup>TM</sup> online library</li> <li>• SilverSneakers GO<sup>TM</sup> mobile app with digital workout programs</li> <li>• Thousands of participating gyms<sup>1</sup>, with group fitness classes<sup>2</sup> at select locations</li> <li>• SilverSneakers FLEX<sup>®</sup> Community classes offered in local neighborhood locations</li> <li>• Online fitness and nutrition tips</li> </ul>	<ul style="list-style-type: none"> <li>• SilverSneakers LIVE<sup>TM</sup> classes and workshops taught by instructors trained in senior fitness</li> <li>• 200+ workout videos in the SilverSneakers On-Demand<sup>TM</sup> online library</li> <li>• SilverSneakers GO<sup>TM</sup> mobile app with digital workout programs</li> <li>• Thousands of participating gyms<sup>1</sup>, with group fitness classes<sup>2</sup> at select locations</li> <li>• SilverSneakers FLEX<sup>®</sup> Community classes offered in local neighborhood locations</li> <li>• Online fitness and nutrition tips</li> </ul>

Description	2022 (this year)	2023 (next year)
	<ul style="list-style-type: none"> <li>• GetSetUp3, with thousands of live online classes to ignite your interests in topics like cooking, technology and art.</li> </ul> <p>Stay active at the gym, from home and at locations around your community. With SilverSneakers, you have more options than ever.</p> <p>Create an account and unlock your full SilverSneakers benefits today.</p> <p>SilverSneakers.com/StartHere</p> <p>Link: <a href="https://tools.silversneakers.com/Eligibility/StartHere">https://tools.silversneakers.com/Eligibility/StartHere</a></p> <p>Footnotes:</p>	<ul style="list-style-type: none"> <li>• GetSetUp3, with thousands of live online classes to ignite your interests in topics like cooking, technology and art.</li> </ul> <p>Stay active at the gym, from home and at locations around your community. With SilverSneakers, you have more options than ever.</p> <p>Create an account and unlock your full SilverSneakers benefits today.</p> <p>SilverSneakers.com/StartHere</p> <p>Link: <a href="https://tools.silversneakers.com/Eligibility/StartHere">https://tools.silversneakers.com/Eligibility/StartHere</a></p> <p>Footnotes:</p>

Description	2022 (this year)	2023 (next year)
	<p><b>1.</b> 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.</p> <p><b>2</b> Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.</p> <p>Blue Cross<sup>®</sup>, Blue Shield<sup>®</sup> and the Cross</p>	<p><b>1.</b> 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.</p> <p><b>2</b> Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.</p>

Description	2022 (this year)	2023 (next year)
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### SECTION 3 Deciding Which Plan to Choose

#### Section 3.1 – If you want to stay in Blue Cross Medicare Advantage Dual Care Plus (HMO SNP)

**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 Cross Medicare Advantage Dual Care Plus (HMO SNP).

#### 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 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.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://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 Cross Medicare Advantage Dual Care Plus (HMO SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Blue Cross Medicare Advantage Dual Care Plus (HMO SNP).
- 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.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

## SECTION 4 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 to 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 and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New Mexico, the SHIP is called New Mexico Aging and Long-Term Services Department.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. New Mexico Aging and Long-Term Services Department 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 New Mexico Aging and Long-Term Services Department at 1-800-432-2080. You can learn more about New Mexico Aging and Long-Term Services Department by visiting their website <http://www.nmaging.state.nm.us/>.

For questions about your New Mexico Human Services Department/Medical Assistance Division benefits, contact New Mexico Human Services Department/Medical Assistance Division at 1-888-997-2583. Hours are 8:00 a.m. to 4:30 p.m. local time. You may also visit their website at <https://www.hsd.state.nm.us/mad>. Ask how joining another plan or returning to Original Medicare affects how you get your New Mexico Medicaid coverage.

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** Because you have Medicaid, you are already enrolled in 'Extra Help,' also called the Low Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about Extra Help, 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 New Mexico Department of Health. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-505-476-3628.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Blue Cross Medicare Advantage Dual Care Plus (HMO SNP)

Questions? We're here to help. Please call Customer Service at 1-877-688-1813. (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 Cross Medicare Advantage Dual Care Plus (HMO SNP). 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 [getbluenm.com/dsnp](https://getbluenm.com/dsnp). 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 [getbluenm.com/dsnp](https://getbluenm.com/dsnp). 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](http://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](http://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.

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**Section 7.3 – Getting Help from Medicaid**

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To get information from New Mexico Medicaid you can call the New Mexico Human Services Department/Medical Assistance Division at 1-888-997-2583. Hours are 8:00 a.m. to 4:30 p.m. local time. TTY users should call 1-855-227-5485.