P.O. Box 240
Columbia, TN 38402

Farm Bureau Advantage (HMO) offered by Farm Bureau Health Plans

Annual Notice of Changes for 2024

You are currently enrolled as a member of Farm Bureau Advantage HMO (Knoxville Tennessee region). 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.fbhp.com/medicare-advantage. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.

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

☐ Think about whether you are happy with our plan.

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

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 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 Farm Bureau Advantage HMO.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024.** This will end your enrollment with Farm Bureau Advantage HMO.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Member Services number at 1-833-999-0103 for additional information. (TTY/TDD users should call 711.) Hours of Operation: Oct 1 - Mar 31, 8AM – 8PM, 7 days/week local time, Apr 1 – Sept 30, 8 AM – 8 PM, Monday – Friday local time. **Our automated phone system may answer your call on weekends and federal holidays. This call is free.**
- Please contact Member Services to receive information in an alternate format such as braille, large print, or audio for most documents.
- **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 Farm Bureau Advantage HMO

- Farm Bureau Health Plans is an HMO with a Medicare contract. Enrollment in Farm Bureau Health Plans depends on contract renewal.
- When this document says "we," "us," or "our", it means Farm Bureau Health Plans. When it says "plan" or "our plan," it means Farm Bureau Advantage HMO.

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Farm Bureau Advantage HMO in several important areas. **Please note this is only a summary of costs**.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 2.1 for details.	$0.00	$0.00
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	$3,200.00 applies to your covered services	$3,200.00 applies to your covered Part A and Part B services
Doctor office visits	Primary care visits: $0.00 per visit Specialist visits: $30.00 per visit	Primary care visits: $0.00 per visit Specialist visits: $30.00 per visit
Inpatient hospital stays	$300 Days 1-5, $0 Days 6-90	$300 Days 1-5, $0 Days 6-90
Part D prescription drug coverage (See Section 2.5 for details.)	Deductible: $0.00 Copayment/Coinsurance during the Initial Coverage Stage: Standard Retail Cost Sharing (one month supply): • Drug Tier 1: $0.00 • Drug Tier 2: $5.00 • Drug Tier 3: $47.00 • Drug Tier 4: $100.00 • Drug Tier 5: 33%	Deductible: $0.00 Copayment/Coinsurance during the Initial Coverage Stage: Standard Retail Cost Sharing (one month supply): • Drug Tier 1: $0.00 • Drug Tier 2: $5.00 • Drug Tier 3: $47.00 You pay $35.00 per monthly supply of each covered insulin product on this tier. • Drug Tier 4: $100.00

Cost	2023 (this year)	2024 (next year)
	You pay $35.00 per monthly supply of each covered insulin product. Catastrophic Coverage: • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called **coinsurance**), or a copayment ($4.15 for a generic drug or a drug that is treated like a generic, and $10.35 for all other drugs.).	You pay $35.00 per monthly supply of each covered insulin product on this tier. • Drug Tier 5: 33% Catastrophic Coverage: • During this payment stage, the plan pays most of the cost for your covered drugs.

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Farm Bureau Advantage HMO in 2024

If you do nothing by December 7, 2023, we will automatically enroll you in our Farm Bureau Advantage HMO plan. This means starting January 1, 2024, you will be getting your medical and prescription drug coverage through Farm Bureau Advantage HMO. If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for "Extra Help," you may be able to change plans during other times.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premiums – **No changes for the upcoming benefit year.** Plan Premiums (You must also continue to pay your Medicare Part B premium.)	$0.00	$0.00

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 2.2 – 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 Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$3,200.00 Once you have paid $3,200.00 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.	$3,200.00 Once you have paid $3,200.00 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 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.fbhp.com/medicare-advantage. You may also call Member Services for updated provider and/or pharmacy 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**.

There are changes to our network of pharmacies for next year. **Please review the 2024 *Pharmacy Directory* to see which pharmacies are in our network**.

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

Section 2.4 – 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)
Skilled Nursing Facility (SNF) Care	You pay $0.00 copayment for days 1–20 for Medicare-covered SNF care; $188.00 copayment for days 21–100 days for Medicare-covered SNF care.	You pay $0.00 copayment for days 1–20 for Medicare-covered SNF care; $203.00 copayment for days 21–100 days for Medicare-covered SNF care.
Durable Medical Equipment (DME)	January 1, 2023 – June 31, 2023: Cost sharing amounts for Part B insulin furnished through a covered item of durable medical equipment was more than $35.00 for a one-month supply. July 1, 2023 – December 31, 2023 (partial year coverage): Cost sharing for covered Part B Insulin furnished through a covered item of durable medical equipment will be no more than $35.00 for a one-month (up to 30 days) supply.	January 1, 2024 – December 31, 2024: Cost sharing for covered Part B Insulin furnished through a covered item of durable medical equipment will be no more than $35.00 for a one-month (up to 30 days) supply.
Emergency Room	$90.00 co-payment for emergency room visits	$100.00 co-payment for emergency room visits

Cost	2023 (this year)	2024 (next year)
Medicare Part B prescription drugs	January 1, 2023 – March 30, 2023: You may have paid amounts for certain un-rebatable prescription drugs covered under Part B Medicare. These may not have decreased your out-of-pocket costs for eligible Part B drugs. April 1, 2023 – December 31, 2023: You may pay less for certain rebatable drugs covered by Medicare Part B. Any decrease in your out-of-pocket costs for eligible Part B drugs will be mailed to you in the form of a refund.	January 1, 2024 – December 31, 2024: You may pay less for certain rebatable drugs covered under Medicare Part B. Decreases in our out-of-pocket costs for eligible drugs will be made at the time of purchase at the pharmacy. For Part B drugs received at locations other than a pharmacy, such as a physician's office, we may mail you a refund.

Cost	2023 (this year)	2024 (next year)
Urgently Needed Services	You pay $40.00 copayment per Medicare-covered visit. Worldwide Urgent Care Coverage - You pay a $90.00 copayment for worldwide coverage for urgently needed services outside of the United States. Worldwide Emergency Coverage – You pay a $90.00 co-payment for worldwide emergent services outside of the United States. Worldwide Transportation Coverage— You pay $90.00 co-payment for worldwide emergent transportation services outside of the United States.	You pay $30.00 copayment per Medicare-covered visit. Worldwide Urgent Care Coverage: You pay a $100.00 copayment for worldwide coverage for urgently needed services outside of the United States. Worldwide Emergency Coverage – You pay $100.00 co-payment for worldwide emergent services outside of the United States. Worldwide Transportation Coverage – You pay $100.00 co-payment for worldwide emergent transportation services outside of the United States.

Cost	2023 (this year)	2024 (next year)
SUPPLEMENTAL BENEFITS		
Over The Counter (OTC) Card	OTC is not covered.	OTC covered benefits: You have a $150.00 quarterly allowance; any unused amounts are not carried over to the following quarter. The benefit only covers those items on the Medicare covered OTC list. Benefit Categories Include: • Minerals and Vitamins • In-home testing and monitoring: • Hormone Replacement • Weight loss items • Fiber Supplements • First Aid Supplies • Incontinence Supplies • Medicine, ointments and sprays with active medical ingredients that alleviate symptoms. • Topical Sunscreen • Supportive items for comfort • Mouth care

Section 2.5 – 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," which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the "Drug List" to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

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 Member Services for more information.

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 you haven't received this insert by September 30, 2023, please call Member Services 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.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

For drugs on Tier 5 - Specialty Drugs fill options are changing from 30, 60, and 90 day fill options to allow only a 30 day fill option in 2024. Standard Rx Drug 90 day fill options are changing to a 100 days fill option; 30 and 60 day fill options are still available for Standard Rx Drugs. Please see the following chart for the changes from 2023 to 2024.

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.** Most adult Part D vaccines are covered at no cost to you.	Your cost for a one-month (30-day) supply filled at a network pharmacy with standard cost sharing: **Preferred Generic Tier 1:** You pay $0.00. **Generic Tier 2:** You pay $5.00. **Preferred Brand Tier 3:** You pay $47.00. **Non-Preferred Brand Tier 4:** You pay $100.00. **Specialty Tier 5:** You pay 33% You pay no more than $35.00 for covered insulin. Your cost for a 90-day supply filled at a network pharmacy with standard cost sharing: **Preferred Generic Tier 1:** You pay $0.00. **Generic Tier 2:** You pay $15.00. **Preferred Brand Tier 3:** You pay $141.00. **Non-Preferred Brand Tier 4:** You pay $300.00. **Specialty Tier 5:** 33% Once your total drug costs have reached $4,660.00, you will move to the next stage (the Coverage Gap Stage).	Your cost for a one-month (30-day) supply filled at a network pharmacy with standard cost sharing: **Preferred Generic Tier 1:** You pay $0.00. **Generic Tier 2:** You pay $5.00. **Preferred Brand Tier 3:** You pay $47.00. You pay $35.00 per monthly supply of each covered insulin product on this tier. **Non-Preferred Brand Tier 4:** You pay $100.00. You pay $35.00 per monthly supply of each covered insulin product on this tier. **Specialty Tier 5:** 33% Yor cost for a 100-day supply filled at a network pharmacy with standard cost sharing: **Preferred Generic Tier 1:** You pay $0.00. **Generic Tier 2:** You pay $15.00. **Preferred Brand Tier 3:** You pay $141.00. **Non-Preferred Brand Tier 4:** You pay $300.00. **Specialty Tier 5:** Not Covered Once your total drug costs have reached $5,030.00, 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**.

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Farm Bureau Advantage 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 Farm Bureau Advantage HMO plan.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 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, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2). As a reminder, Farm Bureau Health Plans offers other 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 Farm Bureau Advantage HMO.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Farm Bureau Advantage 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 so.
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 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 5 Programs That Offer Free Counseling about Medicare

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

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The Tennessee State Health Insurance Assistance Program 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 the Tennessee State Health Insurance Program at 1-877-801-0044. You can learn more about the Tennessee State Health Insurance Program by visiting their website www.tnmedicarehelp.com.

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. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
- Your State Medicaid Office (applications).

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Ryan White Program (Tennessee's AIDS Drug Assistance Program). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-525-2437.

SECTION 7 Questions?

Section 7.1 – Getting Help from Farm Bureau Advantage HMO

Questions? We're here to help. Please call Member Services at 1-833-999-0103. (TTY/TDD only, call 711). We are available for phone calls from 8 a.m. to 8 p.m. local time, seven days a week, October 1 through March 31 during which time our automated phone system may answer your call on Thanksgiving and Christmas Day. From April 1 through September 30, our hours are 8 a.m. to 8 p.m. Monday through Friday. Our automated phone system may answer your call on weekends and federal holidays. 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 *2024 Evidence of Coverage* for Farm Bureau Advantage 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.fbhp.com/medicare-advantage. 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.fbhp.com/medicare-advantage. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/"Drug List")*.

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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

Read *Medicare & You 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.