

Nevada 2024 Medicare Advantage plan changes

Annual benefit changes for Medicare Advantage plan members under Anthem Blue Cross and Blue Shield will be effective January 1, 2024.

The following is a summary of these changes. Complete details are in the member's *Evidence of Coverage (EOC)*. Visit **https://shop.anthem.com/medicare** for *EOC*, formularies, and benefit summaries, or contact Provider Services at the number on the back of the member's ID card. Changes may include medical and Part D benefits, copays, coinsurance, deductibles, formulary coverage, pharmacy network, premiums, and out-of-pocket maximums.

Some group-sponsored Medicare Advantage plan benefits vary from the Medicare Advantage plans offered to individuals. Please refer to the member's *EOC* or call Provider Services at the number on the back of the member's ID card for more benefit details.

2024 highlights:

Not all benefits listed below are available to all Medicare Advantage members. Complete details are in the member's *EOC*:

2024 Essential Extras benefit package:

- The Essential Extras benefit package now contains four to five of the following options:
 - Assistive devices
 - Everyday options allowance dental, vision, and hearing
 - Groceries
 - Transportation
 - Utilities changed from a monthly to a quarterly allowance on a benefits prepaid card to help members with monthly utility payments at their home



In-home support:

• This benefit option was removed from Essential Extras for 2024.





Select plans now cover an allowance for covered preventive and comprehensive services every year.
Members now have the flexibility to choose how to spend their allowance for covered dental services. Read plan details for more information.

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Hearing services (supplemental):

• Plans that offer supplemental hearing services include an allowance toward the purchase of one pair of prescribed hearing aid(s) and one routine hearing aid fitting evaluation or up to \$300 towards the purchase of one pair of over-the-counter hearing aid(s). Read plan details for more information.

New: everyday options allowance

Select plans now offer a combined monthly spending allowance on a benefits prepaid card.
Members have the flexibility to choose how to spend their allowance on any of the following benefits: assistive devices, groceries, over-the-counter items, and utilities.



Adult day center and telemonitoring:

• Effective January 1, 2024, these will no longer be active benefits available to Medicare individual members.



Continuous glucose monitors:

• Prior authorization is required in 2024.



Part D prescription drug coverage:

• In 2024, the *Inflation Reduction Act* requires that once a member reaches the catastrophic coverage stage (\$8,000), they pay nothing for covered Part D drugs.



Home infusion therapy:

- Select plans were previously bundled; these plans will no longer bundle the following services:
 - o DME related to home infusion
 - Home infusion therapy

Medicare Advantage HMO

Nine existing HMOs will consolidate in 2024:

Plan name in 2023	Plan name in 2024
Anthem MediBlue Care On Site (HMO I-SNP)	Anthem I Carelon Home Care (HMO I-SNP)
Anthem MediBlue Connect (HMO D-SNP)	Anthem I Carelon Full Dual Advantage (HMO D-SNP)
Anthem MediBlue Diabetes Care (HMO C-SNP)	Anthem I Carelon Chronic Care (HMO C-SNP)
Anthem MediBlue Dual Advantage (HMO D-SNP)	Anthem Full Dual Advantage (HMO D-SNP)
Anthem MediBlue Heart Care (HMO C-SNP)	Anthem I Carelon Chronic Care (HMO C-SNP)
Anthem MediBlue Lung Care (HMO C-SNP)	Anthem I Carelon Lung Care (HMO C-SNP)
Anthem MediBlue Plus (HMO)	Anthem Medicare Advantage (HMO)
Anthem MediBlue StartSmart Plus (HMO)	Anthem I Carelon Premium Savings (HMO)
Anthem MediBlue Value Plus (HMO)	Anthem I Carelon Medicare Advantage (HMO)

One existing HMOs will not renew in 2024:

Plans not renewing in 2024	Counties
Anthem MediBlue Plus (HMO)	Nye

One existing HMO will experience a service area reduction in 2024:

Plans reducing service area in 2024	Counties
Anthem Full Dual Advantage (HMO D-SNP)	Nye

Formulary and pharmacy

Encourage your patients to review the 2024 formulary information within their *Annual Notice of Change* mailing, their new member kit, or online. Ask your patients if the coverage for any of their prescriptions has been changed. If your patient has been impacted by changes to prescription coverage, consider alternative medications in a lower cost-sharing tier.



Prior authorization for Medicare Advantage plans

Prior authorization requirements are available at **Availity.com**. Contracted and noncontracted providers who are unable to access Availity Essentials may call Provider Services at the phone number on the back of the member's ID card for prior authorization requirements.

Please check the member's ID card for any identification and/or group number changes that may affect claim submissions.