BCN Advantage℠ HMO-POS

Blue Care Network of Michigan

Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

BCN Advantage Elements (HMO-POS) offered by Blue Care Network of Michigan

Annual Notice of Changes for 2024

You are currently enrolled as a member of BCN Advantage Elements. 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.bcbsm.com/medicare**. You may also call Customer Service 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).
- 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.

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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 BCN Advantage Elements.
- 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 BCN Advantage Elements.
- 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 Customer Service number at 1-800-450-3680 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. Eastern time, Monday through Friday, with weekend hours October 1 through March 31. This call is free.
- This information may be available in other formats, including large print.
- **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 BCN Advantage Elements

- BCN Advantage Elements is an HMO-POS plan with a Medicare contract. Enrollment in BCN Advantage Elements depends on contract renewal.
- When this document says "we," "us," or "our," it means Blue Care Network of Michigan. When it says "plan" or "our plan," it means BCN Advantage Elements.
- Out-of-network/non-contracted providers are under no obligation to treat BCN Advantage Elements members, except in emergency situations. Please call our Customer Service number or see your *Evidence of Coverage* for more information, including the cost sharing that applies to out-of-network services.

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Summary of Important Costs for 2024

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

Cost	2023 (this year)	2024 (next year)
Monthly plan premium (See Section 1.1 for details.)	$0	$0
Deductible	$0 In-network $500 Point-of-Service	$0 In-network $500 Point-of-Service except for insulin furnished through an item of durable medical equipment.
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	$4,500	$4,500
Doctor office visits	Primary care visits: You pay a $0 copay per visit. Specialist visits: You pay a $35 copay per visit.	Primary care visits: You pay a $0 copay per visit. Specialist visits: You pay a $35 copay per visit.
Inpatient hospital stays	For Medicare-covered hospital stays: Days 1-6: You pay a $205 copay per day. Days 7-90: You pay a $0 copay per day. You pay a $0 copay for additional days in a benefit period.	For Medicare-covered hospital stays: Days 1-6: You pay a $205 copay per day. Days 7-90: You pay a $0 copay per day. You pay a $0 copay for additional days in a benefit period.

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 (You must also continue to pay your Medicare Part B premium.)	$0	$0
Optional Supplemental monthly premium For more information, see Chapter 4, Section 2.2, *Extra "optional supplemental" benefits you can buy*, in your *2024 Evidence of Coverage*.	Additional Dental and Vision: $20.30	Additional Dental and Vision: $20.30

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 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 and deductibles) count toward your maximum out-of-pocket amount.	$4,500 Care received through our point-of-service benefit will count toward your maximum out-of-pocket.	$4,500 Once you have paid $4,500 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. Care received through our point-of-service benefit will count toward your maximum out-of-pocket.

Section 1.3 – Changes to the Provider Network

Updated directories are located on our website at **www.bcbsm.com/providersmedicare**. You may also call Customer Service 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 Customer Service 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)
Ambulance services Ambulance services not requiring transportation	Ambulance services not requiring transportation are not covered.	You pay a $250 copay for each ambulance no transport service.
Annual wellness visit	The annual wellness visit is available once every 12 months.	The enhanced wellness visit can occur anytime throughout the calendar year, regardless of the date of your previous annual wellness visit.
Colorectal cancer screening	If further testing and/or subsequent procedures are required your out-of-pocket costs will apply.	If further testing and/or subsequent procedures are required you won't be charged out-of-pocket costs.
Hearing services	Over-the-Counter (OTC) hearing aids are not covered	Over-the-Counter (OTC) hearing aids may be purchased using the OTC allowance.

Cost	2023 (this year)	2024 (next year)
Meal benefit	**In-network** Blue Cross nurse care manager referral required.	**In-network** No referral required.
Mobile crisis and crisis stabilization for behavioral health For members who reside in: Allegan, Antrim, Barry, Benzie, Berrien, Branch, Calhoun, Clinton, Eaton, Emmet, Genesee, Grand Traverse, Gratiot, Hillsdale, Ingham, Ionia, Isabella, Jackson, Kalamazoo, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Osceola, Otsego, Ottawa, St. Clair, St. Joseph, Van Buren, Washtenaw, Wayne, Wexford counties **only**.	Mobile crisis and crisis stabilization for behavioral health is not covered.	You pay a $20 copay for each mobile crisis and crisis stabilization for behavioral health service.
Special supplemental benefits for the chronically ill food allowance	This benefit will be available only to plan-identified members who have been diagnosed with: Diabetes, Chronic obstructive pulmonary disease (COPD), Congestive heart failure (CHF), Stroke, Hypertension, Coronary artery disease (CAD), Rheumatoid arthritis.	This benefit will be available only to plan-identified members who have been diagnosed with: Arthritis, autoimmune disorders (polyarteritis nodosa, polymyositis rheumatica, polymyositis, systemic lupus erythematosus), cancer (excluding pre-cancer conditions or in-situ status), chronic alcohol and/or other drug dependence, chronic cardiovascular disorders (coronary artery disease [CAD], peripheral

Cost	2023 (this year)	2024 (next year)
Special supplemental benefits for the chronically ill food allowance (continued)		vascular, chronic venous thromboembolic disorder), chronic and disabling mental health conditions, chronic heart failure, chronic lung disorders (chronic obstructive pulmonary disease [COPD]), cardiac arrhythmias, dementia, diabetes, pre-diabetes, end-stage liver disease, end-stage renal disease (ESRD) requiring dialysis, HIV/AIDS, hypertension, severe hematologic disorders (aplastic anemia, hemophilia, immune thrombocytopenic purpura, myelodysplastic syndrome, sickle-cell disease [excluding having the sickle-cell trait], chronic venous thromboembolic disorder), neurologic disorders, and/or stroke.
Transportation services	**In-network** One round trip per calendar year to an Annual Wellness Visit only within the state of Michigan; no referral needed.	**In-network** One round trip per calendar year to an Enhanced Wellness Visit only within the state of Michigan; no referral needed.
Vision care	Routine eye exam - 1 exam every 12 months	Routine eye exam - Once per calendar year
Vision Care - Enhanced Vision Services	Non-Medicare-covered (extra) vision services: You are also eligible for	Non-Medicare-covered (extra) vision services: You are also eligible for

Cost	2023 (this year)	2024 (next year)
Vision care (continued) **Vision Care - Enhanced Vision Services**	ONE of the following, every 12 months: • Elective contact lenses OR • One pair standard eyeglass lenses OR • One frame OR • One complete pair of eyeglasses Routine eye exam - 1 exam every 12 months Non-Medicare-covered (extra) vision services: You are also eligible for ONE of the following, every 12 months: • Elective contact lenses OR • One pair standard eyeglass lenses OR • One frame OR • One complete pair of eyeglasses	ONE of the following, every calendar year: • Elective contact lenses OR • One pair standard eyeglass lenses OR • One frame OR • One complete pair of eyeglasses Routine eye exam - Once per calendar year Non-Medicare-covered (extra) vision services: You are also eligible for ONE of the following, every calendar year: • Elective contact lenses OR • One pair standard eyeglass lenses OR • One frame OR • One complete pair of eyeglasses
Optional supplemental benefits Optional supplemental benefits are non-Medicare-covered dental and vision services available through this plan for an extra premium. For more information, see Chapter 4, Section 2.2, *Extra "optional supplemental" benefits you can buy*, in your *2024 Evidence of Coverage.*		
Optional supplemental vision	Non-Medicare-covered (extra) vision services: You are also eligible for ONE of the following, every 12 months: • Elective contact lenses OR	Non-Medicare-covered (extra) vision services: You are also eligible for ONE of the following, every calendar year: • Elective contact lenses OR

Cost	2023 (this year)	2024 (next year)
Optional supplemental vision (continued)	• One pair standard eyeglass lenses OR • One frame OR • One complete pair of eyeglasses	• One pair standard eyeglass lenses OR • One frame OR • One complete pair of eyeglasses

SECTION 2 Administrative Changes

Description	2023 (this year)	2024 (next year)
Your way of accessing virtual care through the plan is changing	Use Blue Cross Online Visits to access telehealth services. Visit **bcbsmonlinevisits.com** for more information.	Virtual Care is available through Teladoc Health® an independent company and our plan-approved vendor. Visit **www.bcbsm.com/virtualcare** for more information or call 1-800-835-2362, 24 hours a day, 7 days a week, 365 days a year. TTY users call 1-855-636-1578.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in BCN Advantage Elements

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 BCN Advantage Elements.

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, 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 (SHIP) (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Blue Care Network of Michigan 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 BCN Advantage Elements.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from BCN Advantage Elements.
- 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.

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 State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Michigan, the SHIP is called Michigan Medicare/ Medicaid 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. Michigan Medicare/Medicaid 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 Michigan Medicare/Medicaid Assistance Program at 1-800-803-7174 (TTY 711). You can learn more about Michigan Medicare/Medicaid Assistance Program by visiting their website (**www.mmapinc.org**).

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).
- **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 Michigan Drug Assistance Program (MIDAP). 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/under-insured 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. You can call the Michigan Drug Assistance Program (MIDAP) at 1-888-826-6565 9 a.m. to 5 p.m. Eastern time, Monday through Friday. TTY users call 711.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-888-826-6565 9 a.m. to 5 p.m. Eastern time, Monday through Friday. TTY users call 711.

SECTION 7 Questions?

Section 7.1 – Getting Help from BCN Advantage Elements

Questions? We're here to help. Please call Customer Service at 1-800-450-3680. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m. Eastern time, Monday through Friday, with weekend hours October 1 through March 31. 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 BCN Advantage Elements. 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.bcbsm.com/medicare**. 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 **www.bcbsm.com/medicare**. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

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.