

# **Prescription Blue<sup>SM</sup> - Premium offered by Blue Cross Blue Shield of Michigan**

## **Annual Notice of Changes for 2024**

You are currently enrolled as a member of Prescription Blue PDP - Premium. 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](http://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.**
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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 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.
- 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](http://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 Prescription Blue PDP - Premium.
- 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 Prescription Blue PDP - Premium.

**Additional Resources**

- Please contact our Customer Service number at 1-800-565-1770 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 9 p.m. Eastern time, seven days a week from October 1 - March 31. Available from 8 a.m. to 9 p.m. Eastern time, Monday through Friday from April 1 - September 30. This call is free.
- This information is available for free in a different format, including large print and audio CD. Please call Customer Service at the number listed in Section 6.1 of this booklet.

**About Prescription Blue PDP - Premium**

- Prescription Blue is a PDP plan with a Medicare contract. Enrollment in Prescription Blue depends on contract renewal.
- When this document says "we," "us," or "our," it means Blue Cross Blue Shield of Michigan. When it says "plan" or "our plan," it means Prescription Blue PDP - Premium.

***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 Prescription Blue PDP - Premium in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	\$112.00	\$117.40
<p><b>Part D prescription drug coverage</b> (See Section 1.3 for details.)</p>	<p>Deductible: There is no deductible.</p> <p>Copays/Coinsurance for a one-month supply during the Initial Coverage Stage:</p> <p><b>Standard</b> retail pharmacy, <b>standard</b> mail-order pharmacy, network long-term care pharmacies, out-of-network pharmacy:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$6 copay</li> <li>• Drug Tier 2: \$10 copay</li> <li>• Drug Tier 3: \$45 copay. You pay no more than \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 4: 45% coinsurance. You pay no more than \$35 per month supply of each covered insulin product on this tier.</li> </ul>	<p>Deductible: There is no deductible.</p> <p>Copays/Coinsurance for a one-month supply during the Initial Coverage Stage:</p> <p><b>Standard</b> retail pharmacy, <b>standard</b> mail-order pharmacy, network long-term care pharmacies, out-of-network pharmacy:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$6 copay</li> <li>• Drug Tier 2: \$10 copay</li> <li>• Drug Tier 3: \$45 copay. You pay no more than \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 4: 45% coinsurance. You pay no more than \$35 per month supply of each covered insulin product on this tier.</li> </ul>

Cost	2023 (this year)	2024 (next year)
<b>Part D prescription drug coverage (continued)</b>	<ul style="list-style-type: none"> <li>• Drug Tier 5: 33% coinsurance. You pay no more than \$35 per month supply of each covered insulin product on this tier.</li> </ul> <p><b>Preferred retail and preferred mail-order pharmacy:</b></p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$1 copay</li> <li>• Drug Tier 2: \$5 copay</li> <li>• Drug Tier 3: \$40 copay. You pay no more than \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 4: 45% coinsurance. You pay no more than \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 5: 33% coinsurance. You pay no more than \$35 per month supply of each covered insulin product on this tier.</li> </ul> <p><b>Catastrophic Coverage:</b></p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays most of the cost for your covered drugs.</li> </ul>	<ul style="list-style-type: none"> <li>• Drug Tier 5: 33% coinsurance. You pay no more than \$35 per month supply of each covered insulin product on this tier.</li> </ul> <p><b>Preferred retail and preferred mail-order pharmacy:</b></p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$1 copay</li> <li>• Drug Tier 2: \$5 copay</li> <li>• Drug Tier 3: \$40 copay. You pay no more than \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 4: 45% coinsurance. You pay no more than \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 5: 33% coinsurance. You pay no more than \$35 per month supply of each covered insulin product on this tier.</li> </ul> <p><b>Catastrophic Coverage:</b></p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</li> </ul>

**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)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$112.00	\$117.40

- 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.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 5 regarding “Extra Help” from Medicare.

**Section 1.2 – Changes to the Pharmacy Network**

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

There are changes to our network of pharmacies for next year. An updated *Pharmacy Directory* is located on our website at [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare). You may also call Customer Service for updated provider information or to ask us to mail you a *Pharmacy Directory*. **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 pharmacies that are part of your plan during the year. If a mid-year change in our pharmacies affects you, please contact Customer Service so we may assist.

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## Section 1.3 – Changes to Part D Prescription Drug Coverage

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### 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 7 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.

### 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.)

### Changes to the Deductible Stage

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

### Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (31-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 4, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a 31-day supply at a network pharmacy:</p> <p><b>Tier 1 - Preferred Generic</b></p> <p><i>Standard cost sharing:</i> You pay \$6 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$1 per prescription.</p> <p><b>Tier 2 - Generic</b></p> <p><i>Standard cost sharing:</i> You pay \$10 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$5 per prescription.</p> <p><b>Tier 3 - Preferred Brand</b></p> <p>You pay no more than \$35 for a one-month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i> You pay \$45 per prescription.</p>	<p>Your cost for a 31-day supply at a network pharmacy:</p> <p><b>Tier 1 - Preferred Generic</b></p> <p><i>Standard cost sharing:</i> You pay \$6 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$1 per prescription.</p> <p><b>Tier 2 - Generic</b></p> <p><i>Standard cost sharing:</i> You pay \$10 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$5 per prescription.</p> <p><b>Tier 3 - Preferred Brand</b></p> <p>You pay no more than \$35 for a one-month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i> You pay \$45 per prescription.</p>



Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage (continued)</b></p>	<p><i>Preferred cost sharing:</i> You pay \$40 per prescription.</p> <p><b>Tier 4 - Non-Preferred Drug</b></p> <p>You pay no more than \$35 for a one-month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i> You pay 45% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 45% of the total cost.</p> <p><b>Tier 5 - Specialty Tier</b></p> <p>You pay no more than \$35 for a one-month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i> You pay 33% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 33% of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p><i>Preferred cost sharing:</i> You pay \$40 per prescription.</p> <p><b>Tier 4 - Non-Preferred Drug</b></p> <p>You pay no more than \$35 for a one-month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i> You pay 45% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 45% of the total cost.</p> <p><b>Tier 5 - Specialty Tier</b></p> <p>You pay no more than \$35 for a one-month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i> You pay 33% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 33% of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

**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 4, Sections 6 and 7, in your *Evidence of Coverage*.

## **SECTION 2 Deciding Which Plan to Choose**

### **Section 2.1 – If you want to stay in Prescription Blue PDP - Premium**

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan by December 7, you will automatically be enrolled in our Prescription Blue PDP - Premium.

### **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 prescription drug plan,
- -- *OR* -- You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,
- -- *OR* -- You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

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 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, Blue Cross Blue Shield of Michigan 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 prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from Prescription Blue PDP - Premium.
- To **change to a Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from Prescription Blue PDP - Premium.
  - You will automatically be disenrolled from Prescription Blue PDP - Premium if you enroll in any Medicare health plan that includes Part D prescription drug coverage.

You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.

- If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep Prescription Blue PDP - Premium for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from Prescription Blue PDP - Premium. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from Prescription Blue PDP - Premium. To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- 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 3 Deadline for Changing Plans

If you want to change to a different prescription drug plan or to a Medicare health plan 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 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 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. You can learn more about Michigan Medicare/Medicaid Assistance Program by visiting their website ([www.mmapinc.org](http://www.mmapinc.org)).

## 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 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 Michigan HIV/AIDS Drug Assistance Program (MIDAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-888-826-6565.

## SECTION 6 Questions?

### Section 6.1 – Getting Help from Prescription Blue PDP - Premium

Questions? We’re here to help. Please call Customer Service at 1-800-565-1770. (TTY only, call 711.) We are available for phone calls 8 a.m. to 9 p.m. Eastern time, seven days a week from October 1 - March 31. Available from 8 a.m. to 9 p.m. Eastern time, Monday through Friday from April 1 - September 30. 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 Prescription Blue PDP - Premium. 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](http://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](http://www.bcbsm.com/medicare). As a reminder, our website has the most up-to-date information about our pharmacy network (*Pharmacy Directory*) and our *List of Covered Drugs (Formulary/"Drug List")*.

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## **Section 6.2 – Getting Help from Medicare**

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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 prescription drug 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 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.