



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 HMO-POS Group Annual Notice of Changes for 2024

This document tells how your benefits and costs will change next year if you stay in BCN Advantage. These changes will take effect on January 1, 2024.

To decide what's best for you, compare this information with the benefits and costs of other Medicare Advantage health plans your group offers, as well as the benefits and costs of Original Medicare.

BCN Advantage is offered by Blue Care Network of Michigan. (When this Annual Notice of Changes says "we," "us," or "our," it means Blue Care Network of Michigan. When it says "plan" or "our plan," it means BCN Advantage.)

Customer Service has free language interpreter services available for non-English speakers. This information may be available in other formats, including large print. Call Customer Service at 1-800-450-3680 if you need plan information in an alternate format. TTY users should call 711. We are available 8 a.m. to 8 p.m. Eastern time, Monday through Friday, with weekend hours Oct. 1 through March 31. Calls to these numbers are free.

### What should you do?

We want you to know what's ahead for next year, so **read this document to see how the changes in benefits and costs will affect you.**

### Changes to your cost sharing ("out-of-pocket" costs)

Cost sharing is your share of the cost of covered medical services. It is the amount you pay "out-of-pocket" for deductibles, coinsurance and copayments. You usually pay these amounts when you receive services. **Please refer to the enclosed *Group Evidence of Coverage* and riders for details.**

### Think about your Medicare coverage for next year

#### Important things to do:

- Check the changes to our benefits and costs.
- Check the changes to our prescription drug coverage to see if they affect you.
- Check to see if your doctors and other providers will be in our network next year.

*BCN Advantage is an HMO-POS plan with a Medicare contract.*

*Enrollment in BCN Advantage depends on contract renewal.*

*Out-of-network/non-contracted providers are under no obligation to treat BCN Advantage Group 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.*

## Changes to benefits and costs for next year

**If you stay enrolled in BCN Advantage for 2024, there will be some changes to your benefits and to what you pay.**

Each year, your group may decide to change the premiums, cost-sharing amounts and benefits it offered. These changes may include increasing or decreasing cost-sharing amounts, adding or subtracting benefits or changing copay amounts.

You can receive care from even more plan providers, including over 6,200 primary care physicians, 143 hospitals and 62,000 specialists.

**This *Annual Notice of Changes* is only a summary.**

This *Annual Notice of Changes* gives you a brief summary of the changes in your benefits, not a comprehensive description of benefits. For more information, contact your plan administrator or see the *2024 Group Evidence of Coverage* and riders for details.

For **medical services** coverage and costs, see the *2024 BCN Advantage Group Evidence of Coverage* and any riders attached to your coverage. The *Group Evidence of Coverage* and riders are the legal, detailed description of your benefits for 2024. They also explain your rights and the rules you need to follow to get your covered services.

The *Group Evidence of Coverage* also explains the rights and the rules you need to follow to get your covered **prescription drugs**. We've included a copy of these documents in the same envelope with this *Annual Notice of Changes*.

If you don't have these documents, need more information or have any questions, please call Customer Service at 1-800-450-3680, 8 a.m. to 8 p.m. Eastern time, Monday through Friday, with weekend hours Oct. 1 through March 31. TTY users should call 711. Calls to these numbers are free.

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## Changes to the Provider Network

There are changes to our network of providers for next year. To verify your providers are in our network, you can:

- Use our provider search tool at **[bcbsm.com/providersmedicare](https://bcbsm.com/providersmedicare)**.
- Call Customer Service at the number listed on the back of your ID card to request the directory.
- Check with your doctors and other providers you currently use to make sure they will continue to be part of the provider network for BCN Advantage in 2024.

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## 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. There are changes to our network of pharmacies for next year. To see the most current listing of our network pharmacies, go to **[bcbsm.com/pharmaciesmedicare](https://bcbsm.com/pharmaciesmedicare)**.

You may also call Customer Service for updated pharmacy information or to ask us to mail you a *Provider/Pharmacy Directory* to see which pharmacies are in our network.

## 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, 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.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year. To learn what you must do to ask for an exception, see Chapter 9 of the *Group Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Service.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 108 days of the plan year or the first 108 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Group Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you have a current formulary exception approval, please refer to your approval letter to verify the expiration date for your formulary exception. If your formulary exception expires in 2023, you will need to submit a new formulary exception request for review.

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.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about the changes we may make to the Drug List, see Chapter 5, Section 6 of the *Group Evidence of Coverage*.)

### Changes to your “out-of-pocket” costs

There’s a change that could affect what you pay for your drugs next year. We moved some of the drugs on the Formulary to a lower or higher drug tier. To see if your drugs will be in a different tier, look them up on the *Formulary for Groups*.

The enclosed *Group Evidence of Coverage* and *Prescription Drug Rider* show what you will pay as your share of the cost of covered prescription drugs when you’re in the Initial Coverage Stage.

**Changes to Part D prescription drug coverage stages**

There are three drug payment stages. Which “Drug Payment Stage” you’re in affects how much you pay for a Part D drug.

The information below shows the three drug payment stages. Your cost share is determined by your group copays. You can also look in your *Group Evidence of Coverage* for more information about the stages.

	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<b>Initial coverage stage</b>	If your total costs for your Part D drugs reach <b>\$4,660</b> , then you will move into the Coverage Gap Stage.	If your total costs for your Part D drugs reach <b>\$5,030</b> , then you will move into the Coverage Gap Stage.
<b>Coverage gap</b>	You stay in this stage until your out-of-pocket costs reach <b>\$7,400</b> . Initial coverage stage copays apply.	You stay in this stage until your out-of-pocket costs reach <b>\$8,000</b> . Initial coverage stage copays apply.
<b>Catastrophic coverage</b>	When out-of-pocket costs reach <b>\$7,400</b> , you pay the greater of: Generics: \$3.95 or 5% of approved cost All other drugs: \$9.85 or 5% of approved cost Note: If your drug coverage under your Prescription Drug Rider is lower cost-sharing than the catastrophic coverage listed above, the prescription drug benefit under your rider will replace the catastrophic benefit level and you will pay the lower amount.	When out-of-pocket costs reach <b>\$8,000</b> , you pay \$0

**Programs that offer free counseling about Medicare**

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Michigan, the SHIP is called Michigan Medicare/Medicaid Assistance Program.

Michigan Medicare/Medicaid Assistance Program is independent (not connected with any insurance company or health plan). It’s 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 ([mmapinc.org](http://mmapinc.org)).

## Programs that help pay for prescription drugs

You may qualify for help paying for prescription drugs.

- **“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. Many people are eligible and don’t even know it. 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 a.m. and 7 p.m. Eastern time, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); 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 Drug Assistance Program (MIDAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-888-826-6565 Monday through Friday, 8 a.m. to 5 p.m. Eastern time. TTY users call 711.

## Questions?

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### Getting Help from BCN Advantage

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**Questions?** We're here to help. Please call Customer Service at 1-800-450-3680 from 8 a.m. to 8 p.m. Eastern time, Monday through Friday, with weekend hours Oct. 1 through March 31. TTY users should call 711. Calls to these numbers are free.

#### 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 provider network (Provider Directory) and our list of covered drugs (Formulary/DrugList).

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### 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.

**Read *Medicare & You 2024***

You can read *Medicare & You 2024* Handbook. Every year in the 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 booklet, you can get it at the Medicare website (**[www.medicare.gov](http://www.medicare.gov)**) 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.