

Medicare Plus BlueSM Group PPO administered by Blue Cross Blue Shield of Michigan

2023 Annual Notice of Changes for State Health Plan Medicare Advantage (MA)

You are currently enrolled as a member of Medicare Plus Blue Group PPO. 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/statemedicare. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Medicare Plus Blue Group PPO allows for enrollment changes at any time during the year. Please contact the Michigan Office of Retirement Services (ORS) at 1-800-381-5111, Monday through Friday, 8:30 a.m. to 5:00 p.m. Eastern time, for more information.

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 or will continue to accept your Medicare Advantage card next year.
- Think about your overall health care costs.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and cost 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 2023* 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, you will be enrolled in Medicare Plus Blue Group PPO.
- To change to a **different plan** that may better meet your needs, you can disenroll at any time. See Section 3 for more information.
- To change plans, contact ORS at 1-800-381-5111, Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time.
- 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

- This information is available for free in a different format, including large print and audio CD. Please call Customer Service (phone numbers are in Section 6.1 of this booklet).
- **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 Medicare Plus Blue Group PPO

- Medicare Plus Blue is a PPO plan with a Medicare contract. Enrollment in Medicare Plus 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 Medicare Plus Blue Group PPO.
 - Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue Group PPO 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 2023

The table below compares the 2022 costs and 2023 costs for Medicare Plus Blue Group PPO in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	Contact ORS, Monday – Friday, 8:30 a.m. – 5:00 p.m. at 1-800-381-5111.	Contact ORS, Monday – Friday 8:30 a.m. – 5:00 p.m. at 1-800-381-5111.
Yearly deductible	\$400 per individual \$800 per family	\$400 per individual \$800 per family
Maximum out-of-pocket amounts This is the <u>most</u> you will pay out-of-pocket for your covered Part A, Part B, and Part D services. (See Section 1.2 for details.)	Combined in-network and out-of-network: \$2,000 per individual \$4,000 per family	Combined in-network and out-of-network: \$2,000 per individual \$4,000 per family
Changes to cost share for the following: Telehealth (online visit) via the Blue Cross provider tool powered by American Well®		See Section 1.4 for details

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	Contact ORS Monday – Friday 8:30 a.m. – 5:00 p.m. at 1-800-381-5111.	Contact ORS Monday – Friday 8:30 a.m. – 5:00 p.m. at 1-800-381-5111.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

There are no changes to your maximum out-of-pocket amounts for next year.

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Section 1.3 – Changes to the Provider Network

An updated *Provider Directory* is located on our website at www.bcbsm.com/statemedicare. You may also call Customer Service for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the 2023 *Provider Directory* (for members in Michigan) or *Provider Locator* (for members outside Michigan) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

If your provider is not on our Provider Directory, confirm that they will continue to accept your Medicare Plus Blue Group PPO insurance card. The State Health Plan Medicare Advantage plan has a passive network. If an out-of-network provider accepts Medicare and agrees to accept your Medicare Plus Blue Group PPO insurance card, Blue Cross will reimburse the submitted claim at the Original Medicare rate for the services billed.

There are changes to our network of providers for next year. **Please review the 2023 *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	2022 (this year)	2023 (next year)
Outpatient mental health care	May require prior authorization	Prior authorization <u>not</u> required
Outpatient rehabilitation services	May require prior authorization	Prior authorization <u>not</u> required
Outpatient substance use disorder services	May require prior authorization	Prior authorization <u>not</u> required
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers	May require prior authorization	Prior authorization <u>not</u> required
Physical, speech, and occupational therapy services	May require prior authorization	Prior authorization <u>not</u> required
Services to treat kidney disease	May require prior authorization	Prior authorization <u>not</u> required
Telehealth (online visit) via the Blue Cross online tool powered by American Well®	<p>You pay a \$10 copay or 10% of the total cost, whichever is less, per visit for mental health and substance use disorder services</p> <p>You pay a \$10 copay per visit for other services</p>	You pay a \$0 copay per visit for mental health, substance use disorder, and other services

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Medicare Plus Blue Group PPO

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 Medicare Plus Blue Group PPO.

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 2023 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 2023* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, the State of Michigan offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To make a change, call ORS at 1-800-381-5111, Monday through Friday, 8:30 a.m. to 5:00 p.m. Eastern time.
- Once you change your plan with ORS, you will be disenrolled automatically from Medicare Plus Blue Group PPO and Optum Rx.

SECTION 3 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, please contact ORS at 1-800-381-5111, Monday through Friday, 8:30 a.m. to 5:00 p.m. Eastern time.

If you don't like your plan choice for 2023, you can disenroll **at any time, but the timeframe in which you can enroll in another Medicare Advantage plan may be limited**. For more information, see Chapter 8 of the *Evidence of Coverage*, and contact ORS at 1-800-381-5111.

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 and Medicaid Assistance Program or MMAP. For a list of SHIPs in other states, refer to *Exhibit 1* located at the back of your *Evidence of Coverage*.

It is a state program that gets money from the federal government to give **free** local health insurance counseling to people with Medicare. MMAP 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 MMAP at 1-800-803-7174. TTY users should call 711. You can learn more about MMAP by visiting their website (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 8:00 a.m. and 7:00 p.m., 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).
- **Help from your State’s Pharmaceutical Assistance Program (SPAP)**. Some states have an SPAP that helps people pay for prescription drugs based on their financial need, age, or medical condition. Michigan does not have SPAPs.

Names and phone numbers for SPAPs outside of Michigan are in *Exhibit 4* in the Appendix at the back of your *Evidence of Coverage*.

- **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 HIV/AIDS Drug Assistance Program (MIDAP)**. For information on eligibility criteria, covered drugs, or how to enroll in MIDAP, please call 1-888-826-6565. **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. Please call 1-888-826-6565 for 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 Medicare Plus Blue Group PPO

Questions? We're here to help. Please call Customer Service at 1-800-843-4876. (TTY only, call 711.) We are available for phone calls Monday through Friday 8:30 a.m. to 5:00 p.m. Eastern time. Calls to these numbers are free.

Read your 2023 *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 2023. For details, look in the 2023 *Evidence of Coverage* for Medicare Plus Blue Group PPO. 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. A copy of the *Evidence of Coverage* is located on our website at www.bcbsm.com/statemedicare. 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/statemedicare.

As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 6.2 – 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 2023*

Read the *Medicare & You 2023* handbook. Every 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 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.