BCN Advantage℠ HMO-POS Group administered by Blue Cross Blue Shield of Michigan

Annual Notice of Changes for 2024

You are currently enrolled as a member of BCN Advantage HMO-POS Group. 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/som. You may also call Customer Service to ask us to mail you an *Evidence of Coverage.*

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).
- 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.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.

☐ 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 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 HMO-POS Group.
- 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 HMO-POS Group.
- 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 8:00 a.m. to 8:00 p.m. Eastern time, Monday through Friday, with weekend hours Oct 1. through March 31. This call is free.
- This information is available for free in a different format, including large print and audio CD. Please call Customer Service, phone numbers are listed 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 BCN Advantage HMO-POS Group

- Blue Care Network is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Blue Care Network 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 HMO-POS Group.

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Summary of Important Costs for 2024

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

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	Please contact your plan administrator for information about your plan premium.	Please contact your plan administrator for information about your plan premium.
Deductible	$125	$125 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 Part A and Part B services. (See Section 1.2 for details.)	$500	$500
Doctor office visits	Primary care visits: $20 per visit Specialist visits: $20 per visit	Primary care visits: $20 per visit Specialist visits: $20 per visit
Inpatient hospital stays	Covered 100% after deductible	Covered 100% after deductible

Cost	2023 (this year)	2024 (next year)
Part D prescription drug coverage (See Section 1.5 for details.)	Maximum out-of-pocket amount: $1,500 Copayment during the Initial Coverage Stage: • Drug Tier 1: $10 copay (Standard Pharmacy) or $2 copay (Preferred Pharmacy) • Drug Tier 2: $10 copay (Standard Pharmacy) or $2 copay (Preferred Pharmacy • Drug Tier 3: $30 copay (Standard Pharmacy) or $25 copay (Preferred Pharmacy) • Drug Tier 4: $60 copay (Standard Pharmacy) or $50 copay (Preferred Pharmacy) • Drug Tier 5: $60 copay (Standard Pharmacy) or $50 copay (Preferred Pharmacy)	Maximum out-of-pocket amount: $1,500 Copayment during the Initial Coverage Stage: • Drug Tier 1: $10 copay (Standard Pharmacy) or $2 copay (Preferred Pharmacy) • Drug Tier 2: $10 copay (Standard Pharmacy) or $2 copay (Preferred Pharmacy • Drug Tier 3: $30 copay (Standard Pharmacy) or $25 copay (Preferred Pharmacy) • Drug Tier 4: $60 copay (Standard Pharmacy) or $50 copay (Preferred Pharmacy) • Drug Tier 5: $60 copay (Standard Pharmacy) or $50 copay (Preferred Pharmacy)

SECTION 1 Changes to Benefits and Costs for 2024

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.)	Please contact your plan administrator for information about your plan premium.	Please contact your plan administrator for information about your plan premium.

- 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 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. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$500	$500 Once you have paid $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.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at www.bcbsm.com/providersmedicare and www.bcbsm.com/pharmaciesmedicare. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will ship 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**.

There are changes to our network of pharmacies for next year. **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 hospitals, doctors and specialists (providers), and pharmacies 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 – There are 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 not requiring transportation	Ambulance services not requiring transportation are not covered	Non-transport ambulance services are covered 100% after deductible
Annual wellness visit	The annual wellness visit is covered once every 12 months.	The annual 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.	For ages 45 and older, if further testing and/or subsequent procedures are required, you won't be charged additional out-of-pocket costs.
Mobile crisis and crisis stabilization services for behavioral health	Mobile Crisis and Crisis Stabilization Services are not covered.	There is a $20 copay for qualified 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 to qualify

Cost	2023 (this year)	2024 (next year)
Transportation Services	One round trip per calendar year to a Wellness Visit only within the state of Michigan; no referral needed.	One round trip per calendar year to an Enhanced Wellness Visit only within the state of Michigan; no referral needed.

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to the *Formulary for Groups*

Our list of covered drugs is called a *Formulary for Groups* or Formulary. A copy of our Formulary is in this envelope.

We made changes to our Formulary, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Formulary to make sure your drugs will be covered next year and to see if there will be any restrictions.**

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 Formulary 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 9 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

Cost	2023 (this year)	2024 (next year)
Part D prescription drug coverage	Maximum out-of-pocket amount: $1,500	Maximum out-of-pocket amount: $1,500

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 four stages – the Yearly Deductible Stage, Initial Coverage Stage, Coverage Gap Stage and the Catastrophic Coverage Stage. (Most members do not reach the last two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.

Stage	2023 (this year)	2024 (next year)
Stage 1 Yearly deductible stage	The deductible is $125. During this stage, **you pay the full cost** of your Part D drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.	The deductible is $125. During this stage, **you pay the full cost** of your Part D drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.
Stage 2 Initial coverage stage	Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost** When the total costs for your Part D drugs reach **$4,660** you move on to the Coverage Gap stage. Most adult Part D vaccines are covered at no cost to you.	Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost** when the total costs for your Part D drugs reach **$5,030**, you move on to the Coverage Gap Stage. Most adult Part D vaccines are covered at no cost to you.
Stage 3 Coverage gap	You stay in this stage until your out-of-pocket costs reach **$7,400**. Initial coverage stage copays apply.	You stay in this stage until your out-of-pocket costs reach **$8,000**. Initial coverage stage copays apply.

Stage	2023 (this year)	2024 (next year)
Stage 4 Catastrophic coverage	When out-of-pocket costs reach **$7,400**, you pay the greater of: Generics: **$4.15** or **5%** All other drugs: **$10.35** or **5%** Note: If your drug coverage under your Prescription Drug Rider is set at a higher benefit level with 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 **$8,000**, you will pay $0 for all copays. Note: If your drug coverage under your Prescription Drug Rider is set at a higher benefit level with 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.

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Important Message About What You Pay for Insulin – You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

SECTION 2 Administrative Changes

Description	2023 (this year)	2024 (next year)
The way you access virtual care through your plan is changing (Located in Physician/Practitioner services, including doctor's office visits)	Use Blue Cross Online Visits to access telehealth services. Visit www.bcbsmonlinevisits.com for more information.	Virtual care is now available through Teladoc Health™, our plan-approved vendor. (This service is separate from any virtual care your doctor might offer.) Visit bcbsm.com/virtualcare for more information or 1-800-835-2362, available 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 HMO-POS Group

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 HMO-POS Group.

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, please see Section 1.1 regarding 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 (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 **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from BCN Advantage HMO-POS Group.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from BCN Advantage HMO-POS Group.
- 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 a.m. and 7 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).
- **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, 8:00 a.m. to 5:00 p.m. Eastern time. TTY users call 711.

SECTION 7 Questions?

Section 7.1 – Getting Help from BCN Advantage HMO-POS Group

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 from 8:00 a.m. to 8:00 p.m. Eastern time, Monday through Friday, with weekend hours Oct 1. through March 31. Calls to these numbers are free.

Read your 2024 *Group 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 HMO-POS Group. The *Group 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 *Group Evidence of Coverage* is located on our website at www.bcbsm.com/som. You may also call Customer Service to ask us to mail you a *Group Evidence of Coverage*.

Visit our Website

You can also visit our website at www.bcbsm.com/som. 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/Drug List).

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.