



**Medicare Plus Blue<sup>SM</sup> Group PPO  
administered for  
Michigan Public School Employees' Retirement System  
by Blue Cross Blue Shield of Michigan**

**Annual Notice of Changes for 2022**

You are currently enrolled as a member of Medicare Plus Blue Group PPO. Next year, there will be some changes to the plan's costs and benefits. This booklet tells about the changes, which will take effect January 1, 2022.

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 p.m., Eastern time, for more information.

If you have questions or need assistance, please contact Blue Cross Blue Shield of Michigan. We are available to assist you from 8:30 a.m. to 5 p.m. Eastern time, Monday through Friday.

**Blue Cross Blue Shield of Michigan Customer Service**

**Toll-Free: 1-800-422-9146**

**TTY: 711**

**Website: [www.bcbsm.com/mpsers](http://www.bcbsm.com/mpsers)**

Medicare Plus Blue is a PPO plan with a Medicare contract. Enrollment in Medicare Plus Blue depends on contract renewal. When this booklet says "we," "us," or "our," it means Blue Cross Blue Shield of Michigan. When it says "plan" or "your plan," it means the Michigan Public School Employees' Retirement System's Medicare Plus Blue Group PPO. If you need this information in another language or alternate format (e.g., large print, audio), please contact Blue Cross Customer Service at the number above.

## ***Annual Notice of Changes for 2022***

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## What to Do Now

### 1. REVIEW YOUR BENEFITS

- **Check the changes to your benefits and costs to see if they affect you.**
  - It's important to review benefit and cost changes to make sure they will meet your needs next year. Read through this document about plan changes.
  - Do the changes affect the services you use?
  - Look in Sections 2.2 and 2.4 for information about benefit and cost changes for your plan.
  
- **Check to see if your doctors and other providers will be in our network next year.**
  - Are your doctors in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 2.3 for information about our provider network.
  
- **Think about your overall costs in the plan.**
  - How much will you spend out-of-pocket for the services you use regularly?
  - How much will you spend on your premium?
  - How do your total plan costs compare to other Medicare coverage options?
  
- **Think about whether you are happy with your plan.**

### 2. CHOOSE: Decide whether you want to change your plan

- If you want to keep Medicare Plus Blue Group PPO, you don't need to do anything. You will stay in the plan.
- If you decide other coverage will better meet your needs, contact ORS at 1-800-381-5111 for more information about other options that may be available through your retirement system.

### 3. ENROLL:

- If you wish to enroll in another plan through ORS, log into miAccount, [www.michigan.gov/orsmiaccount](http://www.michigan.gov/orsmiaccount), and click on Insurance Coverage. Or, complete the *Insurance Enrollment/Change Request (R0452C)* and return it to ORS with required proofs.
- If you enroll in another medical plan other than Medicare Plus Blue Group PPO, it may impact other benefits, such as prescription drug coverage. It is

important that you read your *Evidence of Coverage* thoroughly and understand any implications of leaving this plan.

**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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families)** for more information.

**Summary of Important Costs for 2022**

The table below compares the 2021 costs and 2022 costs for Medicare Plus Blue Group PPO in several important areas. **Please note this is only a summary of changes.** It is important to read the rest of the *Annual Notice of Changes* and review your *Evidence of Coverage* to see if other benefit or cost changes affect you. A copy of the *Evidence of Coverage* is located on our website at [www.bcbsm.com/mpsers](http://www.bcbsm.com/mpsers). You may also call Blue Cross Customer Service to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
<b>Monthly plan premium</b>	Contact ORS at 1-800-381-5111	Contact ORS at 1-800-381-5111
<b>Yearly deductible</b>	\$800	\$800
<p><b>Maximum out-of-pocket amounts</b></p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered services.</p> <p><b>Note:</b> Your out-of-pocket maximum includes all coinsurance and emergency room and urgent care copayments totaling the annual coinsurance/copay maximum of \$900, plus the \$800 annual deductible. Routine hearing care copayments are not included in the maximum.</p>	<p><b>Combined in-network and out-of-network:</b></p> <p>\$1,700</p>	<p><b>Combined in-network and out-of-network:</b></p> <p>\$1,700</p>

**SECTION 1      Unless You Choose Another Plan, You Will Be  
Automatically Enrolled in Medicare Plus Blue Group  
PPO in 2022**

If you want to change to a different plan for next year, please contact ORS at 1-800-381-5111, Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time. For more information, see Chapter 8 of the *Evidence of Coverage*. ORS can explain your options, implications of leaving this plan and the correct process to disenroll from this plan. Refer to section 4.2 of this document, Getting Help from Medicare, for information about selecting a different plan.

The information in this document tells you about the differences between your current benefits in Medicare Plus Blue Group PPO and the benefits you will have on January 1, 2022 as a member of Medicare Plus Blue Group PPO.

## SECTION 2 Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	Contact ORS at 1-800-381-5111.	Contact ORS at 1-800-381-5111.

### Section 2.2 – There are no changes to your maximum out-of-pocket amounts

Your maximum out-of-pocket amounts will be the same in 2022 as they are in 2021. Routine hearing care copayments are not included in the maximum out-of-pocket amount.

### Section 2.3 – Changes to the Provider Network

It is important that you know that we may make changes to the hospitals, doctors and specialists (our network of providers) that are part of this plan during the year. We included a copy of our *Provider Locator* in the envelope with this booklet. You may also visit the *Find a Doctor* search tool on our website at [www.bcbsm.com/mpsers](http://www.bcbsm.com/mpsers) or call Blue Cross Customer Service for updated provider information.

There are a number of reasons why your provider might leave the plan but if your doctor or specialist leaves, you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists.
- When possible, we will provide you with at least 30 days' notice that your provider is leaving the plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving our network, please contact us so we can assist you in finding a new provider to manage your care.

- To locate network providers for your routine hearing exams and hearing aids, you must call TruHearing at 1-855-205-6305 (TTY: 711). Your routine hearing exams and hearing aids are not covered unless you call TruHearing and follow the instructions you are given.

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## **Section 2.4 – Changes to Benefits and Costs for Medical Services**

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Your coverage for certain medical services is changing next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2022 Evidence of Coverage*.

### **Opioid treatment program services**

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Cost	2021 (this year)	2022 (next year)
<p><b>Health fitness program</b></p> <p>The SilverSneakers® fitness benefit is a comprehensive program that can improve overall well-being and social connections.</p> <p>SilverSneakers' fitness benefit includes:</p> <ul style="list-style-type: none"> <li>• Exercise classes, exercise equipment use and other amenities, at thousands of participating locations nationwide</li> <li>• SilverSneakers FLEX® to get active outside of traditional gyms (like recreation centers, malls, and parks)</li> <li>• SilverSneakers LIVE™ online classes and workshops taught by instructors trained in senior fitness</li> <li>• SilverSneakers GO™ mobile app with digital workout programs</li> <li>• Online fitness and nutrition tips</li> <li>• Social connections through events such as shared meals, holiday celebrations, and class socials</li> </ul> <p>SilverSneakers and SilverSneakers FLEX are registered trademarks of Tivity Health, Inc. SilverSneakers LIVE and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.</p>	<p><b>In-network and Out-of-network:</b></p> <p>Not a covered benefit.</p>	<p><b>In-network:</b></p> <p>Covered at 100% of the approved amount.</p> <p>Fitness services must be provided through SilverSneakers.</p> <p>You can find a location or request information at <a href="http://www.silversneakers.com">www.silversneakers.com</a> or 1-866-584-7352, 8 a.m. to 8 p.m. Eastern time, Monday through Friday. TTY users call 711</p> <p><b>Out-of-network:</b></p> <p>Not covered</p>

## SECTION 3 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 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*.

MMAP is independent (not connected with any insurance company or health plan). 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. You can learn more about MMAP by visiting their website ([www.mmapinc.org](http://www.mmapinc.org)).

## SECTION 4 Questions?

### Section 4.1 – Getting Help from Medicare Plus Blue Group PPO

Questions? We're here to help. Please call Blue Cross Customer Service toll-free at 1-800-422-9146. (TTY only, call 711.) We are available for phone calls Monday through Friday 8:30 a.m. to 5:00 p.m. Eastern time.

**Read your 2022 *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 2022. For details, look in the 2022 *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/mpsers](http://www.bcbsm.com/mpsers). You may also call Blue Cross Customer Service to ask us to mail you an *Evidence of Coverage*.

**Visit our website at [www.bcbsm.com/mpsers](http://www.bcbsm.com/mpsers).**

As a reminder, our website has the most up-to-date information about our provider network through our *Find a Doctor* search tool at [www.bcbsm.com/mpsers](http://www.bcbsm.com/mpsers).

### Section 4.2 – 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 at [www.medicare.gov](http://www.medicare.gov).**

It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the

Medicare Plan Finder on the Medicare website. To view the information about plans, go to [www.medicare.gov](http://www.medicare.gov) and click on “Find health & drug plans.”

**Read the *Medicare & You 2022* handbook**

You can read the *Medicare & You 2022* 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 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.