

BCN AdvantageSM HMO-POS



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 Elements (HMO-POS) offered by Blue Care Network of Michigan

Annual Notice of Changes for 2025

You are currently enrolled as a member of BCN Advantage Elements. Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 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. 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.**

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 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 the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- 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, 2024, you will stay in BCN Advantage Elements.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with BCN Advantage Elements.
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- Please contact our Customer Service number at 1-800-450-3680 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. Eastern time, Monday through Friday, with weekend hours October 1 through March 31. This call is free.
- This information may be available in other formats, including large print.
- **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 Elements

- 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 Elements.
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable

prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

- Out-of-network/non-contracted providers are under no obligation to treat BCN Advantage Elements 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 2025

The table below compares the 2024 costs and 2025 costs for BCN Advantage Elements in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium (See Section 1.1 for details.)	\$0	\$0
Deductible	\$0 In-network \$500 Point-of-Service except for insulin furnished through an item of durable medical equipment.	\$0 In-network \$500 Point-of-Service except for insulin furnished through an item of durable medical equipment.
Maximum out-of-pocket amount This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$4,500	\$4,500
Doctor office visits	Primary care visits: You pay a \$0 copay per visit. Specialist visits: You pay a \$35 copay per visit.	Primary care visits: You pay a \$0 copay per visit. Specialist visits: You pay a \$35 copay per visit.
Inpatient hospital stays	For Medicare-covered hospital stays: Days 1-6: You pay a \$205 copay per day. Days 7-90: You pay a \$0 copay per day. You pay a \$0 copay for additional days in a benefit period.	For Medicare-covered hospital stays: Days 1-7: You pay a \$205 copay per day. Days 8-90: You pay a \$0 copay per day. You pay a \$0 copay for additional days in a benefit period.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Optional Supplemental monthly premium For more information, see Chapter 4, Section 2.2, <i>Extra “optional supplemental” benefits you can buy</i> , in your 2025 <i>Evidence of Coverage</i> .	Additional Dental and Vision: \$20.30	Additional Dental and Vision: \$20.50
Medicare Part B premium reduction	\$0	\$20

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	2024 (this year)	2025 (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.	\$4,500 Care received through our point-of-service benefit will count toward your maximum out-of-pocket amount.	\$4,500 Once you have paid \$4,500 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.

Cost	2024 (this year)	2025 (next year)
Maximum out-of-pocket amount (continued)		Care received through our point-of-service benefit will count toward your maximum out-of-pocket amount.

Section 1.3 – Changes to the Provider Network

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

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory at www.bcbsm.com/providersmedicare 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	2024 (this year)	2025 (next year)
Ambulance services	You pay a \$250 copay for each one-way trip for Medicare-covered ambulance services. You pay a \$250 copay for ambulance services not requiring transportation.	You pay a \$300 copay for each one-way trip for Medicare-covered ambulance services. You pay a \$90 copay for ambulance services not requiring transportation.
Dental services Full mouth x-rays	Full mouth x-rays are <u>not</u> covered.	You pay \$0 for 1 full-mouth X-ray every 5 years.

Cost	2024 (this year)	2025 (next year)
Emergency care	You pay a \$90 copay for Medicare-covered emergency room visits.	You pay a \$125 copay for Medicare-covered emergency room visits.
Health and wellness education programs Telemonitoring services	You pay a \$0 copay for telemonitoring services.	Telemonitoring is <u>not</u> covered as a plan benefit. Eligible members will continue to receive telemonitoring services through a Care Management program.
Inpatient hospital care	Days 1-6: You pay a \$205 copay per day. Days 7-90: You pay a \$0 copay per day.	Days 1-7: You pay a \$205 copay per day. Days 8-90: You pay a \$0 copay per day.
Inpatient services in a psychiatric hospital	Days 1-6: You pay a \$205 copay per day. Days 7-90: You pay a \$0 copay per day.	Days 1-7: You pay a \$205 copay per day. Days 8-90: You pay a \$0 copay per day.
Over-the-Counter Allowance (OTC): Advantage Dollars	You receive \$50 per quarter. An allowance is added each quarter (January 1, April 1, July 1, October 1). Unused amounts will carry forward into the next quarter but not into the next calendar year. The final day to spend allowance dollars is December 31, 2024 and any unspent allowance will not carry over to 2025.	You receive \$50 per quarter. An allowance is added each quarter (January 1, April 1, July 1, October 1). Unused amounts will <u>not</u> carry over. The final day to spend allowance dollars is December 31, 2025 and any unspent allowance will not carry over to 2026.
Skilled nursing facility (SNF) care	Days 21 – 100: You pay a \$188 copay per day.	Days 21 – 100: You pay a \$214 copay per day.

Cost	2024 (this year)	2025 (next year)
<p>Special supplemental benefits for the chronically ill</p> <p>Food and Produce Allowance</p> <p><i>The benefits described are Special Supplemental Benefits for the Chronically Ill. Those with qualifying chronic conditions can purchase food items with your allowance. Qualifying chronic conditions include hypertension, diabetes, chronic cardiovascular disorders, chronic lung disorders, and chronic heart failure. Other qualifying conditions may apply. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. Your plan will notify you when you're eligible. For details, please contact us.</i></p>	<p>You receive \$50 per quarter.</p> <p>Unused amounts will carry forward into the next quarter but not into the next calendar year. The final day to spend allowance dollars is December 31, 2024 and any unspent allowance will not carry over to 2025.</p>	<p>You receive \$50 per quarter.</p> <p>Unused amounts will <u>not</u> carry over into the next quarter. The final day to spend allowance dollars is December 31, 2025 and any unspent allowance will not carry over to 2026.</p>
<p>Support for caregivers of enrollees</p>	<p>You pay a \$0 copay for support for caregivers of enrollees.</p>	<p>Support for caregivers of enrollees is <u>not</u> covered as a plan benefit. Eligible members will continue to receive support for caregivers of enrollees services through a Care Management program.</p>
<p>Worldwide emergency coverage</p>	<p>You pay a \$90 copay for each worldwide emergency service visit.</p> <p>You pay a \$250 copay for each one-way trip for worldwide emergency transportation.</p>	<p>You pay a \$125 copay for each worldwide emergency service visit.</p> <p>You pay a \$300 copay for each one-way trip for worldwide emergency transportation.</p>

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in BCN Advantage Elements

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 Elements.

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 2025 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 2025* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 4), or call Medicare (see Section 6.2).

As a reminder, Blue Care Network 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 Elements.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from BCN Advantage Elements.
- 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 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, 2025.

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, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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 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 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 Assistance Program at 1-800-803-7174 (TTY 711). You can learn more about Michigan Medicare Assistance Program 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 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.
- **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. 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. 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, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call 1-888-826-6565. Be sure, when calling, to inform them of your Medicare Advantage plan name or policy number.

SECTION 6 Questions?

Section 6.1 – Getting Help from BCN Advantage Elements

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

Read your 2025 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 2025. For details, look in the *2025 Evidence of Coverage* for BCN Advantage Elements. 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. 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. 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 2025*

Read the *Medicare & You 2025* 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.