



**Medicare Plus BlueSM Group PPO
administered by Blue Cross Blue Shield of Michigan
for the
Michigan Public School Employees' Retirement System**

Annual Notice of Changes for 2025

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 5 for a Summary of Important Costs.

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: 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.

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 (however, you can enroll in a separate prescription drug plan offered by your retirement system). 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.

Annual Notice of Changes for 2025

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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.**
 - Review the changes to medical care benefits (doctor, hospital).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care provider, specialists, hospitals, and other providers will be in our network next year.**
- Think about whether you are happy with your plan.**

2. COMPARE: Learn about other plan choices.

- To compare your current plan to other retirement system plan options, go to the ORS website, michigan.gov/orsschools. Choose *Your Insurance Benefits* on the top navigation bar, then select *Insurance Carrier Options* to find a document called *Insurance Options Summary (R0379C)*.
- Check coverage and costs of other plans in your area. Use the Medicare Plan Finder at medicare.gov/plan-compare 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 want to keep Medicare Plus Blue Group PPO, you don't need to do anything. You will stay in the plan.
- If you wish to enroll in another plan through ORS, log in to miAccount, michigan.gov/orsmiaccount, and click *Insurance Coverage*. Or, complete the *Insurance Enrollment/Change Request (R0452C)* form and return it to ORS with the required proofs.
- Enrolling in another Medicare Advantage plan or individual prescription drug plan (any plan outside of the one offered by the retirement system) will automatically disenroll you and anyone else on your insurance from your retirement system medical and prescription drug coverage. It is important that you read your *Evidence of Coverage* thoroughly and understand any implications of leaving this plan.
- 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. If you recently moved out of an institution, you have up to two full months after the month you move out.

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 **[irs.gov/affordable-care-act/individuals-and-families](https://www.irs.gov/affordable-care-act/individuals-and-families)** for more information.

Summary of important costs for 2025

The table below compares the 2024 costs and 2025 costs for Medicare Plus Blue Group PPO in several important areas. **Please note this is only a summary of costs.** It is important to read the rest of the *Annual Notice of Changes* and review your 2025 *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 bcbsm.com/mpsers. You may also call Blue Cross Customer Service to ask us to mail you an *Evidence of Coverage*.

Cost	2024 (this year)	2025 (next year)
Monthly plan premium	Contact ORS at 1-800-381-5111	Contact ORS at 1-800-381-5111
Yearly deductible	\$800	\$800
<p>Maximum out-of-pocket amounts</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered services.</p> <p>Note: Your out-of-pocket maximum consists of your \$800 deductible, plus the annual coinsurance/copayment maximum of \$900. Routine hearing care copayments are not included in the maximum.</p>	<p>Combined in-network and out-of-network:</p> <p>\$1,700</p>	<p>Combined in-network and out-of-network:</p> <p>\$1,700</p>

SECTION 1 Unless you choose another plan, you will be automatically enrolled in Medicare Plus Blue Group PPO in 2025

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. TTY users call **711**. 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 5.2 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, 2025, 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	2024 (this year)	2025 (next year)
Monthly premium (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 2025 as they are in 2024. 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 current *Provider Locator* in the envelope with this booklet. You may also visit the *Find a Doctor* search tool on our website at bcbsm.com/mpsers or call Blue Cross Customer Service for updated provider information.

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.

Section 2.4 – 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. 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 2025 *Evidence of Coverage*.

Cost	2024 (this year)	2025 (next year)
Emergency care	In- and Out-of-network: You pay a \$135 copayment for a hospital emergency department visit.	In- and Out-of-network: You pay a \$140 copayment for a hospital emergency department visit.

SECTION 3 Administrative Changes

Description	2024 (this year)	2025 (next year)												
<p>Change in the way coinsurance and deductible are applied</p>	<p>Co-insurance is applied before and in addition to the deductible amount</p>	<p>Your annual deductible will be applied before coinsurance.</p> <p>Example #1 – Annual deductible (\$800) not met:</p> <table border="1" data-bbox="605 548 1411 869"> <thead> <tr> <th>Total cost (allowed amount the plan has approved)</th> <th>Amount you owe toward your annual deductible</th> <th>Amount you owe in co-insurance</th> <th>Your share of cost</th> <th>Retirement system pays the remaining balance</th> </tr> </thead> <tbody> <tr> <td>\$300</td> <td>\$300</td> <td>\$0</td> <td>\$300</td> <td>\$0</td> </tr> </tbody> </table>			Total cost (allowed amount the plan has approved)	Amount you owe toward your annual deductible	Amount you owe in co-insurance	Your share of cost	Retirement system pays the remaining balance	\$300	\$300	\$0	\$300	\$0
Total cost (allowed amount the plan has approved)	Amount you owe toward your annual deductible	Amount you owe in co-insurance	Your share of cost	Retirement system pays the remaining balance										
\$300	\$300	\$0	\$300	\$0										
		<p>Example #2 – \$300 has been paid toward deductible (\$800):</p> <table border="1" data-bbox="605 1024 1411 1346"> <thead> <tr> <th>Total cost (allowed amount the plan has approved)</th> <th>Amount you owe toward your annual deductible</th> <th>Amount you owe in co-insurance</th> <th>Your share of cost</th> <th>Retirement system pays the remaining balance</th> </tr> </thead> <tbody> <tr> <td>\$1,500</td> <td>\$500</td> <td>\$100</td> <td>\$600</td> <td>\$900</td> </tr> </tbody> </table>			Total cost (allowed amount the plan has approved)	Amount you owe toward your annual deductible	Amount you owe in co-insurance	Your share of cost	Retirement system pays the remaining balance	\$1,500	\$500	\$100	\$600	\$900
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\$1,500	\$500	\$100	\$600	\$900										
		<p>Coinsurance is applied to the approved amount, reduced by the deductible paid.</p> <p>$\\$1,500 - \\$500 = \\$1,000$ $10\% \text{ of } \\$1,000 = \\$100.$</p> <p>Therefore, \$100 would be the amount you owe in coinsurance.</p>												

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 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 its website (mmapinc.org).

SECTION 5 Questions?

Section 5.1 – 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 p.m. Eastern time.

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 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 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 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 bcbsm.com/mpsers.

Section 5.2 – 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 (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 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 ([medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](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.