Blue Cross Blue Shield Blue Care Network of Michigan

MICHIGAN OFFICE OF RETIREMENT SERVICES
Big Plans. Small Steps.

BCN Advantage℠ Group HMO-POS administered by Blue Care Network for the Michigan Public School Employees' Retirement System

Annual Notice of Changes for 2025

You are currently enrolled as a member of BCN Advantage Group HMO-POS. Next year, there will be changes to the plan's costs and benefits. ***Please see Page 5 for a Summary of Important Costs.***

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 **bcbsm.com/mpsers**. 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 coverage restrictions and cost sharing.
- Think about how much you will spend on premiums, deductibles and cost sharing.
- Check for changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
- Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.

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

☐ **Check if you qualify for help paying for prescription drugs. People with limited incomes may be eligible for "Extra Help" from Medicare.**

☐ **Consider whether you are satisfied with our plan.**

2. **COMPARE:** Learn about other plan choices.
   - To compare your current plan to other retirement system plan options, go to the Michigan Office of Retirement Services (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)*.
3. **CHOOSE:** Decide whether you want to change your plan.
   - If you want to keep BCN Advantage Group HMO-POS, 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*. You can also 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 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 BCN Advantage 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.
- We can also give you information on your BCN Advantage plan in large print or other alternate formats at no cost if you need it.
- **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** for more information.

About BCN Advantage Group HMO-POS

- BCN Advantage is a Group HMO-POS plan with a Medicare contract. Enrollment in BCN Advantage depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means BCN Advantage. When it says “plan” or “our plan,” it means the Michigan Public School Employees’ Retirement System’s BCN Advantage Group HMO-POS plan.

Annual Notice of Changes for 2025
Table of Contents

Summary of important costs for 2025

The table below compares the 2024 costs and 2025 costs for BCN Advantage Group HMO-POS 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 *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 BCN Advantage 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	$400	$400
Maximum out-of-pocket amounts This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See section 2.2 for details)	**$2,100**	**$2,100**
Part D prescription drug coverage (See Section 2.5 for details.)	**Deductible: $0** Copayment/coinsurance as applicable during the Initial Coverage Stage: • Drug Tier 1: $10 copay (Standard Pharmacy) or $5 copay (Preferred Pharmacy) • Drug Tier 2: $10 copay (Standard Pharmacy) or $5 copay (Preferred Pharmacy) • Drug Tier 3: $45 copay (Standard Pharmacy) or $40 copay (Preferred Pharmacy)	**Deductible $0** Copayment/coinsurance as applicable during the Initial Coverage Stage: • Drug Tier 1: $15 copay (Standard Pharmacy) or $9 copay (Preferred Pharmacy) • Drug Tier 2: $15 copay (Standard Pharmacy) or $9 copay (Preferred Pharmacy) • Drug Tier 3: $60 copay (Standard Pharmacy) or $55 copay (Preferred Pharmacy)

Cost	2024 (this year)	2025 (next year)
	You pay no more than $35 for one month's supply of each covered insulin product on this tier. • Drug Tier 4: $75 copay (Standard Pharmacy) or $70 copay (Preferred Pharmacy)	You pay no more than $35 for one month's supply of each covered insulin product on this tier. • Drug Tier 4: $90 copay (Standard Pharmacy) or $85 copay (Preferred Pharmacy)
	You pay no more than $35 for one month's supply of each covered insulin product on this tier. Drug Tier 5: 20% coinsurance, $100 maximum per prescription (Standard and Preferred Pharmacy)	You pay no more than $35 for one month's supply of each covered insulin product on this tier. Drug Tier 5: 20% coinsurance, $120 maximum per prescription (Standard and Preferred Pharmacy)
	You pay no more than $35 for one month's supply of each covered insulin product on this tier. Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. You pay nothing.	You pay no more than $35 for one month's supply of each covered insulin product on this tier. Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. You pay nothing.

SECTION 1 Unless you choose another plan, you will be automatically enrolled in BCN Advantage Group HMO-POS 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 10 of the *Evidence of Coverage*. ORS can explain your options, the implications of leaving this plan, and the correct process to disenroll from this plan. Refer to section 7.2 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 BCN Advantage Group HMO-POS and the benefits you will have on January 1, 2025, as a member of BCN Advantage Group HMO-POS.

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 – 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) 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.	$2,100	$2,100 Once you have paid $2,100 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 2.3 – Changes to the provider and pharmacy networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes

pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Updated directories are located on our website at **bcbsm.com/mpsers**. 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 mail within three business days of your request.

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 2.4 – There are no changes to your benefits or amounts you pay for medical services

Our benefits and what you pay for these covered medical services will be the same in 2025 as they are in 2024.

Section 2.5 – Changes to Part D prescription drug coverage

Changes to our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new at the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

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.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month’s supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still

get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: **fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients**. You may also contact Customer Service or ask your healthcare provider, prescriber, or pharmacist for more information.

Changes to prescription drug benefits and costs

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 sent you 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" please call Customer Service and ask for the *LIS Rider*.

Beginning in 2025, there are three drug payment stages: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand-name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to your cost sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
Stage 2: 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.**	***Preferred generic***: *Standard cost sharing:* Your cost for a one-month supply is $10. Your cost for a 32-day to 90-day supply is $0 for	***Preferred generic***: *Standard cost sharing:* Your cost for a one-month supply is $15. Your cost for a 32-day to 90-day supply is $30.

Stage	2024 (this year)	2025 (next year)
Most adult Part D vaccines are covered at no cost to you.	generics and $20 for non-generics. *Preferred cost sharing:* Your cost for a one-month supply is $5. Your cost for a 32-day to 90-day supply is $0 for generics and $10 for non-generics. ***Generic:*** *Standard cost sharing:* Your cost for a one-month supply is $10. Your cost for a 32-day to 90-day supply is $0 for generics and $20 for non-generics. *Preferred cost sharing:* Your cost for a one-month supply is $5. Your cost for a 32-day to 90-day supply is $0 for generics and $10 for non-generics. ***Preferred brand name:*** You pay no more than $35 for one month's supply of each covered insulin product on this tier. *Standard cost sharing:* Your cost for a one-month supply is $45. Your cost for a 32-day to 90-day supply is $0 for generics and $90 for non-generics. *Preferred cost sharing:* Your cost for a one-month supply is $40.	*Preferred cost sharing:* Your cost for a one-month supply is $9. Your cost for a 32-day to 90-day supply is $18. ***Generic:*** *Standard cost sharing:* Your cost for a one-month supply is $15. Your cost for a 32-day to 90-day supply is $30. *Preferred cost sharing:* Your cost for a one-month supply is $9. Your cost for a 32-day to 90-day supply is $18. ***Preferred brand name:*** You pay no more than $35 for one month's supply of each covered insulin product on this tier. *Standard cost sharing:* Your cost for a one-month supply is $60. Your cost for a 32-day to 90-day supply is $120. *Preferred cost sharing:* Your cost for a one-month supply is $55. Your cost for a 32-day to 90-day supply is $110. ***Non-preferred drug:*** You pay no more than $35 for one month's supply of each covered insulin product on this tier. *Standard cost sharing:*

Stage	2024 (this year)	2025 (next year)
	Your cost for a 32-day to 90-day supply is $0 for generics and $80 for non-generics. ***Non-preferred drug:*** You pay no more than $35 for one month's supply of each covered insulin product on this tier. *Standard cost sharing:* Your cost for a one-month supply is $75. Your cost for a 32-day to 90-day supply is $0 for generics and $150 for non-generics. *Preferred cost sharing:* Your cost for a one-month supply is $70. Your cost for a 32-day to 90-day supply is $0 for generics and $140 for non-generics. ***Specialty Tier:*** You pay no more than $35 for one month's supply of each covered insulin product on this tier. *Standard cost sharing:* You pay 20% of the total cost with a $100 maximum per prescription. Your cost for a 32-day to 90-day supply is $0 for generics. *Preferred cost sharing:* You pay 20% of the total cost with a $100 maximum per prescription.	Your cost for a one-month supply is $90. Your cost for a 32-day to 90-day supply is $180. *Preferred cost sharing:* Your cost for a one-month supply is $85. Your cost for a 32-day to 90-day supply is $170. ***Specialty Tier:*** You pay no more than $35 for one month's supply of each covered insulin product on this tier. *Standard cost sharing:* You pay 20% of the total cost with a $120 maximum per prescription. *Preferred cost sharing:* You pay 20% of the total cost with a $120 maximum per prescription. ***Mail Order:*** You pay a $0 copay for generic drugs. You pay two times the mail-order applicable non-generic copay for a 32-day to a 92-day supply. You pay no more than $35 for one month's supply of each covered insulin product on this tier.

Stage	2024 (this year)	2025 (next year)
	Your cost for a 32-day to 90-day supply is $0 for generics. ***Mail Order:*** You pay a $0 copay for generic drugs. You pay two times the mail-order applicable copay on non-generics for a 32-day to 90-day supply. You pay no more than $35 for one month's supply of each covered insulin product on this tier.	
Stage 3: Catastrophic Coverage Stage	When out-of-pocket costs reach $8,000, you pay $0.	When out-of-pocket costs reach $2,000, you pay $0.

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand-name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 3 Administrative Changes

Description	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). To learn more about this payment option, please contact BCN Advantage Customer Service at **1-800-450-3680** (TTY:**711**) or visit **Medicare.gov**.

SECTION 4 Deciding which plan to choose

Section 4.1 – If you want to stay in BCN Advantage Group HMO-POS

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 MPSERS BCN Advantage Group HMO-POS.

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 the 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 the Michigan Medicare Assistance Program at **1-800-803-7174** (TTY: **711**). You can learn more about the Michigan Medicare Assistance Program by visiting their website (mmapinc.org).

SECTION 6 Programs that help pay for prescription drugs

You may qualify for help paying for prescription drugs.

- **"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, yearly 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 8 a.m. to 5 p.m. Eastern time, Monday through Friday. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.
- "Extra Help" from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact BCN Advantage Customer Service at **1-800-450-3680** (TTY: **711**) or visit **Medicare.gov**.

SECTION 7 Questions?

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

Questions? We're here to help. Please call BCN Advantage Customer Service toll-free at **1-800-450-3680**. (TTY: **711**.) We are available for phone calls Monday through Friday 8 a.m. to 8 p.m. Eastern time. 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 Group HMO-POS. 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 BCN Advantage Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our website

You can also 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 and our Drug List at **bcbsm.com/mpsers**.

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 (**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** 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**.