

Medicare Plus BlueSM Group PPO offered by Blue Cross Blue Shield of Michigan

University of Michigan

Annual Notice of Changes for 2025

You are currently enrolled as a member of the Medicare Plus Blue Group PPO plan. 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 you 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/umichmaplans. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

The Medicare Plus Blue Group PPO plan allows for enrollment changes at any time during the year. However, if you disenroll you may not be able to enroll into the group plan again until the open enrollment period of the following plan year. Please contact Customer Service at 1-855-669-8040 from 8 a.m. to 8 p.m. Eastern time, seven days a week from October 1 - March 31. Available from 8 a.m. to 5:30 p.m. Eastern Time, Monday through Friday from April 1 - September 30. for more information.

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.

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.

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

- The Open Enrollment period is October 21 through November 1.
- If you don't join another plan, you will be enrolled in the Medicare Plus Blue Group PPO plan.
- To change to a different plan, you can switch plans during the open enrollment period. Your new coverage will start on January 1, 2025. This will end your enrollment with Medicare Plus Blue Group PPO.
- 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.
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Additional Resources

- Please contact our Customer Service at 1-855-669-8040 from 8 a.m. to 8 p.m. Eastern time, seven days a week from October 1 - March 31. Available from 8 a.m. to 5:30 p.m. Eastern Time, Monday through Friday from April 1 - September 30. For more information. TTY users call 711. 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 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 the Medicare Plus Blue Group PPO plan

- Blue Cross Blue Shield of Michigan is a PPO plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Michigan depends on contract renewal.

- When this document says “we,” “us,” or “our,” it means Blue Cross Blue Shield of Michigan. When it says “plan” or “our plan,” it means Medicare Plus Blue Group PPO plan.
- Out-of-network/non-participating providers are under no obligation to treat Medicare Plus Blue Group PPO plan 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.
- 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.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for the Medicare Plus Blue Group PPO plan in several important areas. Please note this is only a summary of costs.

Cost	2024 (this year)	2025 (next year)
<p>Monthly plan premium</p>	<p>Please contact the University of Michigan for information about your plan premium.</p>	<p>Please contact the University of Michigan for information about your plan premium.</p>
<p>Maximum out-of-pocket amounts</p> <p>This is the <u>most</u> you will pay out of pocket for your covered services. (See Section 1.2 for details.)</p>	<p>Combined in-network and out-of-network: \$3,000 per individual</p>	<p>Combined in-network and out-of-network: \$3,000 per individual</p>
<p>Doctor office visits</p>	<p>Primary care visits: \$25 copay per visit Specialist visits: \$30 per visit</p>	<p>Primary care visits: \$10 copay per visit Specialist visits: \$10 copay per visit</p>
<p>Inpatient hospital stays</p>	<p>Inpatient hospital care is covered at 100% of the approved amount.</p>	<p>Inpatient hospital care is covered at 100% of the approved amount.</p>

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)
<p>Monthly premium You must also continue to pay your Medicare Part B premium.</p>	<p>Please contact the University of Michigan for information about your plan premium.</p>	<p>Please contact the University of Michigan for information about your plan premium.</p>

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

Cost	2024 (this year)	2025 (next year)
<p>Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.</p>	<p>Combined in-network and out-of-network: \$3,000 per individual</p>	<p>Combined in-network and out-of-network: \$3,000 per individual Once you have paid \$3,000 out of pocket for covered Part A and Part B services, you will pay nothing for your Part A and Part B services for the rest of the calendar year.</p>

Medicare requires all health plans to limit how much you pay out of pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Section 1.3 – Changes to the Provider Network

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

If your provider is not on our Provider Directory, confirm that they will continue to accept your Medicare Plus Blue Group PPO plan insurance card. The Medicare Plus Blue Group PPO plan has a passive network. If an out-of-network provider accepts Medicare and agrees to accept your Medicare Plus Blue Group PPO plan insurance card, Blue Cross will reimburse the submitted claim at the Original Medicare rate for the services billed.

There are changes to our network of providers for next year. **Please review the 2025 *Provider Directory* at www.bcbsm.com/umichmaplans 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)
Acupuncture services	You pay a \$20 copay for acupuncture for chronic low back pain services in an office setting.	You pay a \$10 copay for acupuncture for chronic low back pain services in an office setting.
Chiropractic services	You pay a \$20 copay for chiropractic services.	You pay a \$10 copay for chiropractic services.
Hearing services	You pay a \$25 copay with a primary care provider or a \$30 copay with a specialist.	You pay a \$10 copay with a primary care provider or a specialist.

Cost	2024 (this year)	2025 (next year)
Outpatient mental health care	You pay a \$25 copay for an outpatient mental health office or telehealth visit with your primary care provider or a \$30 copay for a visit with a specialist.	You pay a \$10 copay for an outpatient mental health office or telehealth visit with your primary care provider or with a specialist.
Outpatient rehabilitation services	You pay a \$25 copay for physical therapy, speech therapy and occupational therapy visits.	You pay a \$10 copay for physical therapy, speech therapy and occupational therapy visits.
Physician/Practitioner services, including doctor’s office visits	You pay a \$25 copay for an office or telehealth visit with a primary care provider or a \$30 copay for an office or telehealth visit with a specialist.	You pay a \$10 copay for an office or telehealth visit with a primary care provider or an office or telehealth visit with a specialist.
Psychiatric services - therapy visit	You pay a \$25 copay for psychiatric therapy visits or \$30 copay for a visit with a specialist.	You pay a \$10 copay for psychiatric therapy visits or visits with a specialist.
Retail health clinic services	You pay a \$25 copay for retail health clinic services.	You pay a \$10 copay for retail health clinic services.
Urgent care visits	For urgent care visits, you pay a \$25 copay.	For urgent care visits, you pay a \$10 copay.
Enhanced Benefits		

Cost	2024 (this year)	2025 (next year)
Autism Spectrum Disorder Services (No age limit)	You pay a \$25 copay for physical therapy, speech therapy and occupational therapy visits or other covered services including mental health services for autism spectrum disorder	You pay a \$10 copay for physical therapy, speech therapy and occupational therapy visits or other covered services including mental health services for autism spectrum disorder
Chiropractic services	You pay a \$20 copay for chiropractic services.	You pay a \$10 copay for chiropractic services.
Hearing aids and services	<p>You pay a \$25 copay with a primary care provider OR a \$30 copay with a specialist.</p> <p>Covered up to the \$2,000 maximum allowance, every 36 months, including applicable dispensing fees.</p>	<p>You pay a \$10 copay with a primary care provider or with a specialist.</p> <p>Covered up to the \$2,500 maximum allowance, every 36 months, including applicable dispensing fees.</p>
Temporomandibular joint dysfunction (TMJ) treatment	You pay a \$30 copay for temporomandibular joint dysfunction treatment office visit with your primary care provider.	You pay a \$10 copay for temporomandibular joint dysfunction treatment office visit with your primary care provider.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Medicare Plus Blue Group PPO

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 November 1, you will automatically be enrolled in our Medicare Plus Blue Group PPO plan.

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 (see Section 4), or call Medicare (see Section 6.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, contact the University of Michigan. You will automatically be disenrolled from Medicare Plus Blue Group PPO if you change plans.
 - To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Medicare Plus Blue Group PPO.
- To **change to Original Medicare without a prescription drug plan**, you must:
 - 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 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, please contact the University of Michigan.

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 (MMAP). For a list of SHIPs in other states, refer to *Exhibit 1* at the back of your *Evidence of Coverage* located at www.bcbsm.com/umichmaplans.

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. TTY users should call 711. You can learn more about MMAP 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.

SECTION 6 Questions?

Section 6.1 – Getting Help from Medicare Plus Blue Group PPO

Questions? We’re here to help. Please call Customer Service at 1-855-669-8040. (TTY only, call 711.) We are available for phone calls Monday through Friday 8:30 a.m. to 5:00 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 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 and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.bcbsm.com/umichmaplans. You can review the *Evidence of Coverage* to see your benefits in greater detail. You may also call Customer Service to ask us to mail a copy of your *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.bcbsm.com/umichmaplans. 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 (www.medicare.gov/publications/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.