



Medicare Plus BlueSM and Prescription BlueSM are PPO and PDP plans with a Medicare contract. Enrollment in Medicare Plus BlueSM and Prescription depends on contract renewal.

Trust Groups MAPD & PDP Benefits

2025 Offerings

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross Blue Shield Association.



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

Agenda



- Medicare basics
- Getting started
- Group plan benefits
- Health & well-being programs
- Prescription drugs



Your Integrated Account Team



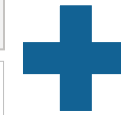
Cone Agency

- Trust Representation for all plan offerings to the VEBA Trust members
- Negotiates on behalf of the VEBA Trusts members rates and plan design
- They are your agent



Benistar team of experts to support you

- Main point of contact / support
- Addresses Part D related questions including formulary and drug utilization
- Responds to concerns related to call center, member experience, and operations
- They are your Third-Party Administrator and call center



BCBSM Team of experts to support you

- Partners with Benistar and Cone Agency to provide day-to-day expertise and strategic direction on MA product, benefits and services
- Assists with coordinating disease and case management as well as care coordination as needed

Your Medicare Advantage Consultant working alongside your Commercial Account Team and a dedicated group of experts to minimizing the administrative burden and providing transparency and guidance through all phases of our partnership

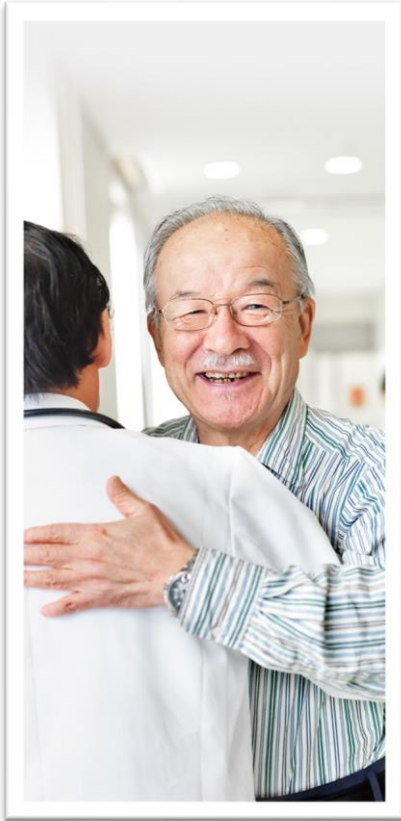
Medicare basics



Medicare basics



A Medicare Advantage plan (Part C) gives you complete coverage.



Part A includes:

- Hospital care
- Skilled nursing facility care
- Hospice
- Home health care

Premium

- There is no charge for people who have at least 40 work credits

Part B includes:

- Provider visits
- Mental health care
- Outpatient surgery
- Lab tests
- Durable medical equipment

Premium

- You must pay your Part B premium every month
- Your premium depends on your sign-up date and income

Part D includes:

- Prescription drugs
- Part D is a government-sponsored program that helps cover prescription drug costs

Part C includes:

- Original Medicare covered services
- Original Medicare rights and protections
- May include extra benefits, such as SilverSneakers® and care management services

You must continue to pay your monthly Part B premium

Getting started with your PPO plan

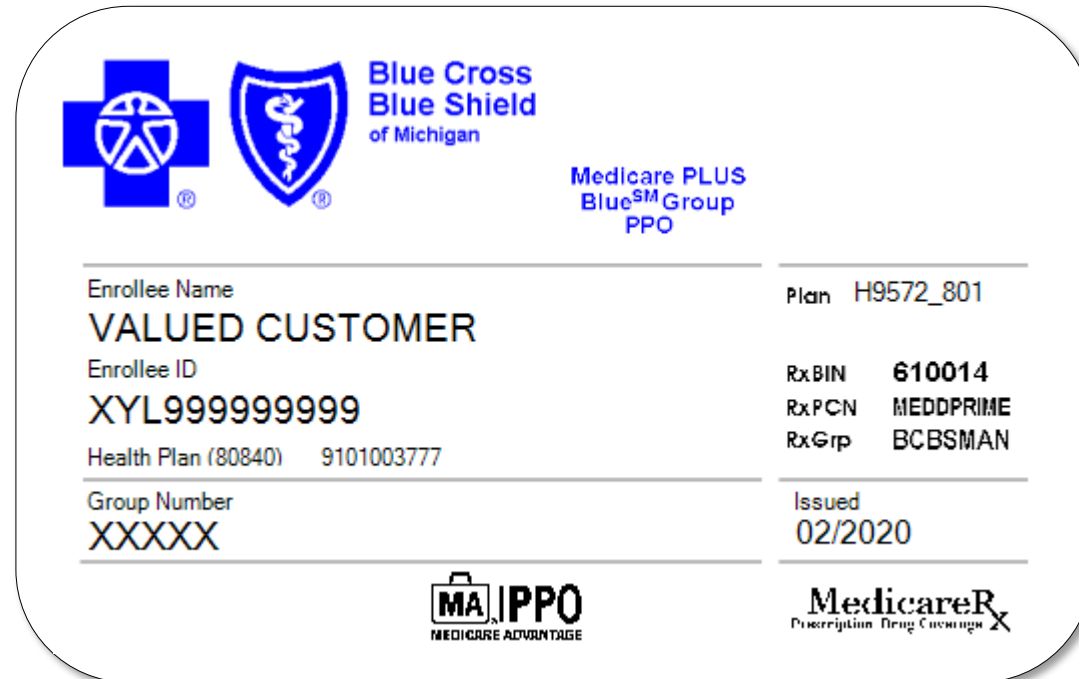


Membership confirmation and ID card




Put your red, white and blue Medicare card in a safe place, you only need your Blue Cross ID card for medical services and prescription drugs

There are separate cards for dental and vision



Dental and Vision ID card




**Blue Cross
Blue Shield**

Enrollee Name
VALUED CUSTOMER

Enrollee ID
XYQ888888888

Issuer (80840) 9101003777

Group Number **007041642** Issued: **06/2020**

 **Blue
Dental** **Blue
Vision**

Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd., Detroit, MI 48226-2998
A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Use of this card is subject to terms of
applicable contracts, conditions and user
agreements.

Dental, Vision, and Pharmacy providers:
file claims according to your network
contract. All other providers: file claims
with the local BCBS plan. For Medicare
claims, bill Medicare.

bcbsm.com

Customer Service: **877-790-2583**
To locate participating
providers outside of Michigan: **800-810-2583**
Misuse may result in prosecution.
If you suspect fraud, call: **800-482-3787**

Benefits & Eligibility: **800-676-2583**
DNoA Pref Network (Dental): **888-826-8152**
VSP - Vision: **800-877-7195**
24 Hr./7 Day Nurse Help Line: **800-775-2583**

Mental Health/Substance
Abuse Preauthorization: **800-762-2382**
Precertification: **800-572-3413**

If you already have Dental and Vision, you won't receive a new card.

When we'll contact you

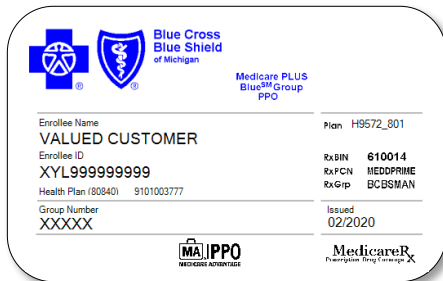


Welcome call and new ID card

Health assessment; we'll remind you to schedule your annual exam and connect to member programs

Coordination of benefits survey

Offer preventive care that can help reduce your out-of-pocket and overall health care costs and share benefits for the upcoming year



BLUES' MEDICARE ADVANTAGE HEALTH ASSESSMENT

Please use a blue or black pen or a pencil to complete the questionnaire. Print clearly to fill out each appropriate text box as shown.

Name: <insert name> Today's Date: [][]-[][]-[][][][]

Date of Birth: [][]-[][]-[][][][] Address: <insert address>

Enrollee ID (the number on your ID card): XY [][]-[][][][][][][][][][]

1. In general, would you say your health is: (Mark one answer)

Excellent Very good Good Fair Poor

2. Please mark all those conditions for which you are currently receiving medical treatment:

Breathing problems (COPD, emphysema, or chronic bronchitis) Arthritis High blood pressure (hypertension) Mental problems Heart problems (heart failure, heart attack, coronary artery disease) Ankle/leg swelling Urinary problems Cancer

3. In the previous 12 months, have you been treated by a doctor for any of the following conditions? (Mark all that apply)

High cholesterol Yes No

Asthma Yes No

Bone disease (osteoporosis or brittle bones) Yes No

Chronic kidney disease (CKD) or end-stage renal disease (ESRD) Yes No

Stroke, mini-stroke, or transient ischemic attack (TIA) Yes No

COORDINATION OF BENEFITS QUESTIONNAIRE

Please call our automated response number at 1-866-263-9484 or login to our mobile app and click Coordination of Benefits under My Account from the app menu if you, your spouse or any of your covered dependents do not have coverage through another healthcare plan.

If there is coverage through another healthcare plan, excluding Medicare and Auto Insurance, you can update your coordination of benefits information at bluesm.com/cob or complete this form and mail/fax back to BCBSM. Thank you!

SECTION 1: YOUR COVERAGE INFORMATION

Are you, your spouse or any of your dependents covered by another health plan other than Medicare?

NO - Please skip the rest of the questions, sign the bottom of this form and return it in the envelope provided. YES - Please complete the entire form, sign at the bottom and return it in the envelope provided.

SECTION 2: OTHER HEALTH COVERAGE INFORMATION

Please provide the following information about the policy holder of the other health coverage. Attach additional pages if needed.

Name of policy holder of other coverage	Relationship to you	Employer	Birth date
Insurance company name	Insurance company city	State	Phone number
Enrollee ID / policy number	Group number	Effective date	Cancellation date (if applicable)
Type of coverage	Is this a retiree contract?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of plan:
<input type="checkbox"/> Single <input type="checkbox"/> Family	Is this a COBRA contract?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Medical <input type="checkbox"/> Prescription drugs
	Is policy holder laid-off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Dental <input type="checkbox"/> Medicare Advantage

Who is covered by this other plan? (include yourself if applicable)

1	Name (first and last)	Relationship to you
2		
3		

SECTION 3: SPECIAL SITUATIONS

Fill out this section only if your children have health care coverage in addition to the above because of divorce, separation or court order.

Is there a court order that determines responsibility for health care? No Yes (attach a copy of the sections that apply to health care order)



TIP: We use vendor partners to offer some of our health programs. They may contact you on our behalf. Call our Customer Service team if you have questions or concerns about these communications.

Understanding your MAPD materials



Medicare-eligible retirees can expect to receive the following materials as part of the pre- and post-enrollment process

Pre-enrollment documents



Medicare Plus BlueSM Group PPO
Medical Benefits with Prescription Drugs

City of Detroit General Retiree Health Care Trust

Benefits-at-a-Glance

January 1, 2025 - December 31, 2025

The benefit information provided is a summary of what we cover and what you pay. A complete list of services is found in the Evidence of Coverage and Medical Benefits Chart. If you have any questions about the plan's benefits or costs, please call Medicare Plus Blue Group PPO Customer Service (phone numbers are on the back cover of this document). You can always view the most current Evidence of Coverage and Medical Benefits Chart on our website.

To join Medicare Plus Blue Group PPO, you must be enrolled in Medicare Part A, be enrolled in Medicare Part B, and live in our service area of the United States and its territories. Incorporated individuals are not considered living in the geographic service area even if they are physically located in it. You must be a United States citizen or lawfully present in the United States.

Comprehensive Formulary
6/19/2020

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

www.bcbm.com/medicare

H5172_G025AC04BAC_H_FY04_0024

Benefits-at-a Glance

Election Form

Post-enrollment documents



Welcome letter



Medicare Plus BlueSM Group PPO

January 1 - December 31, 2025

Evidence of Coverage

Your Medicare Health Benefits and Services and Prescription Drug Coverage as a Member of Medicare Plus Blue Group PPO

This document gives you the details about your Medicare health care and prescription drug coverage from January 1 - December 31, 2025. This is an important legal document. Please keep it in a safe place.

For questions about this document, please contact Customer Service at 1-800-684-6216. (TTY users should call 711. Hours are 8:00 a.m. to 5:00 p.m., Eastern time, Monday through Friday. From October 1 through March 31, hours are from 8 a.m. to 5 p.m., Eastern time, seven days a week. This call is free.)

This plan, Medicare Plus Blue Group PPO, is offered by Blue Cross Blue Shield of Michigan. (When this Evidence of Coverage says "we," "us," or "our," it means Blue Cross Blue Shield of Michigan. When it says "your" or "your plan," it means Medicare Plus Blue Group PPO.)

This information is available in a different format including large print.

Benefits, premiums, deductibles, and copayments/coinsurance may change on January 1, 2026.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

We will notify affected enrollees about changes at least 30 days in advance.

This document explains your benefits and rights. Use this document to understand about:

- Your plan premium and cost sharing.
- Your medical and prescription drug benefits.
- How to file a complaint if you are not satisfied with a service or treatment.
- How to contact us if you need further assistance, and.
- Other protections required by Medicare law.

H5172_G025SHAR00C_C_FY04_0024
OMB Approval #0301-1051 (Expires: August 31, 2026)

Evidence of Coverage

Explanation of Benefits (medical)



- Summarizes the total cost of the medical services you received
- Shows you what your health care provider billed BCBSM, what BCBSM paid the provider and your share of the cost
- Explains what your deductible and yearly out-of-pocket maximums are and how much you've paid toward them
- You'll receive an explanation of benefits for services billed during the previous month

MONTHLY REPORT

**Explanation of Benefit Payments
Processed in March 2021**

Statement Date:
For
Member ID:

This is not a bill:

- This monthly report of claims we have processed tells what care you have received, what the plan has paid, and how much you have paid out of pocket (or can expect to be billed).
- If you owe anything, your doctors and other health care providers will send you a bill.
- This report covers medical and hospital care only. We send a separate report on Part D prescription drugs.
- If you notice something suspicious that might be dishonest billing, you can report it by calling the BCBSM Anti-Fraud Hotline at 1-888-650-8136, Monday-Friday, 8:30am - 4:30 pm EST. (TTY/TDD only: 711) or 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users should call 1-877-486-2048.)

Blue Cross Blue Shield of Michigan Customer Service

If you have questions, call us at 1-877-241-2583

We are here 8:00 a.m. to 9:00 p.m. EST, seven days a week from October 1 through March 31; 8:00 a.m. to 9:00 p.m. EST, Monday through Friday, from April 1 through September 30.

TTY / TDD only: 711

Customer Service has free language interpreter services available for non-English speakers.

Medicare Plus Blue PPO
600 E. Lafayette
Mailcode X521
Detroit, MI 48226

01MCHCVR Mar2020

Trust Group's (DSRA, Auto, Airline, and Steel) PPO plan benefits



Key Terms



Deductible?

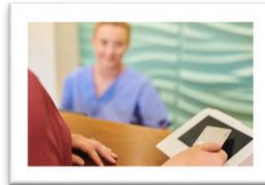
Deductible

The amount you pay before your plan begins to pay its share



Coinsurance

The percentage of the cost of the service that you pay



Copayment

Fixed dollar amount you pay each time you use a provider's services, like an office visit



Out-of-pocket maximum

The most you must spend for copays, coinsurance and deductibles in a year

Your MAPD 2025 Plan Choices - New to you for 2025



VEBA Trusts Options

VEBA Trusts Options			
OPTIONS	<u>Diamond</u>	<u>Emerald</u>	<u>Ruby</u>
TYPE OF NETWORK	No Network	No Network	No Network
OUT OF POCKET MAXIMUM	\$0	\$750	\$4,500
DEDUCTIBLE	\$0	\$0	\$0
COINSURANCE	0%	20%	20%
INPATIENT	No Cost	20% Coinsurance	20% Coinsurance
OUTPATIENT	No Cost	20% Coinsurance	20% Coinsurance
OFFICE VISIT	\$0	\$5	\$20
CHIROPRACTIC	\$0	\$5	\$20
SPECIALIST	\$0	\$15	\$40
URGENT CARE	\$0	\$10	\$50
FACILITY EVALUATION	No Cost	20% Coinsurance	20% Coinsurance
MENTAL HEALTH	\$0	\$5	\$25
SURGICAL SERVICES	No Cost	20% Coinsurance	20% Coinsurance
OTHER PHYSICIAN SERVICES	No Cost	20% Coinsurance	20% Coinsurance
PREVENTATIVE	No Cost	No Cost	No Cost
EMERGENCY	\$0	\$75	\$90
AMBULANCE SERVICES	No Cost	20% Coinsurance	20% Coinsurance
DURABLE MEDICAL EQUIPMENT	No Cost	20% Coinsurance	20% Coinsurance
Plan Cost with Medical and High Rx	\$281.70	\$227.04	\$106.90

All premiums 2025 are **NOT** inclusive of the \$3-\$5 VEBA Fee, please call Benistar for final rates or check the website.

1-800-236-4782 EST

* High Rx is included with Diamond and Emerald, Ruby has its own Rx plan

MAPD Drug Plan with Diamond & Emerald



High Plan PDP	Preferred Rx	Standard Rx
Prior Authorization/Step Therapy	Yes	Yes
Rx Deductible	\$0	\$0
Tier 1	\$2	\$10
Tier 2	\$2	\$10
Tier 3	\$40	\$50
Tier 4	\$75	\$100
Tier 5	30% Member Cost	30% Member Cost
90 Day Supply*	x2	x2

Your new Prescription Drug Benefits covers you through the Donut Hole

There is no extra out-of-pocket expense

MAX OUT OF POCKET OF \$2k

*Member may get a 90-day supply at their local pharmacy or mail order for the same x2 co-pay

Additional Prescription Drug Services

Oral and injectable contraceptives	Covered
Smoking cessation drugs	Covered
Weight loss drugs	Covered
Impotency drugs	Covered

- **Most Common Preferred Pharmacies:**
 - Walmart, Kroger & Walgreens
- **Most Common Standard Pharmacies:**
 - CVS & Winn-Dixie

MAPD Drug Plan Ruby



Ruby Plan PDP	Preferred Rx	Standard Rx
Prior Authorization/Step Therapy	Yes	Yes
Rx Deductible	\$0	\$0
Tier 1	\$10	\$15
Tier 2	\$10	\$15
Tier 3	\$45	\$50
Tier 4	\$90	\$100
Tier 5	30% Member Cost	30% Member Cost
90 Day Supply*	x2	x2

Your new Prescription Drug Benefits covers you through the Donut Hole

There is no extra out-of-pocket expense

MAX OUT OF POCKET OF \$2k

*Member may get a 90-day supply at their local pharmacy or mail order for the same x2 co-pay

Additional Prescription Drug Services

Oral and injectable contraceptives	Covered
Smoking cessation drugs	Covered
Weight loss drugs	Covered
Impotency drugs	Covered

- **Most Common Preferred Pharmacies:**
 - Walmart, Kroger & Walgreens
- **Most Common Standard Pharmacies:**
 - CVS & Winn-Dixie

Medicare Advantage PPO providers



Your plan allows you to go to any
doctor or hospital that accepts Medicare
What does this mean?

- You have freedom to choose any provider, specialist or hospital that accepts Medicare
- Referrals are **NOT** required
- Member out-of-pocket costs are the same as long as the doctor or hospital accepts Medicare and bills BCBSM

In-network

A Medicare provider who has a contractual agreement to be a part of the Blue Cross Blue Shield Medicare Advantage PPO Network

How to find a participating provider



- During your welcome call, the representative can check to see if your current provider accepts Medicare
- Call the Customer Service number on the back of your Blue Cross ID card. TTY users, please call 711
- Visit www.bcbsm.com/medicare, and click *Find a Doctor*
- Ask the billing department of your provider's office if you can participate with the Medicare Advantage PPO plan offered by Blue Cross
- Download the BCBSM Mobile app. It's available in the App Store® for iPhones and Google Play™ for smartphones using Android. Search for BCBSM. The app isn't yet available for tablets

Prior authorization programs



- Prior authorization for medical services is one way health plans make sure you receive high-quality care as you and your provider develop a personalized treatment plan
- It may be necessary for your provider to have certain services in your treatment plan approved by Blue Cross
- If a request for service isn't approved, you and your provider will both receive a letter detailing the rationale and the process to request reconsideration (appeal), if needed

Durable Medical Equipment, DME



Medical Supplies

- Durable medical equipment such as prosthetics, orthotics, canes, walkers, wheelchairs, braces, artificial limbs, as well as diabetic therapeutic shoes or inserts
- A prescription is required
- Contact Northwood at **1-800-667-8496** to coordinate your supplies or find an in-network provider

Diabetic Testing Supplies

- Diabetes monitoring supplies including glucometers, insulin pumps, test strips, and lancets
- A prescription is required
- Contact Northwood at **1-800-667-8496** to coordinate your supplies or find an in-network provider

Continuous Glucose Monitors (CGM)

- CGM including sensors and receivers **DO NOT** go through Northwood. They must be obtained from the Medicare Advantage pharmacy network.
- A prescription is required
- Please call the number on the back of your card for assistance for getting a CGM

Virtual Care



- We offer safe and secure online medical and behavioral health services through your phone, tablet or computer from anywhere in the U.S.
- Virtual Care offered through Teladoc Health® has 24/7 access to U.S. board-certified medical providers trained in telemedicine to treat non-emergency illnesses. Behavioral health services are available by appointment from 7 a.m. to 9 p.m. seven days a week.



How can you access this benefit?

- Download the Teladoc Health app
- Visit bcbsmonlinevisits.com/virtualcare
- Call **800-835-2362**; TTY call **855-636-1578**

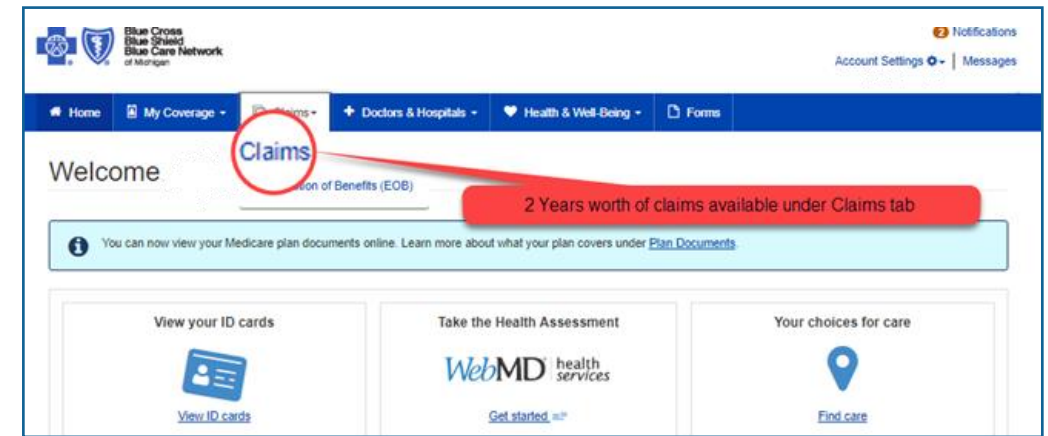
24/7 access to plan information



Blue Cross mobile app

You can use the app to:

- Find a participating primary care provider and preferred pharmacies
- Track costs, check deductibles and out-of-pocket balances
- Check claims and explanation of benefits statements
- View your plan coverage
- View your virtual ID card



Blue Cross member portal

- View recent claim activity online and compare provider's bill to your Explanation of Benefits statement using the Blue Cross member portal
- Log in at <http://bcbsm.com/index/members/online-account>

Travel within or outside of the U.S.



TRAVEL COVERAGE

DOMESTIC TRAVEL

- Urgent and emergency care is covered when traveling **outside of your service area**
- Extra services such as dialysis, infusions, or labs. Contact customer service for assistance before travel
- Other services reviewed for coverage
- Normal cost share applies

INTERNATIONAL TRAVEL

- Urgent and emergency care is covered when traveling internationally
- Contact Global Core
- **1-800-810-BLUE** to find doctors, hospitals and resources outside of the U.S.
- Or go to www.bcbsglobalcore.com or mobile app to find medication, file a claim or translate medical terms while traveling internationally

Exceptional customer service



- A designated Medicare Advantage Service Center
- Complete issue resolution on first contact for 90% of all calls
- Proactive member outreach
- Coverage determination assistance

Your specialized service team is:

- Knowledgeable and accurate
- Courteous, friendly, respectful and empathetic
- Honest and sincere

Members can access Benistar by calling **1-800-236-4782** EST Monday – Friday from 8:30am-5:30pm

Blue Cross Health & Well-Being programs





Fitness program benefits:

- Membership in a network of thousands of health clubs and exercise classes
- Exercise at your own pace with people in your age group
- Online support to help you lose weight, reduce stress
- Online classes, walking and home fitness programs

SilverSneakers® Tuition Rewards

- SilverSneakers® members can earn college tuition discounts for loved ones simply by exercising



SilverSneakers®
by Tivity Health

Visit:

- [SilverSneakers.com](https://www.silversneakers.com) for participating fitness locations
- [SilverSneakers.tuitionrewards.com](https://www.silversneakers.com/tuitionrewards) to learn about Tuition Rewards

Or call:

1-866-584-7352,
Monday through Friday,
8 a.m. to 8 p.m. Eastern time.
TTY users, call 711.

Virtual services



Blue Cross® Virtual Well-Being

- A live, 15-minute weekly webinar designed to support you on your well-being journey. Webinar categories include physical health, financial wellness and emotional health

Visit: www.mibluesperspectives.com/virtual-webinars/members/

24-Hour Nurse Line

- Enables you to speak with a registered nurse anytime. Nurses are available around the clock and just a phone call away. Reach out any time you have questions about the coronavirus or need medical advice. There is no cost to members for using the Nurse Line

Visit: www.bcbsm.com/index/members/health-wellness/nurse-line.html

MiBlue Virtual AssistantSM

- An interactive, automated chat available 24/7 through your online Blue Cross member account. It can help you check your coverage, find claims, search for providers and more

Blue Cross[®] Coordinated Care



Nurse-led care teams are the backbone for care in our integrated care program. A registered nurse will reach out if you are identified for the Coordinated Care program; a custom care program will be set up to improve your health and well-being

Registered nurses work directly with you to coordinate the best care to meet your specific needs

Care teams include:

- Medical directors to collaborate with providers and provide medical expertise
- Pharmacists to educate and advise you about the right medications
- Dietitians to provide targeted nutritional education and coaching
- Social workers to address nonmedical health factors and locate community resources
- Behavioral health specialists to help with stress, depression, anxiety and other issues

Additional well-being programs



- Advance Care Planning
- Caregiver Support
- Collaborative Care
- Palliative Care



- Meals Delivery
- Non-emergency Medical Transportation
- Online Visits
- Remote Monitoring

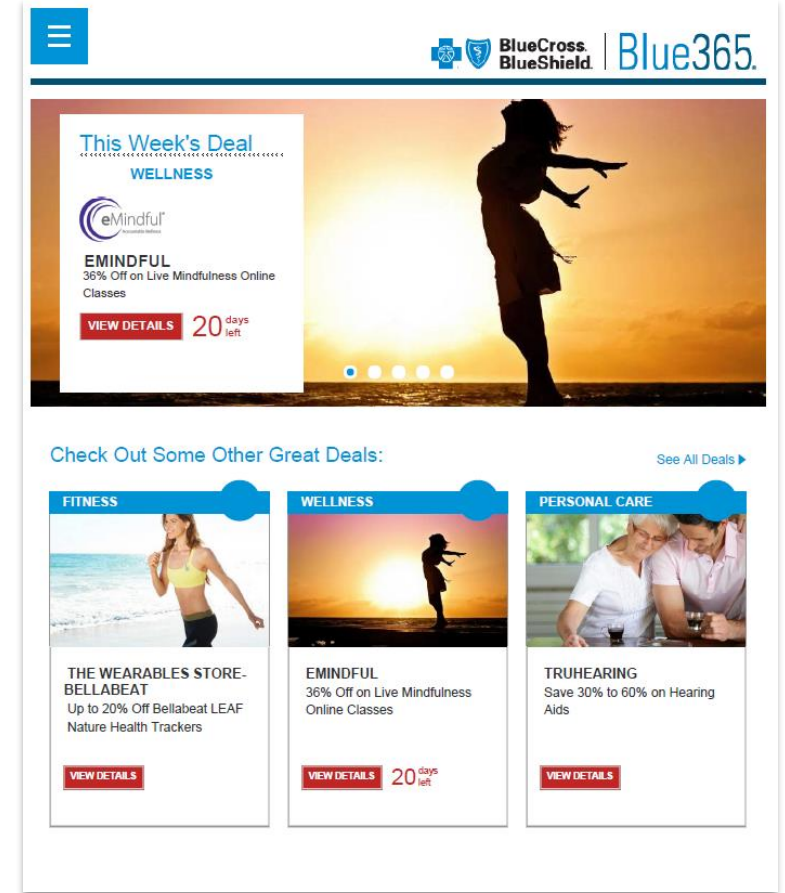


- Diabetes Management
- Supervised Exercise Therapy (SET)
- Tobacco Cessation Coaching powered by WebMD



Blue365 offers exclusive health and wellness deals, keeping you healthy and happy, every day of the year! As a member of Blue Cross' Medicare Plus Blue PPO, you automatically have access to nationwide discounts

Visit: www.blue365deals.com



Call the Blue Cross Engagement Center for access to these programs



Our knowledgeable specialists are here to answer your questions about any of the programs or services offered through Blue Cross Health & Well-Being

We can help:

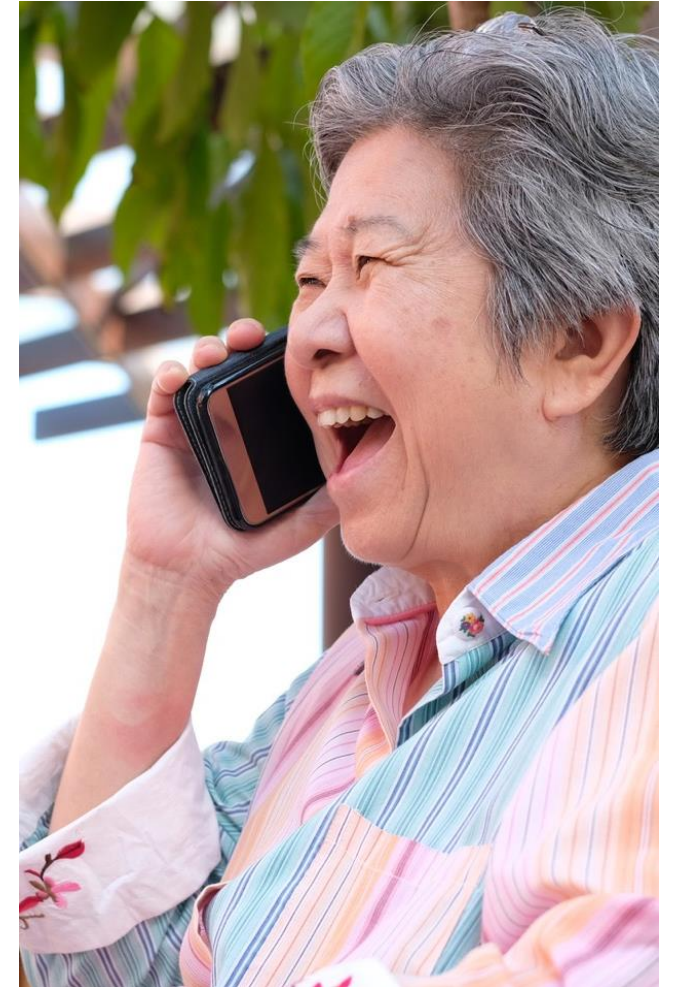
- Coordinate program referrals
- Find personal or specialist providers

1-800-775-2583

Monday through Friday, 8 a.m. to 6 p.m. Eastern time

TTY users, call 1-800-240-3050

Monday through Friday, 8 a.m. to 8 p.m. Eastern time



Prescription drugs



Getting the most out of your Part D plan



- If you've decided to stay with your current medical plan, you may choose one of two Prescription (Part D) plans
- These plans may not be combined with any other Medicare Advantage plans, they may be combined with a supplemental plan such as the one you currently have in place
- You may choose the High plan, which is currently bundled with the Diamond & Emerald MAPD plans or the Low plan which is only offered as part of the stand-alone PDP choice
- Both plans offer you 5 Tiers of Drug coverage, which we will cover on the next slide

Your formulary drug tiers: Has a formulary, list of drugs



- Your formulary is a list of drugs covered by your plan
- Out-of-pocket cost is applied based on drug tiers and pharmacy type:
 - Tier 1 = Preferred generic drugs
 - Tier 2 = Generic
 - Tier 3 = Preferred brand drugs
 - Tier 4 = Non-preferred drugs
 - Tier 5 = Specialty drugs

Your plan doesn't have a coverage gap, no donut hole, as with other Part D prescription plans. This means you continue to pay your plan's copay until you reach the catastrophic phase, where your out-of-pocket cost may be lower but never more than your group plan copay

High Plan Prescription drugs

2025 pricing: **\$99.20**



High Plan PDP	Preferred Rx	Standard Rx
Prior Authorization/Step Therapy	Yes	Yes
Rx Deductible	\$0	\$0
Tier 1	\$2	\$10
Tier 2	\$2	\$10
Tier 3	\$40	\$50
Tier 4	\$75	\$100
Tier 5	30% Member Cost	30% Member Cost
90 Day Supply*	x2	x2

Your new Drug Benefits cover you through the Donut Hole
There is no extra out-of-pocket expense

MAX OUT OF POCKET OF \$2k

*Member may get a 90-day supply at their local pharmacy or home delivery for the same x2 co-pay

Additional Prescription Drug Services

Oral and injectable contraceptives	Covered
Smoking cessation drugs	Covered
Weight loss drugs	Covered
Impotency drugs	Covered

- Most Common Preferred Pharmacies:
 - Walmart, Kroger & Walgreens
- Most Common Standard Pharmacies:
 - CVS & Winn-Dixie

Low Plan Prescription drugs

2025 pricing: **\$78.70**



Low Plan PDP	Preferred Rx	Standard Rx
Prior Authorization/Step Therapy	Yes	Yes
Rx Deductible	\$0	\$0
Tier 1	\$5	\$10
Tier 2	\$5	\$10
Tier 3	\$50	\$60
Tier 4	\$80	\$100
Tier 5	35% Member Cost	35% Member Cost
90 Day Supply*	x2	x2

Your new Drug Benefits cover you through the Donut Hole
There is no extra out-of-pocket expense

MAX OUT OF POCKET OF \$2k

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Additional Prescription Drug Services

Oral and injectable contraceptives	Covered
Smoking cessation drugs	Covered
Weight loss drugs	Covered
Impotency drugs	Covered

- Most Common Preferred Pharmacies:
 - Walmart, Kroger & Walgreens
- Most Common Standard Pharmacies:
 - CVS & Winn-Dixie

Understanding your pharmacy network



You have access to more than 62,000 pharmacies nationwide including more than 23,000 preferred pharmacies. Nearly all Michigan pharmacies are in our network*

- A network pharmacy has a contract with the plan to provide your covered prescription drugs. In most cases, your prescriptions are covered only if they're filled at the plan's network pharmacies
- Preferred: A network pharmacy where you pay a lower out-of-pocket costs
- Standard: A network pharmacy where you pay standard out-of-pocket costs

Preferred Network chain pharmacies*

- Costco
- Kroger
- Meijer
- Rite Aid
- Sam's Club
- Walgreens
- Walmart

Take advantage of home delivery of your prescriptions through:

- OptumRx Toll-free: 1- 855-810-0007
- AllianceRx Walgreens Prime Home Delivery (S) Toll-free: 1-866-877-2392/TTY: 1-800-573-1833

* This is a partial list of pharmacies. Please look online at www.bcbsm.com/pharmaciesmedicare or in your directory for a complete list

Utilization management



Some covered drugs have additional requirements or limits on coverage, including:

- Prior authorization: We complete a safety and effectiveness review for drugs with a PA requirement before coverage is approved
- Step therapy: We require you to first try one drug to treat your medical condition before we'll cover another drug for that condition
- Quantity limits: Only a certain number of doses per prescription or time period may be allowed. There would have to be a request submitted for a higher amount

Avoiding prescription disruptions



We will do everything possible to minimize disruptions to your prescription drug coverage. We have processes for formulary exceptions, formulary changes and transition prescription fill to help assure that you don't experience gaps

- Formulary exceptions
 - When an exception is approved for a non-formulary drug, you'll pay a Tier 4 (non-preferred drug) copayment, whether the drug is generic or brand-name. Non-formulary drugs that are approved for coverage by a formulary exception aren't eligible for tiering exceptions
- Tiering exceptions
 - You or your provider can ask the plan to make an exception in the cost-sharing tier for a drug so that you pay less for it. Our Customer Service team is there to help you request an exception
- Formulary changes
 - Members impacted by a formulary change are notified by mail

Transition prescription fill



During the first 108 days of your plan, you're eligible for a temporary transition fill of Part D covered medications that aren't on our formulary or are subject to clinical prior authorization, step therapy, or formulary quantity limits up to a 31-day supply

- You'll receive a refill of your medication and you and your provider will be notified to contact the plan to determine future medication needs
- Note: Certain drugs, such as those that may be covered under Part B or used to treat certain conditions, aren't eligible for a temporary supply and will require a prior authorization before the drug can be obtained

Medicare Part B vs. Part D medications



In general, the Part B medical benefit covers:

- Drugs requiring durable medical equipment for administration, such as albuterol through a nebulizer or insulin through an infusion pump
- Immunosuppressive drugs for a Medicare-covered transplant
- Certain oral cancer treatment drugs
- Certain oral drugs for nausea
- Certain vaccines (see list)
- Drugs for kidney failure
- Drugs administered in the provider's office

Medical benefit (Part B) vaccines

Pneumonia & COVID-19

Influenza, or flu shot

Hepatitis B

Pharmacy benefit (Part D) vaccines

Shingles

Tetanus

Tetanus/Diphtheria/Pertussis (Tdap)

Meningitis

Hepatitis A

Human papillomavirus (Gardasil)

Tuberculosis (BCG)

For other vaccines check your formulary for coverage]



Thank you! Things to remember:



- Max Out of Pocket of \$2k for pharmacy from \$8k in 2024
- Added Benefits: SilverSneakers, Wigs, Hearing Aids
- No Age-Banding
- When you age in or qualify, you automatically will enroll into the **Low plan** whether you stay with Hartford or move to BCBSM, If you want to get the high plan, you'll need to fill out an election form
- You may choose a different plan from your spouse