



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 2022 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 when you first signed up and your income



Part D

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



Part C includes:

- Original Medicare benefits
- Original Medicare rights and protections
- Original Medicare covered service
- May include extra benefits such as Dental, Vision, SilverSneakers^{®*}, and care management services

You must continue to pay
your monthly
Part B premium.

Getting started with your PPO plan

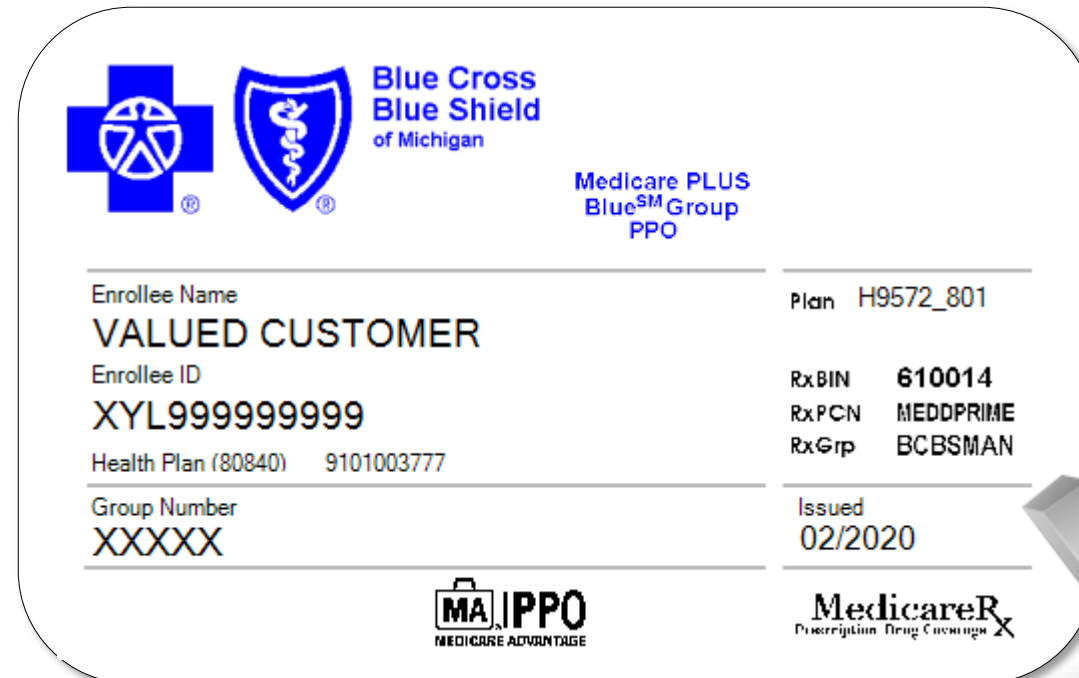
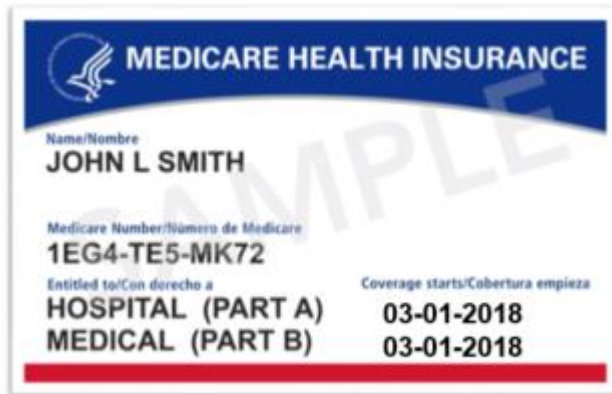


Membership confirmation and ID card




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

**PPO**

**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

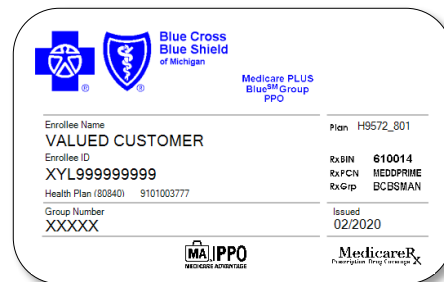


Welcome call and
new ID card

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.

Fill the circles completely and do not write notes in the sections where the circles appear. Correct: ● Incorrect: ○

If you need assistance, you may have someone fill out this form for you.

Name: <insert name> Today's Date: <insert date>

Date of Birth: <insert date> Address: <insert address>

Enrollee ID (the number on your ID card): XY <insert number>

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 ☐ Cancer ☐ Urinary problems

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 log in 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 blues.com/bcbsm or complete this form and mail it back to BCBSM. Thank you!

SECTION 1: YOUR CURRENT COVERAGE

BCBSM enrollee name (as found on your ID card) BCBSM enrollee ID / contract number

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"/>	Medical <input type="checkbox"/> Prescription drugs <input type="checkbox"/>
	Is policy holder self-off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dental <input type="checkbox"/> Medicare Advantage <input type="checkbox"/>
Who is covered by this other plan? Include yourself if applicable.			
1. Name (first and last)		Relationship to you	
2. Name (first and last)		Relationship to you	
3. Name (first and last)		Relationship to you	
4. Name (first and last)		Relationship to you	
5. Name (first and last)		Relationship to you	
6. Name (first and last)		Relationship to you	
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? <input type="checkbox"/> No <input type="checkbox"/> Yes			



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.

Post-enrollment documents



Election Form

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.)

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

Blue Cross Blue Shield of Michigan
A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Medicare Plus BlueSM PPO
www.bcbsm.com

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.


01MCHCVR Mar2020

Explanation of Benefits (pharmacy)



- Summarizes the total costs of your prescriptions that you had filled for the previous month and lets you know your benefit coverage stage
- Explains what your total drug costs and out-of-pocket costs are and how much has been paid by you and the plan
- You'll receive an explanation of benefits for services billed during the previous month

Blue Cross Blue Shield of Michigan
Mail Code: X521
600 E. Lafayette Blvd.
Detroit, MI 48226-2998

 Blue Cross
Blue Shield
Blue Care Network
of Michigan
Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

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Member Name
Member Address

January 14, 2021

Your member numbers are:
Member ID: XXXXXXXX
Group Number: BCBSM

Your Monthly Prescription Drug Summary

For January 2021

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is *not* a bill.)

Here are the sections in this summary:

SECTION 1. Your prescriptions during the past month
SECTION 2. Which "drug payment stage" are you in?
SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
SECTION 4. Updates to the plan's Drug List that affect drugs you take
SECTION 5. If you see mistakes on this summary or have questions, what should you do?
SECTION 6. Important things to know about your drug coverage and your rights

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



Key terms



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

A fixed dollar amount you pay to health care providers each time you use their services, such as an office visit

Out-of-pocket maximum

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

Your MAPD 2022 Plan Choices - New to you for 2022



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	\$285.94	\$224.02	\$109.04

A high-level overview of your new 2022 MAPD plan benefit options includes high 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

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

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

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

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

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

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 aren't 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

Online visits



Blue Cross Online VisitsSM

Online provider visits bring new meaning to house calls

- When your primary care provider is unavailable, you can have an online visit with a physician to get advice and treatment for minor health concerns
- Use your smartphone, tablet or computer for a provider visit
- Available 24/7, anywhere in the U.S. using an internet connection
- Doctors are telehealth experts, U.S. board-certified, licensed and credentialed to provide non-emergency medical visits on demand at in-network costs



How can you access this benefit?

- Download the BCBSM Online Visits app
- Visit [bcbsmonlinevisits.com](https://www.bcbsmonlinevisits.com)
- Call 1-844-606-1608

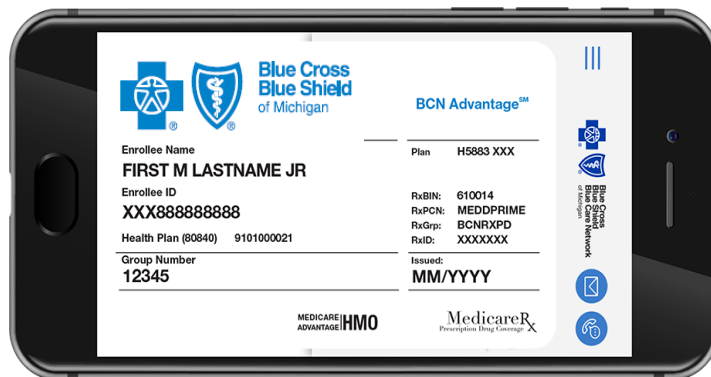
24/7 access to plan information



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>

When you travel



Blue Cross Blue Shield of Michigan gives you access to providers anywhere in the United States

Your benefits travel with you anywhere in the United States and its territories

There are two ways to find a provider:

- Use the find a provider button in the app
- Call the number on the back of your ID card

There may be some instances when traveling outside the United States, you will have to pay for your emergency and urgent care, but we will ensure that you get a refund from us



You're covered for emergency and urgent care worldwide

Durable medical equipment:



- You have coverage for durable medical equipment, such as prosthetics, orthotics and supplies
- DME, such as canes, walkers, wheelchairs, braces and artificial limbs – as well as diabetic therapeutic shoes or inserts – can be provided through our preferred DME provider Northwood. Call 1-800-667-8496. Authorization rules may apply
- Diabetes monitoring supplies, including insulin pumps, blood glucose monitors, test strips and lancets, can be provided through our in-network provider J&B Medical Supply.
Your provider will write a prescription for you. To locate a J&B supplier, call 1-888-896-6233

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-4:30pm

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.

Blue Cross Medicare Advantage Rewards



Earn rewards for healthy actions through Blue Cross Medicare Advantage Rewards, by Blue Cross Blue Shield of Michigan

Healthy actions include:

- Getting an annual physical
- Getting flu shots
- Monitoring your physical health
- Breast cancer screening
- Diabetes eye exam

Find out more: bcbsm.com/advantagerewards or call 1-866-572-0155 (TTY: 711)

Monitor Your Physical Health

Go online to get your reward faster.
bcbsm.com/advantagerewards

Or fill out your information on the front of this card,
choose your reward and mail to:

Blue Cross Medicare Advantage Rewards
PO Box 916560
Rantoul, IL 61866-9947

<\$10 Reward>

Please choose one of the rewards below:



*This reward will be sent if no choice is made.

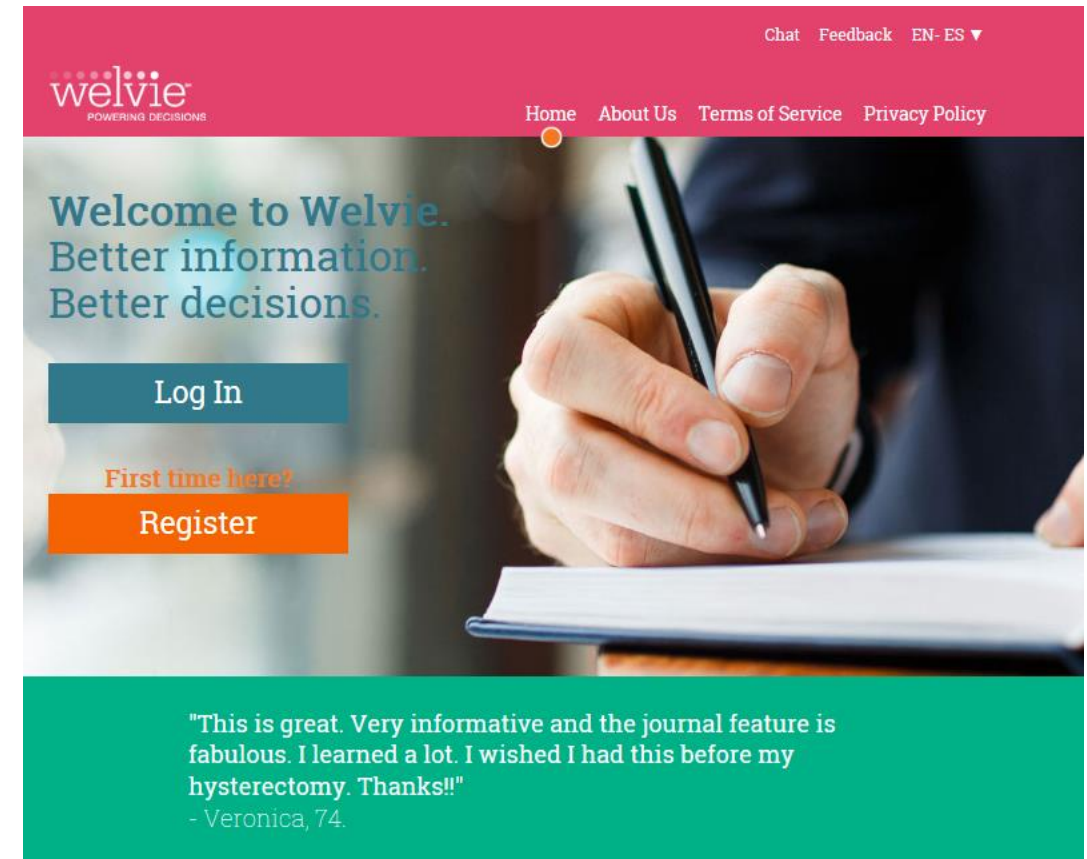
Shared decision-making



You have access to WelvieSM, a surgery decision-support program to help you explore your treatment options. It's available to you at no additional cost

- Welvie is an internet-based program that walks you through the surgery decision process. It provides a unique, step-by-step approach from diagnosis to recovery
- Visit welvie.com* and click *Register* to get started
- Even if surgery isn't in your immediate future, check out Welvie so you're prepared if you're ever faced with a surgery decision

*Welvie is an independent company retained by Blue Cross Blue Shield of Michigan to provide a surgery decision-support program to select Blue Cross Medicare Advantage members.



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

Diabetes Management

Meals
Delivery

Non-emergency
Medical Transportation

Online
Visits

Palliative
Care

Remote
Monitoring

Supervised Exercise
Therapy (SET)

Tobacco
Cessation Coaching
powered by WebMD®

Blue365[®]



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

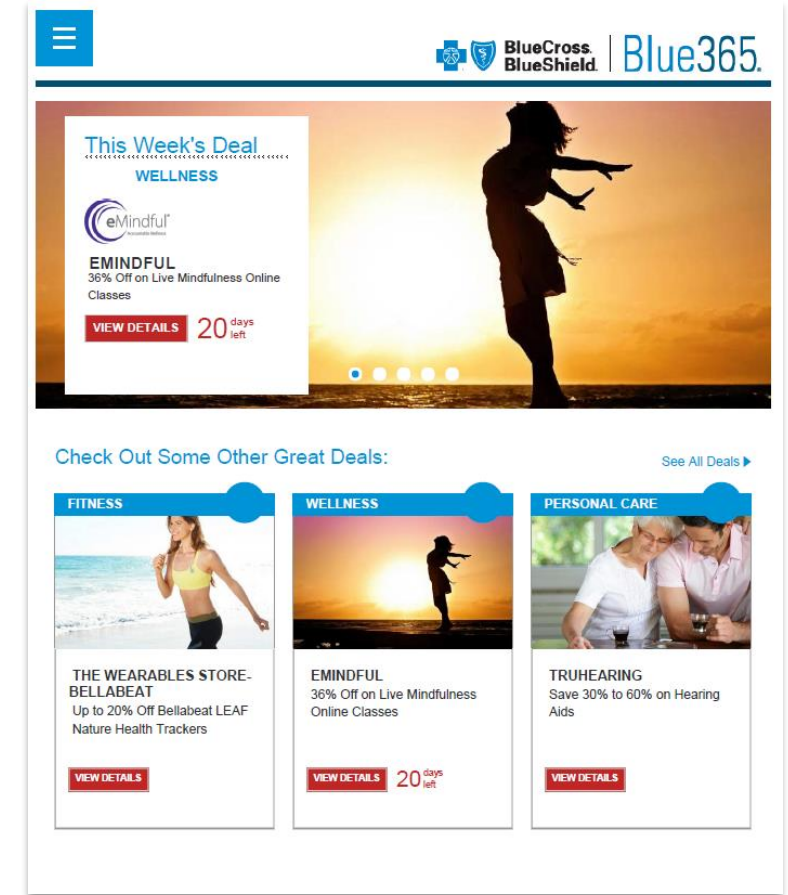
 **Beltone**[™]

 **jenny**
CRAIG[®]



GLASSES[®] .COM[™]

 **Nutrisystem**[®]



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:

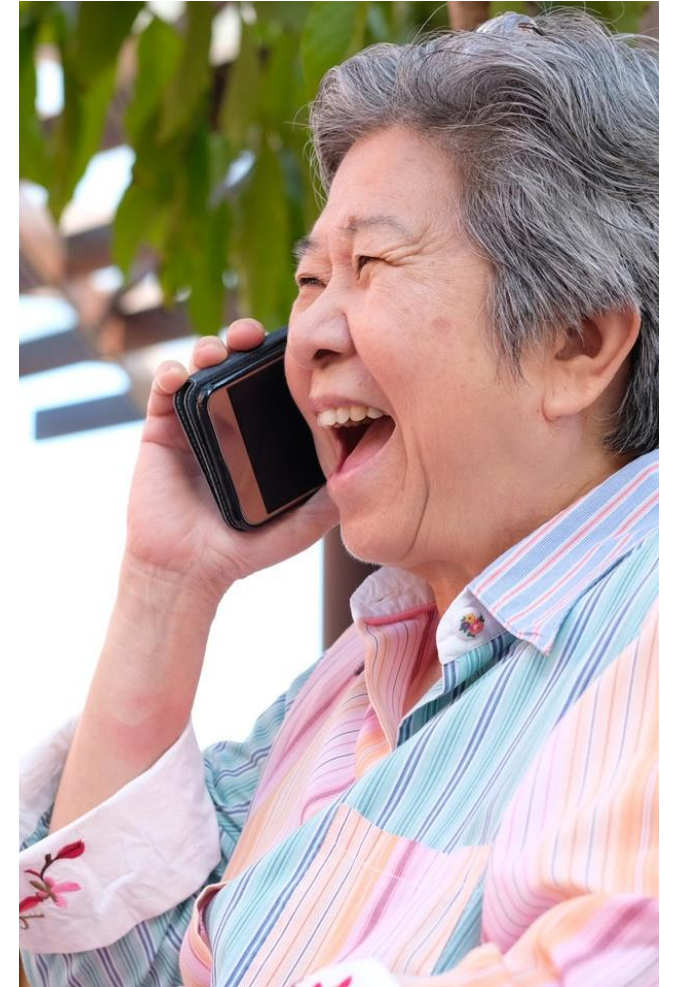
- Coordinate program referrals
- Find personal or specialist providers

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



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

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

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

Low Plan Prescription drugs



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

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

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

How to use the formulary



The formulary shows details about the drugs that are covered by your plan. You can locate your drug in the formulary by medical condition or alphabetically in the Index.

- The first column lists the drugs covered under the formulary
- Next, the Drug Tier column displays the drug’s tier. This determines your out-of-pocket costs
- The third column displays any additional coverage requirements for the drugs (such as prior authorization required or quantity limits)
- The bottom of each page includes a key to help you interpret the content

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON	3	PA; QL (12 per 84 days)	GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	4	QL (360 per 90 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	4	PA; QL (7.2 per 84 days)	glyburide micronized oral tablet	2	
			glyburide oral tablet	2	

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only **EX - Excluded Drug** LA - Limited Availability NEDS - Non-extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
Brand-name drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS			tablets 10 mg 20 mg		
atorvastatin oral tablet 10 mg, 20 mg	1	QL (360 per 90 days)	pravastatin oral tablet 80 mg	1	QL (90 per 90 days)
atorvastatin oral tablet 40 mg	1	QL (180 per 90 days)	rosuvastatin oral tablet 10 mg, 5 mg	2	QL (360 per 90 days)
atorvastatin oral tablet 80 mg	1	QL (90 per 90 days)	rosuvastatin oral tablet 20 mg	2	QL (180 per 90 days)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE	4	QL (90 per 90 days)	rosuvastatin oral tablet 40 mg	2	QL (90 per 90 days)
			simvastatin oral tablet 10 mg, 20 mg, 5 mg	1	QL (360 per 90 days)

The formulary index



You can locate your drug in the formulary by medical condition or alphabetically in the Index.

Drug Name	Drug Tier	Requirements /Limits
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	2	
<i>diltiazem hcl oral capsule, extended release 24 hr</i>	2	
<i>diltiazem hcl oral capsule, extended release 24hr</i>	2	
<i>diltiazem hcl oral tablet</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>verapamil oral tablet extended release</i>	2	
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide oral tablet</i>	2	
<i>aliskiren oral tablet</i>	4	QL (90 per 90 days)
<i>amiloride-hydrochlorothiazide oral tablet</i>	2	
<i>amlodipine-atorvastatin oral tablet</i>	2	QL (90 per 90 days)

By **medical condition**: Drugs on the formulary are grouped into categories depending on the medical conditions they are used to treat.

Index

A		
abacavir.....	37	
abacavir-lamivudine.....	37	
abacavir-lamivudine-zidovudine.....	37	
ABELCET.....	19	
ABILIFY MAINTENA.....	32	
abiraterone.....	23	
acamprosate.....	4	
acarbose.....	40	
accutane.....	57	
acebutolol.....	49	
acetaminophen codeine.....	2	
acetazolamide.....	50, 87	
acetic acid.....	6	
acetylcysteine.....	93	
acitretin.....	57	
ACTHIB (PF).....	80	
ACTIMMUNE.....	77	
acyclovir.....	36, 61	
acyclovir sodium.....	36	
aliskiren.....	50	
allopurinol.....	21	
almotriptan malate.....	21	
alosetron.....	66	
ALPHAGAN P.....	88	
alprazolam.....	40	
alprazolam intensol.....	40	
ALUNBRIG.....	25	
alyq.....	92	
amantadine hcl.....	30	
AMBISOME.....	19	
ambrisentan.....	92	
amcinonide.....	58	
amikacin.....	5	
amiloride.....	52	
amiloride-hydrochlorothiazide.....	50	
aminophylline.....	92	
amiodarone.....	48	
amitriptyline.....	18	
amlodipine.....	49	
APTIVUS (WITH VITAMIN E).....	38	
ARANESP (IN POLYSORBATE).....	46	
ARCALYST.....	76	
ARIKAYCE.....	5	
aripiprazole.....	32	
ARISTADA.....	32	
ARISTADA INITIO.....	32	
armodafinil.....	95	
asenapine maleate.....	32	
aspirin-dipyridamole.....	47	
ASTAGRAF XL.....	77	
atazanavir.....	39	
atenolol.....	49	
atenolol-chlorthalidone.....	50	
atomoxetine.....	55	
atorvastatin.....	53	
atovaquone.....	30	
atovaquone-proguanil.....	30	
ATRIPLA.....	37	

Alphabetically: Drugs covered by your plan are listed alphabetically in the Index. Detailed information about the drug is found on the corresponding page. Generics are listed in lower case italics and brand name drugs are in capital letters.

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:

- Express Scripts, Inc. (P) Toll-free: 1-877-801-2332/TTY: 1-800-716-3231
- 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 90 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

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 for coming!



Our commitment to you

We work for you!

We strive to be clear and simple so we can help you understand and use your plan

Blue Cross provides the right access and improved care for you and your loved ones, proactively guiding you to

Smarter, Better Healthcare





Things to remember:

- No Donut Hole
- Added Benefits: Silversneakers, Welvie, Wigs, Hearing Aids
- No Age-Banding
- Drugs are moving to BCBSM, you automatically will enroll into the **Low pan** 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

