
**Medicare Plus BlueSM Group PPO with Prescription Drugs
offered by Blue Cross Blue Shield of Michigan****Annual Notice of Changes for 2025****City of Detroit General Retiree Health Care Trust**

You are currently enrolled as a member of Medicare Plus Blue Group PPO. Next year, there will be some changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs. For premium information, please contact your group plan administrator or Customer Service (Customer Service phone numbers are in Section 7.1 of this document).***

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 www.bcbsm.com/medicare. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Contact your group plan administrator or Customer Service for your deadline to make changes to your Medicare coverage for next year.

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 the 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.
- ☐ Check to see if your primary care doctors, 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 qualify for “Extra Help” for Medicare.
- ☐ Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at 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.

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

- If you want to **keep** Medicare Plus Blue Group PPO, you don’t need to do anything. You will stay in Medicare Plus Blue Group PPO.
- If you decide other coverage will better meet your needs, please contact your group plan administrator or Customer Service (Customer Service phone numbers are in Section 7.1 of this document).
- 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.

4. **ENROLL:** To change plans, please contact the benefits administrator of your employer, union, or retiree group. If you do not have a benefits administrator, contact Customer Service.

- If you join a new plan, your new coverage will start on January 1, 2025.

Additional Resources

- Please contact Customer Service at 1-866-684-8216 for additional information. (TTY users should call 711.) Hours are Monday through Friday 8:30 a.m. to 5 p.m., Eastern time. From October 1 through March 31, we are available seven days a week from 8 a.m. to 9 p.m., Eastern time. This call is free.
- This information is available in a different format, including large print. Please call Customer Service; phone numbers are in Section 7.1 of this document.
- **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 <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

About Medicare Plus Blue Group PPO

- 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.
 - Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue Group PPO members, except in emergency situations.
 - Please call our customer service number or see the *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.
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Annual Notice of Changes for 2025

Table of Contents

Summary of Important Costs for 2025	5
SECTION 1 Changes to Benefits and Costs for Next Year	6
Section 1.1 – Changes to the Monthly Premium.....	6
Section 1.2 – There are no Changes to Your Maximum Out-of-Pocket Amounts.....	6
Section 1.3 – Changes to the Provider and Pharmacy Network.....	6
Section 1.4 – There are no changes to your benefits or amounts you pay for medical services.....	7
Section 1.5 – Changes to Part D Prescription Drug Coverage	7
SECTION 2 Administrative Changes	9
SECTION 3 Deciding Which Plan to Choose	9
Section 3.1 – If You Want to Stay in Medicare Plus Blue Group PPO.....	9
Section 3.2 – If You Want to Change Plans.....	9
SECTION 4 Deadline for Changing Plans.....	10
SECTION 5 Programs That Offer Free Counseling about Medicare	11
SECTION 6 Programs That Help Pay for Prescription Drugs.....	11
SECTION 7 Questions?.....	12
Section 7.1 – Getting Help from Medicare Plus Blue Group PPO	12
Section 7.2 – Getting Help from Medicare	12

Summary of Important Costs for 2025

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

Cost	2024 (this year)	2025 (next year)
Monthly plan premium* *Your premium may be higher or lower than this amount. See Section 1.1 for details.	Plan premium information is available through your group plan administrator or Customer Service (phone numbers are in Section 7.1).	You may have changes. Contact your group plan administrator or Customer Service for details (phone numbers are in Section 7.1).
Part D prescription drug coverage (See Section 1.5 for details.)		See Section 1.5 for information on changes.

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)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	Plan premium information is available through your group plan administrator or Customer Service (phone numbers are in Section 7.1).	You may have changes. Contact your group plan administrator or Customer Service for details (phone numbers are in Section 7.1).

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 6 regarding “Extra Help” from Medicare.

Section 1.2 – There are no changes to your maximum out-of-pocket amounts

Your maximum out-of-pocket amounts will be exactly the same in 2025 as they are in 2024.

Section 1.3 – Changes to the Provider and Pharmacy Network

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.

We included a Material Notice that tells you where to locate your current **Provider/Pharmacy Directory (for members in Michigan) or Provider/Pharmacy Locator (for members outside Michigan)**. Updated directories are also located on our website at www.bcbsm.com/providersmedicare. 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.

There are changes to our network of providers for next year. **Please review the 2025 Provider/Pharmacy Directory (for members in Michigan) or Provider/Pharmacy Locator (for members outside Michigan) 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, 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 1.4 – 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 exactly the same in 2025 as they are in 2024.

Section 1.5 – 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 and 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 for 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 also 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: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

There are no changes to the amounts you pay for prescription drugs

Your prescription drug costs will be exactly the same in 2025 as they are in 2024.

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 have included 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” and didn’t receive this insert with this packet, please call Customer Service and ask for the *LIS Rider*. Phone numbers for Customer Service are in Section 7.1 of this document.

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. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in this stage, look at Chapter 6, Sections 6 and 7 in the *Medical Benefits Chart* enclosed with the *Evidence of Coverage*.

SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	<p>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).</p> <p>To learn more about this payment option, please contact us at 1-866-684-8216 or visit Medicare.gov.</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – 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, you will automatically be enrolled in our Medicare Plus Blue Group PPO.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change 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, please see Section 1.1 regarding 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 5), or call Medicare (see Section 7.2).

As a reminder, Blue Cross Blue Shield of Michigan offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Medicare Plus Blue Group PPO.
- 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 either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
 - – OR – 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 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, please contact your group plan administrator or Customer Service. For more information, see Chapter 10 of the *Evidence of Coverage*.

If you are enrolled in a Medicare Advantage Plan for January 1, 2025, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) at any time, **but the timeframe in which you can enroll in another Medicare Advantage plan may be limited**. For more information, see Chapter 10 of the *Evidence of Coverage*, and contact your group plan administrator or Customer Service (phone numbers are in Section 7.1 of this document).

If you recently moved into, currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage at any time. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) 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.

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 Michigan Medicare Assistance Program or MMAP. For a list of SHIPs in other states, refer to *Exhibit 1* of the Appendix located at the back of the *Evidence of Coverage*.

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 6 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, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or 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 a.m. and 7 p.m., 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.
- **Help from your state’s pharmaceutical assistance program (SPAP).** Some states have an SPAP that helps people pay for prescription drugs based on their financial need, age, or medical condition. Michigan does not have SPAPs. To learn more about the program, check with your State Health Insurance Assistance Program. Names and phone numbers for SPAPs outside of Michigan are in *Exhibit 4* in the Appendix at the back of the *Evidence of Coverage*.
- **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 HIV/AIDS Drug Assistance Program (MIDAP)**. For information on eligibility criteria, covered drugs, or how to enroll in the program or if you are currently enrolled how to continue receiving assistance, please call 1-888-826-6565. 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 us at 1-866-684-8216 or visit Medicare.gov.

SECTION 7 Questions?

Section 7.1 – Getting Help from Medicare Plus Blue Group PPO

Questions? We're here to help. Please call Customer Service at 1-866-684-8216. (TTY only, call 711.) We are available for phone calls Monday through Friday 8:30 a.m. to 5 p.m., Eastern time. From October 1 through March 31, we are available seven days a week from 8 a.m. to 9 p.m., Eastern time. Calls to these numbers are free.

Read the 2025 *Evidence of Coverage* and *Medical Benefits Chart* (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* and *Medical Benefits Chart* 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* and the *Medical Benefits Chart* are located on our website at www.bcbsm.com/medicare. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.bcbsm.com/medicare. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our List of Covered Drugs (Formulary/Drug List).

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

You can 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 (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.