



Medicare Plus Blue<sup>SM</sup> and Prescription Blue<sup>SM</sup> are PPO and PDP plans with a Medicare contract. Enrollment in Medicare Plus Blue<sup>SM</sup> and Prescription Blue depends on contract renewal.

# City of Birmingham - MAPD Benefits

2023

Y0074\_GrpPPOG2GOnbrd23\_M FVNR

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



Blue Cross  
Blue Shield  
Blue Care Network  
of Michigan

# Agenda



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

# Medicare basics

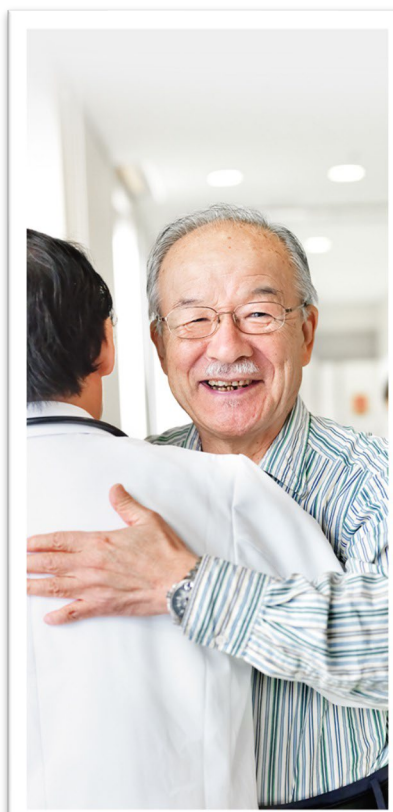




# Medicare basics



**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 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**

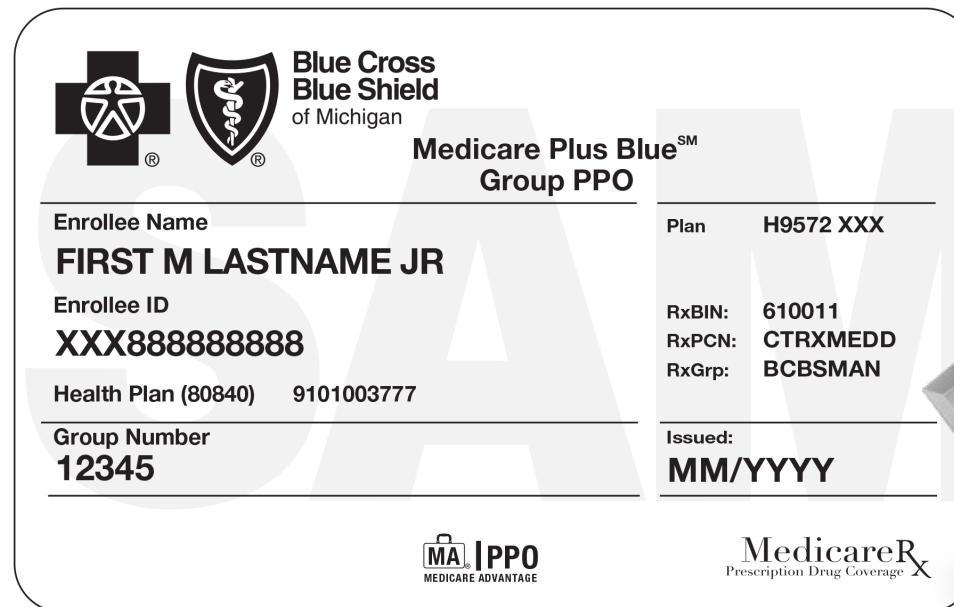
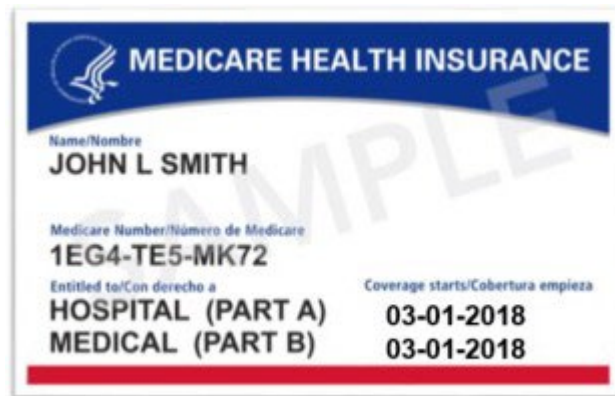
# Getting started with your PPO plan



# 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.



# Understanding your enrollment materials



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

## Pre-enrollment documents

2023 Medicare Plus Blue™ Group PPO Medical Benefits (If Plan Type=MAPD, include) with Prescription Drugs [Group Name] - [Option] **Benefits-at-a-Glance** [CS\_Eff\_Date] - [CS\_End\_Date]

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 this plan's benefits or costs, please call Medicare Plus Blue Group PPO Customer Service (phone numbers are on the back cover of the booklet). You can always view the most current Evidence of Coverage by requesting it from Customer Service.

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.

If Group Name = BCBM BU [or] BCBM NBU [or] BCBM BU BCN [or] BCBM Indiana [or] Emerging Markets Indiana [or] Emerging Markets BU [or] Emerging Markets NBU include: BCBM provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.

[If Plan\_Type=MAPD] [CS\_Formulary] [Group Number] [Group Suffix] Medicare Plus Blue is a PPO plan with a Medicare contract. Enrollment in Medicare Plus Blue depends on contract renewal. [MM/YY] [www.bcbm.com/medicare](http://www.bcbm.com/medicare) H9572\_Op23Active BAAG\_M FVNR 0022

**Medicare Advantage Plans**

Benefits-at-a-Glance

**OPT-OUT FORM** <GROUP NAME> Medicare Plus Blue Group PPO If you wish to decline coverage, complete all sections below and return to Blue Cross. Please print.

Name of contract holder: [ ] Medicare ID no.: [ ] BCBM contract no.: [ ]

**Important:** You can only be enrolled in one group sponsored Medicare Advantage plan and one group sponsored prescription drug plan. If you are already enrolled in an individual Medicare Advantage plan and/or individual Medicare prescription drug plan, or if you are covered through your spouse's Medicare Advantage and/or prescription drug plan, you must decide which plan you wish to keep. If you do not use this form to notify us that you are enrolled in other plan, we will enroll you in <GROUP NAME> Medicare Advantage plan and Medicare will automatically cancel your other Medicare health plan and Medicare prescription drug plan coverage.

☐ I decline Medicare Advantage coverage for myself (the contract holder) and any eligible dependent(s) listed below.

☐ I want to join <GROUP NAME>'s Medicare Plus Blue Group PPO plan, but wish to remove the following Medicare-eligible dependents from my contract.

| Dependent's last name | Dependent's first name | Date of birth | Dependent's signature |
|-----------------------|------------------------|---------------|-----------------------|
|                       |                        |               | X                     |
|                       |                        |               | X                     |
|                       |                        |               | X                     |

Once you or your representative have checked one box above and provided any requested information, please complete the information below, sign, and date.

Contract holder's signature: [ ] Date: [ ]

Daytime phone no.: [ ]

If you are signing as the contract holder's authorized representative, please complete the section below.

The following is authorized to act on behalf of the individual above under the laws of the State in which the individual resides. If signed by an authorized individual, the signature certifies that 1) the person is authorized under State law to complete the opt-out form and 2) documentation of this authority is available upon request.

Name of representative: [ ] Daytime phone no.: [ ]

Address: [ ] Relationship to retiree: [ ]

**FOR OFFICE USE ONLY**

BCBMS Rec'd date: [ ] Contract date: [ ] BCBMS Reg name: [ ]

Please check one ☐ Opt-out confirmed ☐ Opt-out reversed (Disaster will be handled) ☐ Enroll contract holder/representative dependent

Comments: [ ]

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Opt-out form

## Post-enrollment documents

600 E. Lafayette Blvd.  
Farmington, MI 48335-3096  
[bcbm.com/medicare](http://bcbm.com/medicare)

**Welcome to Medicare Plus Blue™ PPO.**

Dear Member:

We're excited to have you trust in our plan. We're sending this kit to get you started with important plan information and other resources, including your:

- Evidence of Coverage** — This booklet provides detailed benefit information and is considered your plan contract.
- Comprehensive Drug Formulary** — This is a list of drugs we cover when prescribed by your provider.

We'll make sure you have everything you need to use your benefits. You'll soon receive related communications from us including a member ID card, a welcome guide and a Personalized Provider/Pharmacy Directory that lists providers and pharmacies near you.

If you have questions about your coverage or going paperless, call 1-877-244-2455 from 8 a.m. to 9 p.m. Monday through Friday, with weekend hours October 1 through March 31. TTY users should call 711.

Certain services are available 24 hours a day, seven days a week through our automated telephone response system. You can also visit our website at [www.bcbm.com/medicare](http://www.bcbm.com/medicare).

Thank you for trusting us with your coverage by joining Medicare Plus Blue.

Sincerely,  
*John Helling*  
Executive Vice President, Senior Health Services  
Blue Cross Blue Shield of Michigan

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Welcome letter

2023 Medicare Plus Blue™ Group PPO January 1 — December 31, 2023 **Evidence of Coverage** Your Medicare Health Benefits and Services as a Member of Medicare Plus Blue Group PPO

This document gives you the details about your Medicare health care from January 1 — December 31, 2023. This is an important legal document. Please keep it in a safe place.

For questions about this document, please contact Customer Service at 1-866-664-8216. (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 9 p.m., Eastern time, seven days a week.

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 "you," "your plan," or "your plan," it means Medicare Plus Blue Group PPO.

This information is available in a different format, including large print and audio CD. Benefits, premiums, deductibles, and/or copayments/coinsurance may change on January 1, 2024.

The 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 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.

OMB Approval 0938-1051 (Expires: February 29, 2024)

**Medicare Advantage Plans**

Evidence of Coverage

2023 Medicare Plus Blue™ Group PPO **Resource Guide** Understanding your coverage just got easier

[www.bcbm.com/medicare](http://www.bcbm.com/medicare)

Resource Guide





# Explanation of benefits



## Medical

MONTHLY REPORT

**Explanation of Benefit Payments  
Processed in October 2022**

Statement Date: November 09, 2022  
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 doctor 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 on this report that might be incorrect, you can report it by calling the BCBSM Nurse Hotline at 1-888-638-8138, Monday-Friday, 8:30am - 4:30pm EST. TTY/TTYDD only: 711 or 1-800-MEDICARE (1-800-638-1273), 24 hours a day, 7 days a week. (TTY users should call 1-877-966-2636.)

**Blue Cross Blue Shield of Michigan Customer Service**  
www.bcbstm.com

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

We are here 8:00 a.m. to 9:00 p.m., TST, 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.

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Medicare Plus Blue PPO  
Blue Cross Blue Shield of Michigan  
Detroit, MI 48226

- Summarizes the total cost of the medical services you received
- Shows you what your health care provider billed us, what we 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
- Sent only if you have medical services filled during a given month

# Explanation of benefits



## Pharmacy

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

Blue Cross Blue Shield of Michigan  
Mail Code X521  
600 E. Lafayette Blvd  
Detroit, MI 48226-2998  
November 21, 2022

FIRSTNAME D LASTNAME  
12345 TEST AVE  
TEST CITY, FL 97423-4457

Prescription Blue<sup>SM</sup> PDP is operated by Blue  
Cross Blue Shield of Michigan.

Your member numbers are:  
Member ID: 36363636  
Group Number: 53956100

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**Your Monthly Prescription Drug Summary**  
**For September 2022**

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

- 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
- Sent monthly, if you have prescriptions filled

# City of Birmingham PPO plan benefits



# Key terms



**Deductible?**

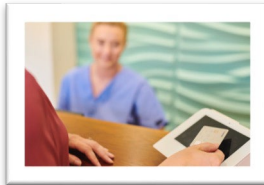
## **Deductible**

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



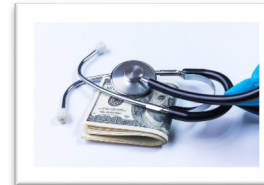
## **Coinsurance**

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

# Durable medical equipment, or DME



- 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 – are provided through the Northwood network.
- For DME customer service, call **1-800-667-8496**. Prior authorization rules may apply.
- Diabetes monitoring supplies, including insulin pumps, blood glucose monitors, test strips and lancets are provided through J&B Medical Supply. Your doctor will write a prescription for you.
- For J&B customer service, call **1-888-896-6233**.



# 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.

# Finding a Provider



# Medicare Advantage PPO providers



PPO means Preferred Provider Organization, with **In network** or **Out of network** benefits.

- You have freedom to choose any provider, specialist or hospital that accepts Medicare.
- Your out-of-pocket costs are less when medical care is provided by an in-network PPO provider.
- Referrals aren't required.
- In-network and out-of-network member out-of-pocket costs are the same with a passive plan.

## **In-network**

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

## **Out-of-network**

Identifies a Medicare provider who hasn't contracted 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 PPO. If your provider doesn't accept PPO, the representative will help you select one who does accept it.

**Call** the Customer Service number on the back of your PPO member ID card. TTY users, call **711** or visit [www.bcbsm.com/medicare](http://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 Blue Cross mobile app. It's available in the App Store® for iPhones and Google Play™ for smartphones using Android. Search for "BCBSM mobile app."

Apple is a trademark of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc., registered in the U.S. and other countries. Google Play is a trademark of Google LLC.

# 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 Doctor** button in the app.
- Call the number on the back of your ID card.

When traveling outside the United States, there may be some instances that require you 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**



# Online visits



## Blue Cross Online Visits<sup>SM</sup>

**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 virtual visit 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://bcbsmonlinevisits.com)
- Call **1-844-606-1608**

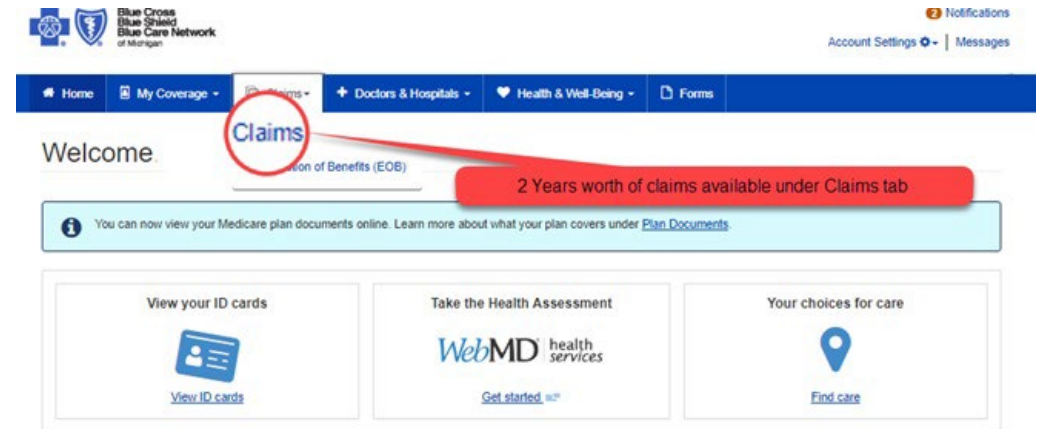
# 24/7 access to plan information



## 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.



## Your member account

View recent claim activity online and compare provider's bill to yours:

<http://bcbsm.com/index/members/online-account>

# Prescription drugs



# Understanding your pharmacy network



**The nationwide network gives you access to more than 66,000 pharmacies.  
In Michigan alone you have access to more than 2,300 pharmacies.\***

- A **network** pharmacy has a contract with your plan to provide your prescription drugs. In most cases, we only pay for prescriptions if they are filled at a network pharmacy.
- **Preferred:** a network pharmacy where you pay 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

**We also offer home delivery of your prescriptions through:**

Optum Rx

Toll-free: 1-855-810-0007/TTY: 1-800-716-3231

\*National Council for Prescription Drug Programs database compared to active participating pharmacies within Optum Network.

Other pharmacies are available in our network. Look online at [www.bcbsm.com/pharmaciesmedicare](http://www.bcbsm.com/pharmaciesmedicare) or in your directory for a complete list.

# Your formulary drug tiers



- 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 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.



# How do I use the drug list?



The drug list shows details about the drugs that are included in your plan. You can locate your drug in the drug list by **medical condition** or **alphabetically** in the index.

- The first column lists the drugs included in the drug list.
- Next, the Drug Tier column displays the drug's tier. This determines your copay or cost share.
- The third column displays any additional coverage requirements for the drugs (such as prior authorization or quantity limits).
- The bottom of each page includes a key to help you interpret the content.

| Drug Name   | Drug Tier | Requirements /Limits     |
|---|-----------|--------------------------|
| BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON             | 3         | PA; QL (12 per 84 days)  |
| BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML | 4         | PA; QL (7.2 per 84 days) |

| Drug Name   | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG | 4         | QL (360 per 90 days) |
| <i>glyburide micronized oral tablet</i>             | 2         |                      |
| <i>glyburide oral tablet</i>                        | 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*.

# 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 pharmacy disruptions



We will do everything possible to minimize disruptions to your prescription drug coverage. We have processes for drug list **exceptions**, **drug list changes** and **transition prescription fill** to help ensure that you're not without your prescriptions.

## Drug list exceptions

When an exception is approved for a drug not on the drug list, you'll pay a Tier 4 (nonpreferred drug) copayment, whether the drug is generic or brand name. Drugs not on the drug list that are approved by drug list exception aren't eligible for tiering exceptions.

## Tiering exceptions

You or your provider can ask us to make an exception in the tier for the drug so that you pay less for it. Customer Service can help you request an exception.

## Drug list changes

We contact members affected by a drug list change 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 drug list or are subject to clinical prior authorization, step therapy or drug list 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 us to determine future medication needs.

**Note:** Certain drugs, such as those that may be paid for by Part B or used to treat certain conditions, aren't eligible for a temporary supply and will require a prior authorization before you can get the drugs.

# 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 (High or Intermediate risk only)\*

### Pharmacy benefit (Part D) vaccines

Shingles

Tetanus

Tetanus/Diphtheria/Pertussis (Tdap)

Meningitis

Hepatitis A

Human papillomavirus (Gardasil)

Tuberculosis (BCG)

For other vaccines check your drug list for coverage.



\*The Hep B Part B vaccine benefit is for members at high or intermediate risk of contracting hepatitis B and requires coverage determination.  
The Hep A Part D vaccine benefit is for low-risk members, most commonly as a travel vaccine.]

# Notice of Late Enrollment Penalty (LEP)



- If you didn't enroll in Part D when first eligible, had a break in prescription drug coverage of 63 days or greater, or enrolled in a prescription drug plan that **did not** meet Medicare minimum standards for Part D benefits, also called creditable coverage, a late enrollment penalty is added to your prescription drug plan.
- The late enrollment penalty is determined by CMS.
- You may receive letters asking to confirm if a penalty is valid; **please respond to the letters.**
- If a penalty is valid, the amount is passed to your group, which will determine if your retiree contribution is increased.

Medicare Plus Blue™ Group PPO  
600 E. Lafayette Blvd.  
Detroit, MI 48226-2998  
bcbm.com/medicare

  Blue Cross  
Blue Shield  
Blue Care Network  
of Michigan

<Retiree>  
<Address>

<Date>

**Beneficiary Notice of Late Enrollment Penalty**

Dear <Retiree>:

We're writing to tell you that starting <Eff Date> your new premium will include a late enrollment penalty per month.

Your new *monthly* premium will *increase* because you didn't have Medicare prescription drug coverage or other drug coverage that met Medicare's minimum standards (creditable coverage).

According to Medicare's records, you didn't have creditable coverage for <# of months> from <Dates of potential uncovered months> after you were first eligible to sign up for Medicare prescription drug coverage.

If you disagree with your late enrollment penalty, you can ask Medicare to reconsider (review) its decision if certain circumstances apply to you. For example, you might disagree with the penalty if you had Extra Help from Medicare to pay for your prescription drug coverage or if you didn't get a notice that clearly explained whether you had creditable coverage. A notice explaining your right to a reconsideration of the late enrollment penalty *and a reconsideration request form* are included with this letter. You must submit your reconsideration request within 60 days of the date on this letter to the address listed on the enclosed *Part D Late Enrollment Penalty Reconsideration Request Form*, or Medicare may not consider your request.

*Medicare Plus Blue is a PPO plan with a Medicare contract.  
Enrollment in Medicare Plus Blue depends on contract renewal.  
You must continue to pay your Medicare Part B premium.*

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

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# Blue Cross Health & Well-Being programs<sup>SM</sup>





## Fitness program benefits:

- Membership in a network with thousands of health clubs and exercise locations
- 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



### Visit:

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

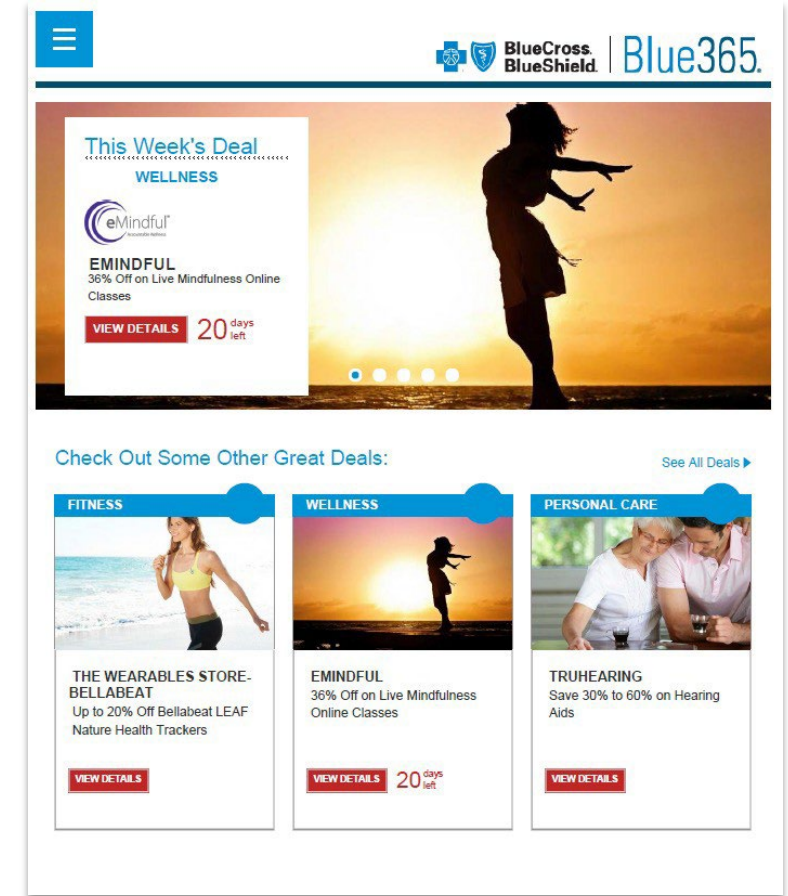
### Or call:

**1-888-423-4632,**  
Monday through Friday,  
8 a.m. to 8 p.m. Eastern time.  
TTY users, call 711]



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](http://www.blue365deals.com)



# Blue Cross Medicare Advantage Rewards



You can 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/advantagerewards2023](https://bcbsm.com/advantagerewards2023) or call 1-866-572-0155 (TTY: 711)


**Monitor Your Physical Health**


Go online to get your reward faster.  
**[bcbsm.com/advantagerewards](https://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:

☐   
(Default\*)

☐ 

☐ 

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

# Blue Cross Coordinated Care<sup>SM</sup>



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

# 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





# Customer Service



## Customer Service can help

- Confirm out-of-pocket costs
- Answer personal account questions
- Order a new Blue Cross ID card
- Locate a provider
- Assist with benefit questions
- Discuss claims

**1-866-684-8216**

Monday through Friday  
8 a.m. to 5 p.m. Eastern time

TTY users, call 711  
Monday through Friday  
8 a.m. to 5 p.m. Eastern time



# Thank you!



## 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<sup>SM</sup>**.





Questions?  
We're here to help