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

2015 Annual Notice of Changes for
Hope College

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. This booklet tells about the changes.

Contact your employer or union group benefits administrator for your deadline to make changes to your Medicare coverage for next year.

Additional Resources

- Customer Service has free language interpreter services available for non-English speakers (phone numbers are in Section 7.1 of this booklet).
- This information is available in alternate formats, including large format text and Braille.

About Medicare Plus Blue Group PPO

- Medicare Plus Blue is a PPO plan with a Medicare contract. Enrollment in Medicare Plus Blue depends on contract renewal.
- When this booklet 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.
Think about Your Medicare Coverage for Next Year

Medicare allows you to change your Medicare health and drug coverage. It’s important to review your coverage now to make sure it will meet your needs next year.

Important things to do:

☐ Check the changes to our benefits and costs to see if they affect you. Do the changes affect the services you use? It is important to review benefit and cost changes to make sure they will work for you next year. Look in Section 1.5 for information about benefit and cost changes for our plan.

☐ Check the changes to our prescription drug coverage to see if they affect you. Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in Section 1.6 for information about changes to our drug coverage.

☐ Check to see if your doctors and other providers will be in our network next year. Are your doctors in our network? What about the hospitals or other providers you use? Look in Section 1.3 for information about our Provider Locator.

☐ Think about your overall health care costs. How much will you spend out-of-pocket for the services and prescription drugs you use regularly? How much will you spend on your premium? How do the total costs compare to other Medicare coverage options?

☐ Think about whether you are happy with our plan.

If you decide to stay with Medicare Plus Blue Group PPO:

If you want to stay with us next year, it’s easy – you don’t need to do anything. You will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, please contact your employer/union group plan benefits administrator. If you enroll in a new plan, your new coverage will begin on January 1, 2015. Look in Section 3.2 to learn more about your choices.
Summary of Important Costs for 2015

The table below compares the 2014 costs and 2015 costs for Medicare Plus Blue Group PPO in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this Annual Notice of Changes** and review the enclosed Evidence of Coverage and Medical Benefits Chart to see if other benefit or cost changes affect you.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2014 (this year)</th>
<th>2015 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly plan premium</strong>*</td>
<td>Plan premium information is available through your employer or union group plan benefits administrator.</td>
<td>You may have changes. Contact your employer or union group plan benefits administrator for details.</td>
</tr>
<tr>
<td>* Your premium may be higher or lower than your 2015 amount. See Section 1.1 for more information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maximum out-of-pocket amounts</strong></td>
<td>From in-network and out-of-network providers combined: $1,500</td>
<td>From in-network and out-of-network providers combined: $2,000</td>
</tr>
<tr>
<td>This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Coinsurance Cost Share</strong></td>
<td>In-network and Out-of-network: Coinsurance is 10%, after deductible is met</td>
<td>In-network and Out-of-network: Coinsurance is 15%, after deductible is met</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Part D prescription drug coverage</strong></td>
<td></td>
<td>See Section 1.6 for information on changes.</td>
</tr>
</tbody>
</table>
# Annual Notice of Changes for 2015
## Table of Contents

Think about Your Medicare Coverage for Next Year ........................................... 2

Summary of Important Costs for 2015 ................................................................. 3

**SECTION 1** Changes to Benefits and Costs for Next Year ............................... 5
  
  Section 1.1 – Changes to the Monthly Premium .............................................. 5
  
  Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts .................. 5
  
  Section 1.3 – Changes to the Provider Network ............................................. 6
  
  Section 1.4 – Changes to the Pharmacy Network .......................................... 7
  
  Section 1.5 – Changes to Benefits and Costs for Medical Services .................. 7
  
  Section 1.6 – Changes to Part D Prescription Drug Coverage ......................... 9

**SECTION 2** Other Changes ............................................................................. 11

**SECTION 3** Deciding Which Plan to Choose .................................................... 11

  Section 3.1 – If you Want to Stay in Medicare Plus Blue Group PPO .................. 11
  
  Section 3.2 – If you Want to Change Plans ................................................... 11

**SECTION 4** Changing Plans ........................................................................... 12

**SECTION 5** Programs That Offer Free Counseling about Medicare ............. 12

**SECTION 6** Programs That Help pay for Prescription Drugs ....................... 13

**SECTION 7** Questions? .................................................................................... 14

  Section 7.1 – Getting Help from Medicare Plus Blue Group PPO ..................... 14
  
  Section 7.2 – Getting Help from Medicare .................................................... 14
SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

<table>
<thead>
<tr>
<th>Cost</th>
<th>2014 (this year)</th>
<th>2015 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly premium</strong></td>
<td>Plan premium information is available through your employer or union group plan benefits administrator.</td>
<td>You may have changes. Contact your employer or union group plan benefits administrator for details.</td>
</tr>
<tr>
<td>(You must also continue to pay your Medicare Part B premium.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Your monthly plan premium will be *more* if you are required to pay a late enrollment penalty.
- 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.

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

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach the maximum out-of-pocket amounts, you generally pay nothing for covered Part A and Part B services for the rest of the year.
### Combined maximum out-of-pocket amount

Your costs for covered medical services (such as copays and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2014 (this year)</th>
<th>2015 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>From in-network and out-of-network providers combined:</td>
<td>$1,500</td>
<td>$2,000</td>
</tr>
<tr>
<td>Once you have paid $2,000 out-of-pocket for covered: Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section 1.3 – Changes to the Provider Network

There are changes to our network of doctors and other providers for next year.

We included a copy of our Provider/Pharmacy Locator in the envelope with this booklet. You may also call Customer Service for updated provider information or you can visit find-a-doctor search tool on our website at [www.bcbsm.com/providermicare](http://www.bcbsm.com/providermicare).

It is important that you know that we may make changes to the hospitals, doctors and specialist (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan, you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists.
- When possible we will provide you with at least 30 days’ notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed you have the right to file an appeal of our decision.

If you find out your doctor or specialist is leaving your plan please contact us so we can assist you in finding a new provider and managing your care.

Section 1.4 – Changes to the 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 pharmacies within the network.

There are changes to our network of pharmacies for next year. We included a copy of our Provider/Pharmacy Locator in the envelope with this booklet. Our Pharmacy Directory (for Michigan residents) is located on our website at www.bcbsm.com/pharmaciesmedicare. You may also call Customer Service for pharmacy information.

Section 1.5 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see the Medical Benefits Chart that came with the 2015 Evidence of Coverage.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2014 (this year)</th>
<th>2015 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coinsurance Cost Share</strong></td>
<td>In-network and Out-of-network: Coinurance is 10%, after deductible is met</td>
<td>In-network and Out-of-network: Coinurance is 15%, after deductible is met</td>
</tr>
<tr>
<td>Affected services include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Inpatient hospital care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Inpatient mental health care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Inpatient services covered during a non-covered inpatient stay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Skilled nursing facility (SNF) care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Ambulance services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cardiac rehabilitation services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>2014 (this year)</td>
<td>2015 (next year)</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------</td>
<td>------------------</td>
</tr>
<tr>
<td><strong>Coinsurance Cost Share</strong> (continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Hearing services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medicare Part B prescription drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Outpatient diagnostic tests and therapeutic services and supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Outpatient hospital services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Outpatient mental health care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Outpatient rehabilitation services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Outpatient substance abuse services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Partial hospitalization services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Physician services, including doctor’s office visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Podiatry services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pulmonary rehabilitation services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Services to treat kidney disease and conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Vision care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Human organ transplants – additional coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>2014 (this year)</td>
<td>2015 (next year)</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Hepatitis C Screening</td>
<td>In-network and Out-of-network:</td>
<td>In-network and Out-of-network:</td>
</tr>
<tr>
<td></td>
<td>This is not a covered benefit.</td>
<td>Preventive services are covered at 100% of the approved amount.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Please see your Medical Benefit Chart under Preventive Care for details on this Screening.</td>
</tr>
<tr>
<td>Home Infusion Therapy</td>
<td>In-network and Out-of-network:</td>
<td>In-network and Out-of-network:</td>
</tr>
<tr>
<td></td>
<td>Services are covered at 100% of the approved amount.</td>
<td>This is not a covered benefit.</td>
</tr>
</tbody>
</table>

**Section 1.6 – Changes to Part D Prescription Drug Coverage**

**Changes to basic rules for the plan’s Part D drug coverage**

Effective June 1, 2015, before your drugs can be covered under the Part D benefit, CMS will require your doctors and other prescribers to either accept Medicare or to file documentation with CMS showing that they are qualified to write prescriptions.

**Changes to Our Drug List**

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is in this envelope.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.
If you are affected by a change in drug coverage you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **Current members** can ask for an exception before next year and we will give you an answer within 72 hours after we receive your request (or your prescriber’s supporting statement). If we approve your request, you’ll be able to get your drug at the start of the new plan year.
  
  - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Service.

- **Find a different drug** that we cover. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we will cover a **one-time**, temporary supply. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage.*) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you have a current formulary exception approval, please refer to your approval letter to verify the expiration date for your formulary exception. If your formulary exception expires in 2014, you will need to submit a new formulary exception request for review.

**There are no Changes to the Amounts you pay for Prescription Drugs**

Your prescription drug costs will be exactly the same in 2015 as they are in 2014.

*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 coverage. If you get “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 booklet.
SECTION 2 Other Changes

<table>
<thead>
<tr>
<th>2014 (this year)</th>
<th>2015 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Improvement Organization For more information about KEPRO, see Chapter 2, Section 4 of the Evidence of Coverage booklet.</td>
<td>Effective August 1, 2014, the Michigan Quality Improvement Organization, formally MPRO, is now KEPRO. The Michigan Quality Improvement Organization is KEPRO. Contact KEPRO at 1-855-408-8557, 9 a.m. to 7 p.m., Monday through Friday; 11 a.m. to 5 p.m. weekends and holidays. TTY users call 711. <a href="http://www.keproqio.com">www.keproqio.com</a></td>
</tr>
</tbody>
</table>

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 stay enrolled as a member of our plan for 2015.

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 2015, 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 and whether to buy a Medicare supplement (Medigap) policy.

To learn more about Original Medicare and the different types of Medicare plans, read Medicare & You 2015, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).
You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov and click “Find health & drug plans.” Here, you can find information about costs, coverage, and quality ratings for Medicare plans.

**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 this (phone numbers are in Section 7.1 of this booklet).
  - 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 Changing Plans**

If you want to change to a different Medicare Advantage plan or to Original Medicare for next year, please contact the benefits administrator of your employer, union or retiree group. For more information, see Chapter 10 of the Evidence of Coverage.

If you don’t like your plan choice for 2015, you can disenroll 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 the benefits administrator of your employer, union or retiree group.

**SECTION 5 Programs That Offer Free Counseling about Medicare**

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Michigan, the SHIP is called Michigan Medicare and Medicaid Assistance Program or MMAP. For a list of SHIPs in other states, refer to Exhibit 1 located at the back of your Evidence of Coverage.

MMAP is independent (not connected with any insurance company or health plan). 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. 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. There are two basic kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. Many people are eligible and don’t even know it. 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 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 (applications);
  - Your State Medicaid Office (applications).

- **Help from your state’s pharmaceutical assistance program (SPAP).** SPAPs help people pay for prescription drugs based on their financial need, age, or medical condition. Michigan does not have a state pharmaceutical assistance program. However, you can refer to the Exhibit 4 listing in the back of your Evidence of Coverage for contact information for SPAPs in other states.

- **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. 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, please call MIDAP at 1-888-826-6565, Monday through Friday, 8 a.m. to 5 p.m. TTY users should call 711.
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. For TTY calls only, dial 711. We are available for phone calls Monday through Friday, from 8:30 a.m. to 5:00 p.m., Eastern time. From October 1 through February 14, we are available seven days a week, from 8 a.m. to 8 p.m. Calls to these numbers are free.

Read your 2015 Evidence of Coverage and Medical Benefits Chart (they have 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 2015. For details, look in the Medical Benefits Chart that accompanied the 2015 Evidence of Coverage for Medicare Plus Blue Group PPO. The Medical Benefits Chart and Evidence of Coverage are the legal, detailed descriptions of your plan benefits. They explain your rights and the rules you need to follow to get covered services and prescription drugs. A copy of both booklets was included in this envelope.

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 through our find-a-doctor search tool at www.bcbsm.com/providersmedicare, and a copy of our Pharmacy Directory (for Michigan residents) at www.bcbsm.com/pharmaciesmedicare. Our list of covered drugs (Formulary/Drug List) is available at www.bcbsm.com/formularymedicare.

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 ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov and click on “Find health & drug plans.”)
Read Medicare & You 2015

You can read Medicare & You 2015 handbook. Every year in the fall, this booklet 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 booklet, you can get it at the Medicare website (www.medicare.gov) 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.