

# BCN Advantage<sup>SM</sup> HMO-POS



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Medicare and more

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Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

## ***BCN Advantage Prime Value (HMO-POS) offered by Blue Care Network of Michigan***

### **Annual Notice of Changes for 2021**

You are currently enrolled as a member of BCN Advantage HealthySaver. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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#### **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.
    - It's important to review your coverage now to make sure it will meet your needs next year.
    - Do the changes affect the services you use?
    - Look in Sections 2.1 and 2.5 for information about benefit and cost changes for our plan.
  - Check the changes in the booklet to our prescription drug coverage to see if they affect you.
    - Will your drugs be covered?
    - Are your drugs in a different tier, with different cost sharing?

- Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
  - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
  - Review the 2021 Drug List and look in Section 2.6 for information about changes to our drug coverage.
  - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit [go.medicare.gov/drugprices](https://www.go.medicare.gov/drugprices). These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- Check to see if your doctors and other providers will be in our network next year.
    - Are your doctors, including specialists you see regularly, in our network?
    - What about the hospitals or other providers you use?
    - Look in Section 2.3 for information about our *Provider/Pharmacy Directory*.
  - 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 and deductibles?
    - How do your total plan costs compare to other Medicare coverage options?
  - 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 personalized search feature on the Medicare Plan Finder at [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website.
  - Review the list in the back of your Medicare & You handbook.
  - Look in Section 4.2 to learn more about your choices.
- 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 don't join another plan by December 7, 2020 you will be enrolled in BCN Advantage Prime Value.

- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.
4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2020**
- If you don't join another plan by **December 7, 2020**, you will be enrolled in BCN Advantage Prime Value.
  - If you join another plan by **December 7, 2020**, your new coverage will start on **January 1, 2021**. You will be automatically disenrolled from your current plan.

### **Additional Resources**

- Please contact our Customer Service number at 1-800-450-3680 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. Eastern time, Monday through Friday, with weekend hours October 1 through March 31.
- This information may be available in other formats, including large print.
- **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 [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About BCN Advantage Prime Value**

- BCN Advantage Prime Value is an HMO-POS plan with a Medicare contract. Enrollment in BCN Advantage Prime Value depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Blue Care Network of Michigan. When it says "plan" or "our plan," it means BCN Advantage Prime Value.
- Out-of-network/non-contracted providers are under no obligation to treat BCN Advantage Prime Value members, except in emergency situations. Please call our Customer Service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

## Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for BCN Advantage Prime Value in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. (See Section 2.1 for details.)	\$23	\$0
<b>Deductible</b>	\$0 In-network Point-of-Service not a benefit	\$280 In-network \$280 Point-of-Service
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	\$4,500	\$4,500
<b>Doctor office visits</b>	Primary care visits: You pay a \$5 copay per visit.  Specialist visits: You pay a \$50 copay per visit.	Primary care visits: You pay a \$0 copay per visit, after deductible.  Specialist visits: You pay a \$45 copay per visit, after deductible.
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	For Medicare-covered hospital stays: Days 1-7: You pay a \$280 copay per day.  Days 8-90: You pay a \$0 copay per day.	For Medicare-covered hospital stays: Days 1-6: You pay a \$325 copay per day, after deductible.  Days 7-90: You pay a \$0 copay per day, after deductible.

Cost	2020 (this year)	2021 (next year)
<b>Inpatient hospital stays (continued)</b>	You pay a \$0 copay for additional days in a benefit period.	You pay a \$0 copay for additional days in a benefit period, after deductible.
<b>Part D prescription drug coverage</b> (See Section 2.6 for details.)	<p>Deductible: \$0 deductible on Tier 1: Preferred Generic, Tier 2: Generic and Tier 6: Select Care Drugs \$100 deductible on Tiers 3, 4 and 5</p> <p>Copays/Coinsurance for a one-month supply during the Initial Coverage Stage:</p> <p><b>Preferred</b> retail and <b>preferred</b> mail-order pharmacy: Drug Tier 1: \$2 Drug Tier 2: \$11 Drug Tier 3: \$42 Select preferred insulin (Senior Savings Model): Not available Drug Tier 4: 50% coinsurance Drug Tier 5: 31% coinsurance Drug Tier 6: \$0</p> <p><b>Standard</b> retail pharmacy, <b>standard</b> mail-order pharmacy, network long-term care pharmacies, out-of-network pharmacy: Drug Tier 1: \$8 Drug Tier 2: \$20 Drug Tier 3: \$47 Select preferred insulin (Senior Savings Model): Not available</p>	<p>Deductible: \$0 deductible on Tier 1: Preferred Generic, Tier 2: Generic and Tier 6: Select Care Drugs \$50 on Tiers 3, 4 and 5</p> <p>Copays/Coinsurance for a one-month supply during the Initial Coverage Stage:</p> <p><b>Preferred</b> retail and <b>preferred</b> mail-order pharmacy: Drug Tier 1: \$3 Drug Tier 2: \$11 Drug Tier 3: \$42 Select preferred insulin (Senior Savings Model): \$35 Drug Tier 4: 50% coinsurance Drug Tier 5: 32% coinsurance Drug Tier 6: \$0</p> <p><b>Standard</b> retail pharmacy, <b>standard</b> mail-order pharmacy, network long-term care pharmacies, out-of-network pharmacy: Drug Tier 1: \$9 Drug Tier 2: \$20 Drug Tier 3: \$47 Select preferred insulin (Senior Savings Model): \$35</p>

Cost	2020 (this year)	2021 (next year)
<b>Part D prescription drug coverage (continued)</b>	Drug Tier 4: 50% coinsurance Drug Tier 5: 31% coinsurance Drug Tier 6: \$5	Drug Tier 4: 50% coinsurance Drug Tier 5: 32% coinsurance Drug Tier 6: \$5  To find out which drugs are select insulins, review the most recent Drug List provided electronically. If you have questions about the Drug List, you can also call Customer Service (Phone numbers for Customer Service are in Section 8.1 of this booklet).

## ***Annual Notice of Changes for 2021***

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## SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in BCN Advantage Prime Value in 2021

On January 1, 2021, Blue Care Network of Michigan will be combining BCN Advantage HealthySaver with one of our plans, BCN Advantage Prime Value.

**If you do nothing to change your Medicare coverage by December 7, 2020, we will automatically enroll you in our BCN Advantage Prime Value.** This means starting January 1, 2021, you will be getting your medical and prescription drug coverage through BCN Advantage Prime Value. If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare. If you want to change plans, you can do so between October 15 and December 7. If you are eligible for Extra Help, you may be able to change plans during other times.

The information in this document tells you about the differences between your current benefits in BCN Advantage HealthySaver and the benefits you will have on January 1, 2021 as a member of BCN Advantage Prime Value.

## SECTION 2 Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$23	\$0
<b>Optional Supplemental Package 1 monthly premium</b> You no longer need to purchase an optional supplemental package to get comprehensive hearing benefits. For more information, see Chapter 4, Section 2.1, Medical Benefits Chart; and see Chapter 4, Section 2.2, <i>Extra “optional supplemental” benefits you can buy</i> , in your 2021 <i>Evidence of Coverage</i> .	Additional Dental, Vision and Hearing: \$13.50	Additional Dental and Vision: \$20.40



Cost	2020 (this year)	2021 (next year)
<p><b>Optional Supplemental Package 2 monthly premium</b></p> <p>You no longer need to purchase an optional supplemental package to get comprehensive hearing benefits. For more information, see Chapter 4, Section 2.1, Medical Benefits Chart; and see Chapter 4, Section 2.2, <i>Extra “optional supplemental” benefits you can buy</i>, in your 2021 <i>Evidence of Coverage</i>.</p>	Additional Dental, Vision and Hearing: \$25.50	Additional Dental and Vision: \$32.40

- 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 7 regarding “Extra Help” from Medicare.

## Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year. In 2021 your Medicare-covered Point-of-Service spending will apply to your maximum out-of-pocket amount, whereas in 2020 it did not.

Cost	2020 (this year)	2021 (next year)
<p><b>Maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	\$4,500	\$4,500
		Once you have paid \$4,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Cost	2020 (this year)	2021 (next year)
<b>Maximum out-of-pocket amount (continued)</b>		Care received through our point-of-service benefit will count toward your maximum out-of-pocket.

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## Section 2.3 – Changes to the Provider Network

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There are changes to our network of providers for next year. An updated *Provider/Pharmacy Directory* is located on our website at [www.bcbsm.com/providersmedicare](http://www.bcbsm.com/providersmedicare). You may also call Customer Service for updated provider information or to ask us to mail you a *Provider/Pharmacy Directory*. **Please review the 2021 *Provider/Pharmacy Directory* 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) 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, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to 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 to manage your care.

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## Section 2.4 – Changes to the Pharmacy Network

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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.

Our network has changed more than usual for 2021. An updated *Provider/Pharmacy Directory* is located on our website at [www.bcsm.com/pharmaciesmedicare](http://www.bcsm.com/pharmaciesmedicare). You may also call Customer Service for updated provider information or to ask us to mail you a *Provider/Pharmacy Directory*. **We strongly suggest that you review our current 2021 *Provider/Pharmacy Directory* to see if your pharmacy is still in our network.**

## Section 2.5 – 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 Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2021 Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
<b>Acupuncture for chronic low back pain</b>	Effective January 21, 2020. You pay a \$20 copay for each Medicare-covered visit.	You pay a \$20 copay for each Medicare-covered visit, after deductible.
<b>Ambulance services</b>	You pay a \$230 copay for each one-way trip.	You pay a \$275 copay for each one-way trip, after deductible.
<b>Chiropractic services</b>	You pay a \$50 copay for one routine office visit.	You pay a \$45 copay for one routine office visit, after deductible.
<b>Hearing services</b>	You pay a \$5 copay for each primary care provider visit for Medicare-covered basic diagnostic hearing evaluations.  You pay a \$50 copay for each specialist visit for Medicare-covered basic diagnostic hearing evaluations.  Additional routine hearing services and hearing aid benefits are <u>not</u> covered.	You pay a \$0 copay for each primary care provider visit for Medicare-covered basic diagnostic hearing evaluations, after deductible.  You pay a \$45 copay for each specialist visit for Medicare-covered basic diagnostic hearing evaluations, after deductible.  Your plan now covers additional routine hearing services and hearing aid

Cost	2020 (this year)	2021 (next year)
<b>Hearing services (continued)</b>	You may purchase additional coverage by paying an additional premium for the Optional Supplemental Benefit Package.	<p>benefits for no additional premium. Covered services include a routine hearing exam, hearing aids and hearing aid fittings.</p> <p>You pay a \$0 copay for services from a primary care provider for one routine hearing exam every year, after deductible.</p> <p>You pay a \$45 copay for services from a specialist for one routine hearing exam every year, after deductible.</p> <p>You pay a \$0 copay for one hearing aid fitting and evaluation every three years, after deductible.</p> <p>Plan covers a \$1,200 allowance maximum for both ears (up to \$600 per ear) every three years for new hearing aids. If your hearing aids exceed the allowance, you must pay the difference between the benefit and the cost of the hearing aid.</p>
<b>In-home support services</b>	In-home support services are <u>not</u> covered.	<p>Qualified members pay \$0 for up to 8 hours of time with a Care Team member each month, if eligibility requirements are met.</p> <p>To qualify for this benefit, you must meet the following requirements:</p>

Cost	2020 (this year)	2021 (next year)
<b>In-home support services (continued)</b>		<ol style="list-style-type: none"> <li>1. Live alone, and</li> <li>2. Require help with activities related to living independently, such as transportation, light housework, meal preparation, etc.</li> </ol>
<b>Inpatient hospital care</b>	<p>For Medicare-covered hospital stays:</p> <p>Days 1-7: You pay a \$280 copay per day.</p> <p>Days 8-90: You pay a \$0 copay per day.</p> <p>You pay a \$0 copay for additional days in a benefit period.</p>	<p>For Medicare-covered hospital stays:</p> <p>Days 1-6: You pay a \$325 copay per day, after deductible.</p> <p>Days 7-90: You pay a \$0 copay per day, after deductible.</p> <p>You pay a \$0 copay for additional days in a benefit period, after deductible.</p>
<b>Inpatient mental health care</b>	<p>For Medicare-covered hospital stays:</p> <p>Days 1-7: You pay a \$250 copay per day.</p> <p>Days 8-90: You pay a \$0 copay per day.</p>	<p>For Medicare-covered hospital stays:</p> <p>Days 1-6: You pay a \$300 copay per day, after deductible.</p> <p>Days 7-90: You pay a \$0 copay per day, after deductible.</p>
<b>Meal benefit</b>	Meal benefits are <u>not</u> covered.	<p>Qualified members pay \$0 for 28 meals over 14 days if eligibility requirements are met.</p> <p>Members who have been selected to be a part of our Blue Cross care management program for members with special health needs and have</p>

Cost	2020 (this year)	2021 (next year)
<b>Meal benefit (continued)</b>		<p>been discharged from a hospital may be eligible for a two-week (14 day) meal benefit. Members are eligible for this benefit during the 30-day period after they return home from the hospital.</p> <p>An assessment with your Blue Cross nurse care manager is required to determine eligibility for the meal benefit.</p>
<b>Opioid treatment program services</b>	You pay a \$50 copay for Medicare-covered benefits.	You pay a \$0 copay for Medicare-covered benefits.
<b>Outpatient diagnostic tests and therapeutic services and supplies</b>	<p>You pay a \$20 copay for most Medicare-covered outpatient diagnostic procedures and tests.</p>	<p>You pay a \$0 copay for Medicare-covered COVID-19 testing, after deductible.</p> <p>You continue to pay a \$20 copay for other Medicare-covered outpatient diagnostic procedures and tests, after deductible.</p>
<b>Outpatient substance abuse services</b>	You pay a \$50 copay for each Medicare-covered individual or group therapy visit.	You pay a \$45 copay for each Medicare-covered individual or group therapy visit, after deductible.
<b>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers</b>	<p>You pay a \$125 copay for each Medicare-covered outpatient surgery in an ambulatory surgical center.</p> <p>You pay a \$125 copay for Medicare-covered</p>	<p>You pay a \$100 copay for each Medicare-covered outpatient surgery in an ambulatory surgical center, after deductible.</p> <p>You pay a \$0 copay for Medicare-covered</p>

Cost	2020 (this year)	2021 (next year)
<b>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers (continued)</b>	arthroplasty knee and hip services in an ambulatory surgical center.	arthroplasty knee and hip services in an ambulatory surgical center, after deductible.
<b>Physician/Practitioner services, including doctor's office visits</b>	<p>You pay a \$5 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>You pay a \$50 copay for each specialist visit for Medicare-covered benefits.</p> <p>You pay a \$5 copay for each primary care doctor visit for Medicare-covered dental benefits.</p> <p>You pay a \$50 copay for each specialist visit for Medicare-covered dental benefits.</p> <p>You pay a \$5 copay for each telehealth medical visit.</p> <p>You pay a \$40 copay for each telehealth mental health visit.</p>	<p>You pay a \$0 copay for each primary care doctor visit for Medicare-covered benefits, after deductible.</p> <p>You pay a \$45 copay for each specialist visit for Medicare-covered benefits, after deductible.</p> <p>You pay a \$0 copay for each primary care doctor visit for Medicare-covered dental benefits, after deductible.</p> <p>You pay a \$45 copay for each specialist visit for Medicare-covered dental benefits, after deductible.</p> <p>You pay a \$0 copay for each telehealth medical visit, after deductible.</p> <p>You pay a \$0 copay for each telehealth mental health visit, after deductible.</p>
<b>Podiatry services</b>	You pay a \$50 copay for each Medicare-covered visit.	You pay a \$45 copay for each Medicare-covered visit, after deductible.
<b>Support for caregivers of enrollees</b>	Support for caregivers of enrollees is <u>not</u> covered.	<p>You pay \$0 for support for caregivers of enrollees.</p> <p>An eligibility assessment</p>

Cost	2020 (this year)	2021 (next year)
<b>Support for caregivers of enrollees (continued)</b>		with a nurse care manager is required to determine eligibility.
<b>Urgently needed services</b>	You pay a \$45 copay for each Medicare-covered urgent care visit.	<p>You pay \$45 copay for urgently needed services provided by an urgent care center.</p> <p>You pay \$0 copay for urgently needed services provided by a primary care physician.</p>
<b>Vision services</b>	<p>You pay a \$50 copay for diagnosis and treatment for diseases and conditions of the eye.</p> <p>Additional eye-wear benefits are <u>not</u> covered. You may purchase additional coverage by paying an additional premium for the Optional Supplemental Benefit Package.</p>	<p>You pay a \$45 copay for diagnosis and treatment for diseases and conditions of the eye, after deductible.</p> <p>Your plan now covers additional eye-wear benefits for no additional premium.</p> <p>You pay a \$0 copay for either elective contact lenses or frames.</p> <p>The vision benefit provides a \$100 maximum vision benefit every 12 months and may be used for either (a) elective contact lenses or (b) frames.</p> <p>Standard eyeglass lenses are covered in full every 12 months.</p>
<b>Worldwide emergency transportation</b>	Worldwide emergency transportation is <u>not</u> covered.	You pay a \$275 copay per worldwide emergency transportation service.



Cost	2020 (this year)	2021 (next year)
<b>Optional supplemental benefits</b>		
Optional supplemental benefits are non-Medicare-covered dental, hearing, and vision services available through this plan for an extra premium. For more information, see Chapter 4, Section 2.2, Extra “optional supplemental” benefits you can buy, in your 2021 <i>Evidence of Coverage</i> .		
<b>Optional supplemental dental Package 1</b>	<p><b>In-network</b> Adjunct crown services <u>not</u> covered.</p> <p><b>Out-of-network</b> Dental services <u>not</u> covered.</p>	<p><b>In-network</b> You pay 50% coinsurance of the allowed amount for adjunct crown services.</p> <p><b>Out-of-network</b> In 2021, you will have access to out-of-network coverage. Your combined in- and out-of-network annual benefit maximum of \$1,500 applies.</p> <p><b>50% coinsurance for the following services:</b></p> <ul style="list-style-type: none"> <li>• One fluoride treatment per calendar year</li> <li>• Up to two periodic oral exams per calendar year (includes emergency exams). Note: Emergency exams are also a benefit subject to the two oral exams per year limit</li> <li>• Up to two routine cleanings per calendar year (includes periodontal maintenance)</li> <li>• One set of bitewing X-rays (up to four) or one set (up to six) periapical films every two calendar years</li> </ul>

Cost	2020 (this year)	2021 (next year)
<b>Optional supplemental dental Package 1 (continued)</b>		<ul style="list-style-type: none"> <li>• Brush biopsies, no frequency limit</li> <li>• Resin and amalgam fillings once per tooth per surface every 48 months</li> <li>• Crowns for permanent teeth only, limited to once every 84 months per tooth</li> <li>• Crown repairs (no frequency limit)</li> <li>• Adjunct crown services</li> <li>• Root canals once per lifetime per tooth</li> <li>• Simple extractions (one time per tooth per lifetime) of erupted tooth or exposed roots</li> </ul> <p>For out-of-network services, if your provider doesn't submit your claim, you may be required to pay costs up front and submit for reimbursement.</p> <p>Out-of-network expenses will be reimbursed at 50% of allowed amounts up to the combined benefit maximum. You may pay higher out-of-pocket amounts if you receive services from out-of-network providers.</p>

Cost	2020 (this year)	2021 (next year)
<b>Optional supplemental dental Package 1 (continued)</b>		Specific dental codes identifying covered services may be updated by the American Dental Association.
<b>Optional supplemental hearing Package 1</b>	<p><b>In-network</b> You pay 0% coinsurance for up to one hearing exam every year.</p> <p>You pay 0% coinsurance for up to one hearing aid fitting evaluation every three years.</p> <p>You pay 50% coinsurance on hearing aids. Plan covers a \$1,200 benefit maximum for both ears (up to \$600 per ear) every three years for new hearing aids. You must pay the difference between the benefit and the cost of the hearing aid.</p>	<p><b>In-network</b> Your plan now covers additional routine hearing services and hearing aid benefits for no additional premium. Covered services include a routine hearing exam, hearing aid fittings, and hearing aids with a \$1,200 allowance maximum for both ears (up to \$600 per ear) every three years. See Hearing Services in Section 2.5.</p>
<b>Optional supplemental vision Package 1</b>	<p><b>In-network</b> The optional eye wear benefit provides an in-network maximum vision benefit up to \$300 every 24 months and may be used for either (a) elective contact lenses or (b) frames.</p> <p>Standard eyeglass lenses covered in full every 24 months.</p>	<p><b>In-network</b> The optional eye wear benefit provides (in addition to the standard benefit) a combined in and out-of-network maximum vision benefit up to \$200 every 12 months and may be used for either (a) elective contact lenses or (b) frames.</p> <p>Standard eyeglass lenses covered in full every 12 months.</p>

Cost	2020 (this year)	2021 (next year)
<p><b>Optional supplemental vision Package 1 (continued)</b></p>	<p><b>Out-of-network</b> Vision services <u>not</u> covered.</p>	<p><b>Out-of-network</b> In 2021, you will have access to out-of-network coverage.</p> <p>The optional eye wear benefit provides (in addition to the standard benefit) a combined in and out-of-network maximum vision benefit with 50% coinsurance up to \$200 every 12 months and may be used for either (a) elective contact lenses or (b) frames.</p> <p>Standard eyeglass lenses are reimbursed at 50% coinsurance up to allowed amounts every 12 months.</p> <p>Exams are reimbursed at 50% coinsurance up to allowed amounts.</p> <p>Routine eye exams are limited to one every 12 months.</p>
<p><b>Optional supplemental dental Package 2</b></p>	<p><b>In-network</b> Adjunct crown services <u>not</u> covered.</p> <p><b>Out-of-network</b> Dental services <u>not</u> covered.</p>	<p><b>In-network</b> You pay 25% coinsurance of the allowed amount for adjunct crown services.</p> <p><b>Out-of-network</b> In 2021, you will have access to out-of-network coverage. Your combined in- and out-of-network annual benefit maximum of \$2,500 applies.</p>

Cost	2020 (this year)	2021 (next year)
<b>Optional supplemental dental Package 2 (continued)</b>		<p><b>50% coinsurance for the following services:</b></p> <ul style="list-style-type: none"> <li>• One fluoride treatment per calendar year</li> <li>• Up to two periodic oral exams per calendar year (includes emergency exams). Note: Emergency exams are also a benefit subject to the two oral exams per year limit</li> <li>• Up to two routine cleanings per calendar year (includes periodontal maintenance)</li> <li>• One set of bitewing X-rays (up to four) or one set (up to six) periapical films every two calendar years</li> <li>• Brush biopsies, no frequency limit</li> <li>• Resin and amalgam fillings once per tooth per surface every 48 months</li> <li>• Crowns for permanent teeth only, limited to once every 84 months per tooth</li> <li>• Crown repairs (no frequency limit)</li> <li>• Adjunct crown services</li> <li>• Root canals once per lifetime per tooth</li> </ul>

Cost	2020 (this year)	2021 (next year)
<b>Optional supplemental dental Package 2 (continued)</b>		<ul style="list-style-type: none"> <li>• Simple extractions (one time per tooth per lifetime) of erupted tooth or exposed roots</li> <li>• Onlays once every 84 months</li> <li>• Other endodontics limited to once every 84 months</li> <li>• Periodontics limited to once every 84 months</li> <li>• Oral surgery</li> <li>• Anesthesia limited to five units on the same date of service</li> <li>• Exams and/or consults limited to two exams every calendar year</li> <li>• Dentures, once every 84 months; adjustments and repairs; relines and rebase, one time per arch every 36 months</li> <li>• Dentures Removable partial, once every 84 months; adjustments and repairs; relines and rebase, one time per arch every 36 months</li> <li>• Bridges (Dentures Fixed Partial), once every 84 months</li> </ul>

Cost	2020 (this year)	2021 (next year)
<p><b>Optional supplemental dental Package 2 (continued)</b></p>		<p>For out-of-network services, if your provider doesn't submit your claim, you may be required to pay costs up front and submit for reimbursement.</p> <p>Out-of-network expenses will be reimbursed at 50% of allowed amounts up to the combined benefit maximum. You may pay higher out-of-pocket amounts if you receive services from out-of-network providers.</p> <p>You may pay higher out-of-pocket amounts if you receive services from out-of-network providers.</p> <p>Specific dental codes identifying covered services may be updated by the American Dental Association.</p>
<p><b>Optional supplemental hearing Package 2</b></p>	<p><b>In-network</b>                      You pay 0% coinsurance for up to one hearing exam every year.</p> <p>You pay 0% coinsurance for up to one hearing aid fitting evaluation every three years.</p> <p>You pay 50% coinsurance on hearing aids. Plan covers a \$2,500 benefit maximum for both ears (up to \$1,250 per ear) every three years for new hearing aids. You must</p>	<p><b>In-network</b>                      Your plan now covers additional routine hearing services and hearing aid benefits for no additional premium. Covered services include a routine hearing exam, hearing aid fittings, and hearing aids with \$1,200 allowance maximum for both ears (up to \$600 per ear) every three years. See Hearing Services in Section 2.5.</p>

Cost	2020 (this year)	2021 (next year)
<p><b>Optional supplemental hearing Package 2 (continued)</b></p>	<p>pay the difference between the benefit and the cost of the hearing aid.</p>	
<p><b>Optional supplemental vision Package 2</b></p>	<p><b>In-network</b>                      The optional eye wear benefit provides an in-network maximum vision benefit up to \$400 every 24 months and may be used for either (a) elective contact lenses or (b) frames.</p> <p>Standard eyeglass lenses covered in full every 24 months.</p> <p><b>Out-of-network</b>                      Vision services <u>not</u> covered.</p>	<p><b>In-network</b>                      The optional eye wear benefit provides (in addition to the standard benefit) a combined in and out-of-network maximum vision benefit up to \$300 every 12 months and may be used for either (a) elective contact lenses or (b) frames.</p> <p>Standard eyeglass lenses covered in full every 12 months.</p> <p><b>Out-of-network</b>                      In 2021, you will have access to out-of-network coverage.</p> <p>The optional eye wear benefit provides (in addition to the standard benefit) a combined in and out-of-network maximum vision benefit with 50% coinsurance up to \$300 every 12 months and may be used for either (a) elective contact lenses or (b) frames.</p> <p>Standard eyeglass lenses are reimbursed at 50% coinsurance up to allowed amounts every 12 months.</p> <p>Exams are reimbursed at 50% coinsurance up to allowed amounts.</p>



Cost	2020 (this year)	2021 (next year)
<b>Optional supplemental vision Package 2 (continued)</b>		Routine eye exams are limited to one every 12 months.

## Section 2.6 – 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, 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. **We encourage current members** to ask for an exception before next 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.
- **Work with your doctor (or other prescriber) to 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 are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (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 2020, you will need to submit a new formulary exception request for review.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the Evidence of Coverage.)

### Changes to Prescription Drug Costs

*Note:* If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs does 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.”

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our website at [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.)

### Changes to the Deductible Stage

Stage	2020 (this year)	2021 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug and Tier 5: Specialty Tier drugs until you have reached the yearly deductible.</p> <p>There is no deductible for Prime Value for select insulins. You pay no more than \$35 for a 30-day supply for select insulins.</p>	<p>The deductible is \$0 on Tier 1: Preferred Generic, Tier 2: Generic and Tier 6: Select Care Drugs; the deductible is \$100 on Tiers 3, 4 and 5.</p> <p>During this stage, you pay \$2 cost sharing for a 31-day supply at <b>preferred</b> retail pharmacies and <b>preferred</b> mail-order pharmacies, for all Tier 1: Preferred Generic, \$11 for Tier 2:</p>	<p>The deductible is \$0 on Tier 1: Preferred Generic, Tier 2: Generic and Tier 6: Select Care Drugs; the deductible is \$50 on Tiers 3, 4 and 5.</p> <p>During this stage, you pay \$3 cost sharing for a 31-day supply at <b>preferred</b> retail pharmacies and <b>preferred</b> mail-order pharmacies, for all Tier 1: Preferred Generic, \$11 for Tier 2:</p>

Stage	2020 (this year)	2021 (next year)
<p><b>Stage 1: Yearly Deductible Stage (continued)</b></p>	<p>Generic and \$0 for Tier 6: Select Care Drugs, and the full cost of your Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug and Tier 5: Specialty Tier until you have reached the yearly deductible.</p> <p>During this stage, you pay \$8 cost sharing for a 31-day supply at <b>standard</b> retail pharmacies, <b>standard</b> mail-order pharmacies, network long-term care pharmacies and out-of-network pharmacies for all Tier 1: Preferred Generic, \$20 for Tier 2: Generic and \$5 for Tier 6: Select Care Drugs, and the full cost of your Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug and Tier 5: Specialty Tier until you have reached the yearly deductible.</p>	<p>Generic and \$0 for Tier 6: Select Care Drugs, and the full cost of your Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug and Tier 5: Specialty Tier until you have reached the yearly deductible.</p> <p>During this stage, you pay \$9 cost sharing for a 31-day supply at <b>standard</b> retail pharmacies, <b>standard</b> mail-order pharmacies, network long-term care pharmacies and out-of-network pharmacies for all Tier 1: Preferred Generic, \$20 for Tier 2: Generic and \$5 for Tier 6: Select Care Drugs, and the full cost of your Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug and Tier 5: Specialty Tier until you have reached the yearly deductible.</p>

### Changes to Your Cost Sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

	2020 (this year)	2021 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan</p>	<p>Your cost for a one-month supply at a network pharmacy:</p>	<p>Your cost for a one-month supply at a network pharmacy:</p>

	2020 (this year)	2021 (next year)
<p><b>Stage 2: Initial Coverage Stage (continued)</b> pays its share of the cost of your drugs and <b>you pay your share of the cost.</b> You pay no more than \$35 for a 30-day supply for select insulins.</p> <p>The costs in this row are for a one-month (31-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply, or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p><b>Drug Tier 1 – Preferred Generic:</b></p> <p><i>Standard cost sharing:</i> You pay \$8 per prescription</p> <p><i>Preferred cost sharing:</i> You pay \$2 per prescription</p>	<p><b>Drug Tier 1 – Preferred Generic:</b></p> <p><i>Standard cost sharing:</i> You pay \$9 per prescription</p> <p><i>Preferred cost sharing:</i> You pay \$3 per prescription</p>
	<p><b>Drug Tier 2 – Generic:</b></p> <p><i>Standard cost sharing:</i> You pay \$20 per prescription</p> <p><i>Preferred cost sharing:</i> You pay \$11 per prescription</p>	<p><b>Drug Tier 2 – Generic:</b></p> <p><i>Standard cost sharing:</i> You pay \$20 per prescription</p> <p><i>Preferred cost sharing:</i> You pay \$11 per prescription</p>
	<p><b>Drug Tier 3 – Preferred Brand:</b></p> <p><i>Standard cost sharing:</i> You pay \$47 per prescription</p> <p><i>Preferred cost sharing:</i> You pay \$42 per prescription</p>	<p><b>Drug Tier 3 – Preferred Brand:</b></p> <p><i>Standard cost sharing:</i> You pay \$47 per prescription</p> <p><i>Preferred cost sharing:</i> You pay \$42 per prescription</p>
	<p>Select preferred insulin (Senior Savings Model): Not available</p>	<p>Select preferred insulin (Senior Savings Model): You pay a copayment of no more than \$35 per prescription for select insulins.</p>

	2020 (this year)	2021 (next year)
<b>Stage 2: Initial Coverage Stage (continued)</b>	<b>Drug Tier 4 – Non-Preferred Drug:</b>	<b>Drug Tier 4 – Non-Preferred Drug:</b>
	<i>Standard cost sharing:</i> You pay 50% of the total cost	<i>Standard cost sharing:</i> You pay 50% of the total cost
	<i>Preferred cost sharing:</i> You pay 50% of the total cost	<i>Preferred cost sharing:</i> You pay 50% of the total cost
	<b>Drug Tier 5 – Specialty Tier:</b>	<b>Drug Tier 5 – Specialty Tier:</b>
	<i>Standard cost sharing:</i> You pay 31% of the total cost	<i>Standard cost sharing:</i> You pay 32% of the total cost
	<i>Preferred cost sharing:</i> You pay 31% of the total cost	<i>Preferred cost sharing:</i> You pay 32% of the total cost
	<b>Drug Tier 6 – Select Care Drugs:</b>	<b>Drug Tier 6 – Select Care Drugs:</b>
	<i>Standard cost sharing:</i> You pay \$5 per prescription	<i>Standard cost sharing:</i> You pay \$5 per prescription
	<i>Preferred cost sharing:</i> You pay \$0 per prescription	<i>Preferred cost sharing:</i> You pay \$0 per prescription
_____	_____	
Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached \$4,130, you will move to the next stage (the Coverage Gap Stage).	

## Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

BCN Advantage offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be no more than \$35 for a 30-day supply for select insulins.

### SECTION 3 Administrative Changes

Description	2020 (this year)	2021 (next year)
<b>Deductible</b>  Your plan includes a separate Point-of-Service deductible which allows members to receive pre-authorized care when traveling outside of Michigan. Our point-of-service plan is offered through BlueCard® via the Blue Cross and Blue Shield Association.	Point-of-Service benefit not available.	\$280

### SECTION 4 Deciding Which Plan to Choose

#### Section 4.1 – If you want to stay in BCN Advantage Prime Value

**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 by December 7, you will automatically be enrolled in our BCN Advantage Prime Value.

#### Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2021 follow these steps:

##### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,

- *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 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2021*, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

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/plan-compare](http://www.medicare.gov/plan-compare). **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Blue Care Network 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 BCN Advantage Prime Value.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from BCN Advantage Prime Value.
- 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 8.1 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 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2021.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2021, 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) between January 1 and March 31, 2021. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

## SECTION 6 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/Medicaid Assistance Program.

Michigan Medicare/Medicaid Assistance Program 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. Michigan Medicare/Medicaid Assistance Program 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 Michigan Medicare/Medicaid Assistance Program at 1-800-803-7174 (TTY 711). You can learn more about Michigan Medicare/Medicaid Assistance Program by visiting their website ([www.mmapinc.org](http://www.mmapinc.org)).

## SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“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 coverage gap or 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); or
  - Your State Medicaid Office (applications).
- **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 1-888-826-6565. Monday through Friday Eastern time, 8 a.m. to 5 p.m. TTY users call 711.



## SECTION 8 Questions?

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### Section 8.1 – Getting Help from BCN Advantage Prime Value

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Questions? We're here to help. Please call Customer Service at 1-800-450-3680. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m. Eastern time, Monday through Friday, with weekend hours October 1 through March 31. Calls to these numbers are free.

#### **Read your 2021 *Evidence of Coverage* (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 2021. For details, look in the 2021 *Evidence of Coverage* for BCN Advantage Prime Value. 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* is located on our website at [www.bcbsm.com/medicare](http://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](http://www.bcbsm.com/medicare). As a reminder, our website has the most up-to-date information about our provider network (*Provider/Pharmacy Directory*) and our list of covered drugs (*Formulary/Drug List*).

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### Section 8.2 – Getting Help from Medicare

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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](http://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/plan-compare](http://www.medicare.gov/plan-compare)).

#### **Read *Medicare & You 2021***

You can read the *Medicare & You 2021* 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](http://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.