

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

Michigan Public School Employees Retirement System

Annual Notice of Changes for 2017

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.

Medicare Plus Blue Group PPO allows for enrollment changes at any time during the year. Please contact Office of Retirement Services (ORS) at 1-800-381-5111, Monday through Friday, 8:30 a.m. to 5 p.m., Eastern time, for more information.

Additional Resources

- This information is available in different formats. If you would like this information in another format please contact our Customer Service number at 1-800-422-9146 (TTY users should call 711). Hours are Monday through Friday 8:30 a.m. to 5 p.m. Eastern time. Customer Service has free language interpreter services available for non-English speakers (phone numbers are in section 4.1 of this booklet).
- Minimum essential coverage (MEC): Coverage under this Plan qualifies as minimum essential coverage (MEC) 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 for more information on the individual requirement for MEC.

About Medicare Plus Blue Group

- Medicare Plus Blue is a PPO plan with a Medicare contract. Enrollment in Medicare Plus Blue depends upon 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.

Think about Your Medicare Coverage for Next Year

Medicare allows you to change your Medicare 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 your 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 2 for information about benefit and cost changes for our plan.
- 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 2.3 for information about our Provider 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? How do the total costs compare to other Medicare coverage options?
- Think about whether you are happy with this 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.

If you decide to change plans:

If you decide other coverage will better meet your needs, please contact Office of Retirement Services for more information before making a decision to leave this plan, or for more information about other options that may be available to you.

Summary of Important Costs for 2017

The table below compares the 2016 costs and 2017 costs for Medicare Plus Blue Group in several important areas. **Please note this is only a summary. It is important to read the rest of this *Annual Notice of Changes*** and review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you.

Cost	2016 (this year)	2017 (next year)
Monthly plan premium	Contact Office of Retirement Services at 1-800-381-5111	Contact Office of Retirement Services at 1-800-381-5111
Yearly deductible	\$700	\$800
Maximum out-of-pocket amounts This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 2.2 for details.)	Combined in-network and out-of-network: \$1,550	Combined in-network and out-of-network: \$1,700 (Your out-of-pocket maximum includes the \$800 annual deductible and all coinsurance and copayment amounts totaling the annual coinsurance maximum amount of \$900.)

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**SECTION 1 Unless You Choose Another Plan, You Will Be
Automatically Enrolled in Medicare Plus Blue Group in
2017**

If you want to change to a different plan or to Original Medicare for next year, please contact Office of Retirement Services at 1-800-381-5111, Monday through Friday, 8:30 a.m. to 5 p.m., Eastern time. For more information, see Chapter 8 of the *Evidence of Coverage*.

The information in this document tells you about the differences between your current benefits in Medicare Plus Blue Group PPO and the benefits you will have on January 1, 2017 as a member of Medicare Plus Blue Group PPO.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium and Deductible

Cost	2016 (this year)	2017 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	Contact Office of Retirement Services at 1-800-381-5111.	Contact Office of Retirement Services at 1-800-381-5111.
Yearly deductible	\$700	\$800

Section 2.2 – 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 this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2016 (this year)	2017 (next year)
Combined maximum out-of-pocket amount	Combined in-network and out-of-network	Combined in-network and out-of-network
Your costs for covered medical services (such as coinsurance, copay and deductible) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$1,550 Once you have paid \$1,550 out-of-pocket for covered services from in-network or out-of-network providers, 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.	\$1,700 Once you have paid \$1,700 out-of-pocket for covered services from in-network or out-of-network providers, 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. (Your out-of-pocket maximum includes the \$800 annual deductible and all coinsurance and copayment amounts totaling the annual coinsurance maximum amount of \$900.)

Section 2.3 – Changes to the Provider Network

We included a copy of our *Provider Locator* in the envelope with this booklet. We also have an online provider search tool on our website at www.bcbsm.com/providersmedicare. You may also call Customer Service for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the 2017 Provider Locator 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 our plan during the year. There are a number of reasons why your provider might leave our 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 our plan please contact us so we can assist you in finding a new provider and managing your care.

Section 2.4 – Changes to Benefits and Costs for Medical Services

Your retirement system is changing your 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 *2017 Evidence of Coverage*.

Cost	2016 (this year)	2017 (next year)
Prescription Drugs – Limited	No prior authorization required	Certain medications covered under your medical plan require prior authorization

SECTION 3 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 or MMAP. For a list of SHIPs in other states, refer to Exhibit 1 located at the back of your *Evidence of Coverage*.

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. You can learn more about Michigan Medicare/Medicaid Assistance Program by visiting their website (www.mmapinc.org).

SECTION 4 Questions?

Section 4.1 – Getting Help from Medicare Plus Blue Group

Questions? We're here to help. Please call Customer Service at 1-800-422-9146. (TTY only, call 711.) We are available for phone calls Monday through Friday, from 8:30 a.m. to 5 p.m., Eastern time. Calls to these numbers are free.

Read your 2017 *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 2017. For details, look in the 2017 *Evidence of Coverage* for Medicare Plus Blue Group. 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* was included in this envelope.

Visit our Website

You can also visit our website at www.bcbsm.com/providersmedicare. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

Section 4.2 – 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 2017*

You can read *Medicare & You 2017* 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.