

2025



**READY
TO HELP**



County of St Clair MAPD Benefits

H9572_GrpPPO25G2GOnbrd_M FVNR 1024M

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

Agenda

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

Medicare basics

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A Medicare Advantage plan (Medicare Part C) gives you complete coverage.

Medicare Part A includes:

- Hospital care
- Skilled nursing facility care
- Hospice
- Home health care

Premium

- There is no charge for people who have at least 40 work credits



Medicare Part B includes:

- Provider visits
- Mental health care
- Outpatient surgery
- Lab tests
- Durable medical equipment

Premium

- You must pay your Part B premium every month
- Your premium depends on your sign-up date and income



Medicare Advantage (Part C) includes:

- Original Medicare-covered services
- Original Medicare rights and protections
- Extra benefits, such as SilverSneakers® and care management services

You must continue to pay your monthly Part B premium.

Medicare Part D includes:

- Prescription drugs
- Part D is a government-sponsored program that helps cover prescription drug costs
- Some Medicare Advantage plans include Part D.

Getting started with your PPO plan

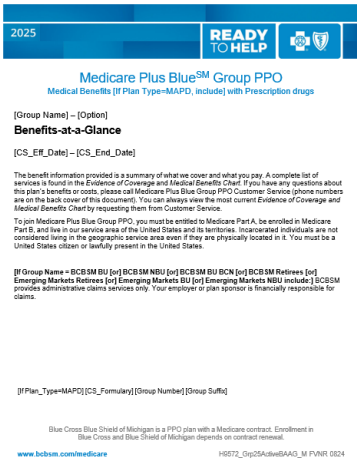
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Understanding your enrollment materials

The following pre- and post-enrollment materials are available to Medicare-eligible retirees as part of the pre- and post-enrollment **opt-out** process. For example:

Pre-enrollment documents

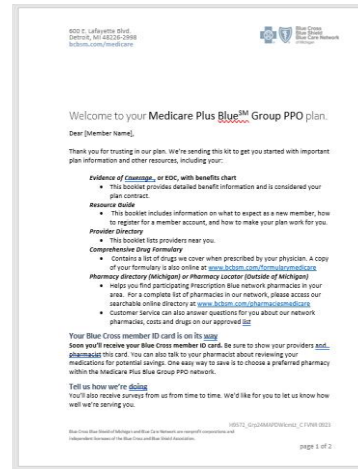


Benefits at a glance

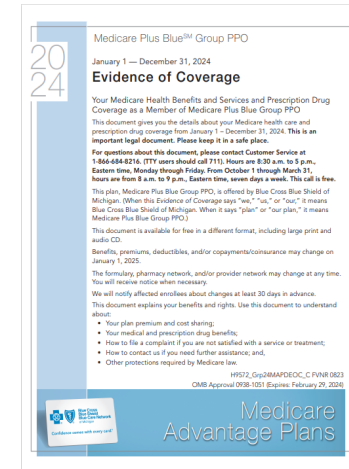


Opt-out form

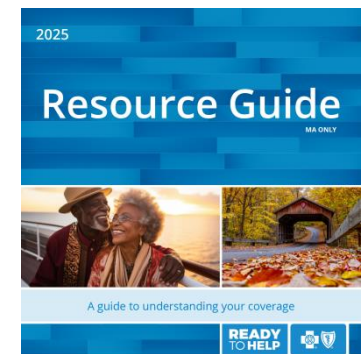
Post-enrollment documents



Welcome letter



Evidence of Coverage

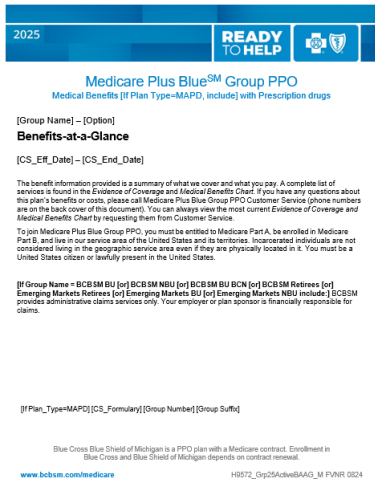


Resource Guide]

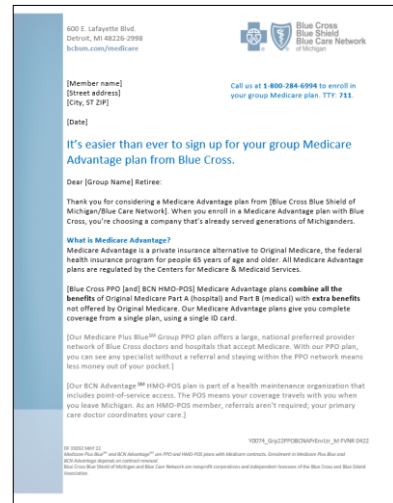
Understanding your enrollment materials

The following pre- and post-enrollment materials are available to Medicare-eligible retirees as part of the pre- and post-enrollment online or telephonic process. For example:

Pre-enrollment documents

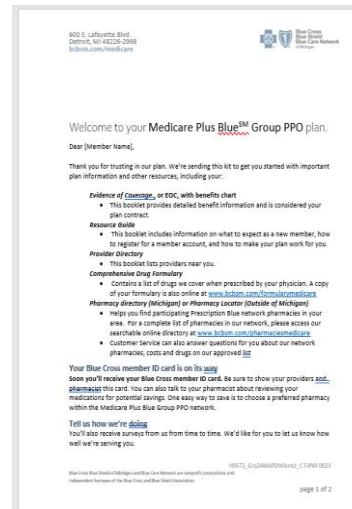


Benefits at a glance

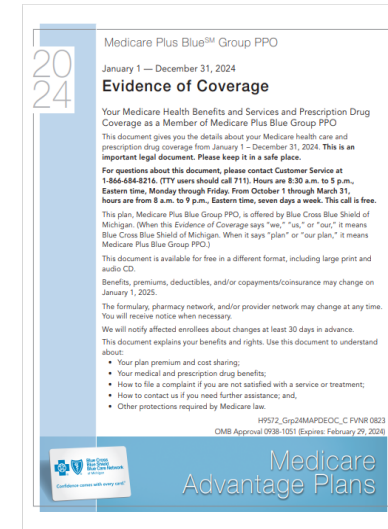


Enrollment Invitation Letter

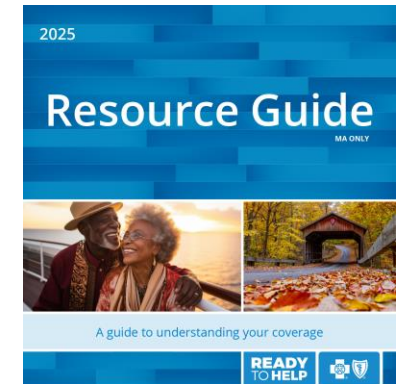
Post-enrollment documents



Welcome letter



Evidence of Coverage



Resource Guide]

Membership confirmation and ID card

Put your red, white and blue Medicare card in a safe place – you only need your Blue Cross member ID card for medical services and prescription drugs.

 <p>Blue Cross. Blue Shield. of Michigan</p> <p>Medicare PLUS BlueSM Group PPO</p>		<p>Members: bcbsm.com/medicare Providers: bcbsm.com/provider/ma</p>	
<p>Enrollee Name</p> <p>VALUED CUSTOMER</p> <p>Enrollee ID</p> <p>X3L918888888</p> <p>Health Plan (80840) 9101003777</p>		<p>Plan H9572_801</p> <p>RxBIN 610011 RxPCN CTRXMEDD RxGrp BCBSMAN</p> <p>Issued</p> <p>MM/YYYY</p>	
<p>Group Number</p> <p>XXXXXXXXXX</p>		<p>Blue Cross Blue Shield of Michigan A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association</p> <p>Member Services: 866-684-8216 TTY/TDD: 711</p> <p>Use of this card is subject to terms of applicable contracts, conditions and user agreements. Medicare limiting charges apply. Out-of-state providers: file with your local plan.</p> <p>Michigan health providers bill: BCBSM - P.O. Box 32593 Detroit, MI 48232-0593</p> <p>Mail pharmacy claims to: P.O. Box 650287 Dallas, TX 75265</p>	
			
		<p>Misuse may result in prosecution. If you suspect fraud, call: 888-650-8136</p> <p>To locate participating providers outside of Michigan: 800-810-2583</p> <p>Provider Inquiries: 800-676-BLUE</p> <p>Facility Prenotification: 800-572-3413</p> <p>Rx Prior Authorization: 800-437-3803</p> <p>VSP - Vision: 800-877-7195</p> <p>Dental Servicing: 888-826-8152</p>	

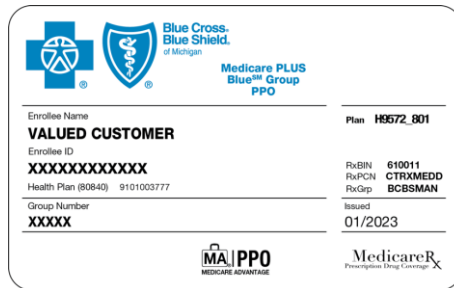
When we'll contact you, for example:

Welcome call and new ID card

Health assessment:
Completing this assessment helps us connect you to member programs tailored to your needs

Coordination of benefits survey

Annual member magazine with resources, tools and information to support your health care needs



BLUES' MEDICARE ADVANTAGE HEALTH ASSESSMENT

Please use a blue or black pen or a pencil to complete the questionnaire. Print clearly to fill out each appropriate text box as shown.

Fill the circles completely and do not write notes in the sections where the circles appear. Correct:

If you need assistance, you may have someone fill out this form for you.

Name: <insert name>
Date of Birth: -- Today's Date: --

Address: <insert address>
Enrollee ID (the number on your ID card): XY -----

1. In general, would you say your health is: (Mark one answer)
 Excellent Very good Good Fair Poor

2. Please mark all those conditions for which you are currently receiving medical treatment:
 Breathing problems (COPD, emphysema, or chronic bronchitis) Arthritis
 High blood pressure (hypertension) Mental problems
 Heart problems (heart failure, heart attack, coronary artery disease) Ankle/leg swelling
 Urinary problems Cancer

3. In the previous 12 months, have you been treated by a doctor for any of the following conditions? (Mark all that apply)
 High cholesterol Yes No
 Asthma Yes No
 Bone disease (osteoporosis or brittle bones) Yes No
 Chronic kidney disease (CKD) or end stage renal disease (ESRD) Yes No
 Stroke, mini-stroke, or transient ischemic attack (TIA) Yes No

COORDINATION OF BENEFITS QUESTIONNAIRE

Please call our automated response number at 1-866-263-8484 or login to our mobile app and click Coordination of Benefits under My Account from the app menu. If you, your spouse or any of your covered dependents do not have coverage through another healthcare plan.

If there is coverage through another healthcare plan, excluding Medicare and Auto Insurance, you can update your coordination of benefits information in **bcbsm.com/cob** or complete this form and mail/fax back to BCBSM. Thank you!

Are you, your spouse or any of your dependents covered by another health plan other than Medicare?
 NO - Please skip the rest of the questions, sign the bottom of this form and return it in the envelope provided. YES - Please complete the entire form, sign at the bottom and return it in the envelope provided.

SECTION 1 - YOUR COVERAGE INFORMATION

BCBSM enrollee name (as listed on your ID card): _____ BCBSM enrollee ID / contract number: _____

SECTION 2 - OTHER HEALTH COVERAGE INFORMATION

Please provide the following information about the policy holder of the other health coverage. Attach additional pages if needed.

Name of policy holder of other coverage	Relationship to you	Employer	State	Phone number	Birth date
Insurance company name	Insurance company city	Insurance company state	Insurance company phone number	Insurance company fax number	Insurance company website
Enrollee ID / policy number	Group number	Effective date	Cancellation date (if applicable)		

Type of coverage: Single Family
 Is this a retiree contract? Yes No
 Is this a COBRA contract? Yes No
 Is policy holder tax-qualified? Yes No

Type of plan: Medical Prescription drugs Dental Medicare Advantage

Who is covered by this other plan? Include yourself if applicable.
 1. Name (first and last) _____ Relationship to you _____
 2. Name (first and last) _____ Relationship to you _____
 3. Name (first and last) _____ Relationship to you _____

SECTION 3 - SPECIAL SITUATIONS

Fill out this section only if your children have health care coverage in addition to the above because of divorce, separation or court order.

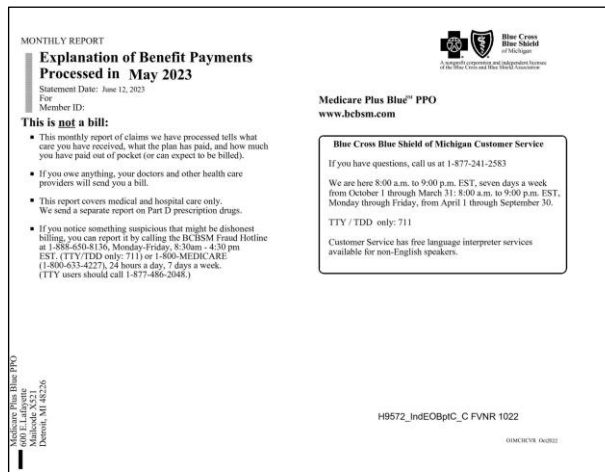
Is there a court order that determines responsibility for health care? No Yes (attach a copy of the sections that apply to health care)



Note: A program representative from Blue Cross may call to tell you about additional health programs available in the plan. If you want to verify the call, contact our Customer Service team.

Explanation of benefits

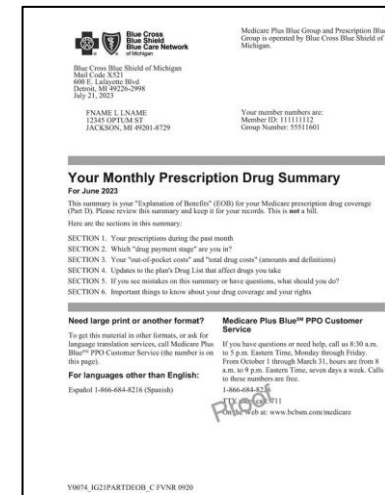
Medical



Sample

- Summarizes the total cost of the medical services you received
- Shows you what your health care provider billed us, what we paid the provider and your share of the cost
- Explains what your deductible and yearly out-of-pocket maximums are and how much you've paid toward them
- Sent only if you have medical services during a given month

Pharmacy



Sample

- Summarizes the total costs of your prescriptions that you had filled during the previous month and lets you know your benefit coverage stage
- Explains what your total drug costs and out-of-pocket costs are and how much has been paid by you and the plan
- Sent monthly, if you have prescriptions filled

Medicare Part B vs. Part D medications

In general, the Part B medical benefit covers:

- Drugs requiring durable medical equipment for administration, such as albuterol through a nebulizer or insulin through an infusion pump
- Immunosuppressive drugs for a Medicare-covered transplant
- Certain oral cancer treatment drugs
- Certain oral drugs for nausea
- Certain vaccines (see list)
- Drugs for kidney failure
- Drugs administered in the provider’s office

Medical benefit (Part B) vaccines
Pneumonia
Influenza or flu
Hepatitis B (high or intermediate risk only)*
COVID-19
Pharmacy benefit (Part D) vaccines
Shingles
Tetanus
Tetanus/Diphtheria/Pertussis (Tdap)
Meningitis
Hepatitis A
Human Papillomavirus (Gardasil)
Tuberculosis (BCG)

For other vaccines, check your drug list for coverage.

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

PPO plan benefits

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Key terms

Deductible?

Deductible

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



Coinsurance

The percentage of the cost of a service that you pay



Copayment

A fixed dollar amount you pay to health care providers each time you use their services, such as an office visit



Out-of-pocket maximum

The most you must spend for copays, coinsurance and deductibles in any given year

Overview of plan benefits County of St. Clair – Option 1

	In and out of network
Annual deductible per member per year	<p>\$1,000 In network and out of network combined</p>
Coinsurance	<p>10% In & 20% out of network coinsurance</p>
Out-of-pocket maximum for deductible and coinsurance amounts for Medicare-covered medical services, per member per year	<p>\$5,000 In network and out of network combined</p>

Overview of plan benefits County of St. Clair – Option 1 & 2

	In network/Out network
Office visits	\$25 In/\$40 Out copay
Specialist visits; no referral required	\$25 copay
Chiropractic manipulations	\$20 In/\$40 Out copay
Emergency care	\$75 copay (copay waived if admitted)
Urgent care	\$25 copay
Ambulance services, if medically necessary	\$75 copay

Durable medical equipment, such as prosthetics, orthotics and supplies

Medical

- You have coverage for durable medical equipment, such as prosthetics, orthotics and supplies.
- DME, such as canes, walkers, wheelchairs, braces and artificial limbs, as well as diabetic therapeutic shoes or inserts are provided through Northwood.

Diabetic

- Diabetes monitoring supplies, including insulin pumps, test strips and lancets are provided through Northwood. Your doctor will write a prescription for you.
- Call Northwood Customer Service at **1-800-667-8496**. TTY users, call **711**. Prior authorization rules may apply.

Continuous glucose monitors

- CGM supplies must be obtained through a **network pharmacy location**. This allows you to get your CGM supplies with your other medications at your local pharmacy. Visit bcbsm.com/pharmaciesmedicare to find participating pharmacies.

Prior authorization programs

- Prior authorization for medical services is one way health plans make sure you receive high-quality care as you and your provider develop a personalized treatment plan.
- It may be necessary for your provider to have Blue Cross approve certain services in your treatment plan before you receive them.
- If a request for service isn't approved, you and your provider will both receive a letter detailing the rationale and the process to request reconsideration (appeal), if needed.

Finding a provider

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Medicare Advantage PPO providers

PPO means preferred provider organization, with **in-network** or **out-of-network** benefits.

- You have the freedom to choose any provider, specialist or hospital that accepts Medicare.
- Referrals aren't required.
- In-network and out-of-network member out-of-pocket costs are the same when the provider bills the plan; this is known as a passive network.

In network

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

Passive Network

Identifies a Medicare provider and in-network an out-of-network member out-of-pocket cost are the same when the provider bills the plan.

How to find a participating provider

During your welcome call, the representative can check to see if your current provider accepts Medicare Plus BlueSM Group PPO. If your current provider doesn't accept Medicare Plus Blue, the representative will help you select a provider who accepts your plan.

- **Call** the Customer Service number on the back of your Blue Cross member ID card. TTY users, call **711** or visit bcbsm.com/medicare and click *Find Care*.
- **Ask** the billing department of your provider's office if they participate in the Medicare Advantage PPO plan offered by Blue Cross.
- **Log in** to your online member account. Go to bcbsm.com/register to get started and click *Find Care*.
- **Download** the BCBSM mobile app. It's available in the App Store[®] for iPhones and Google Play[™] for smartphones using Android. Search for "BCBSM."

Out-of-network/non contracted providers are under no obligation to treat Medicare Plus Blue 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.

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Virtual care

We offer safe and secure online medical and behavioral health services through your phone, tablet or computer from anywhere in the U.S.

Virtual Care offered through Teladoc Health® has 24/7 access to U.S. board-certified medical providers trained in telemedicine to treat non-emergency illnesses. Behavioral health services are available by appointment from 7 a.m. to 9 p.m. seven days a week.

Ways to access Virtual Care

- Download the Teladoc Health app
- Visit bcbsm.com/virtualcare
- Call **1-800-TELADOC** (1-800-835-2362) TTY: **1-855-636-1578**

24/7 access to plan information

BCBSM mobile app

You can use the app to:

- Find a participating primary care provider and preferred pharmacies.
- Track costs, check deductibles and out-of-pocket balances.
- Check claims and explanation of benefits statements.
- View your plan coverage.
- View your virtual ID card.

Blue Cross member portal

- View provider's bill to your explanation of benefits statements and other plan information.
- Sign up to receive plan documents electronically instead of by mail, plus other helpful plan information by email.
- Register at bcbsm.com/medicare.

When you travel

Your benefits travel with you anywhere in the U.S. and its territories.

There are two ways to find a provider:

- Log in to your online member account or the mobile app and use the Find Care tool.
- Call the Customer Service number on the back of your Blue Cross ID card.

When traveling outside the U.S., there may be instances where you will need to initially pay for your emergency or urgent care.

However, know that you can submit for reimbursement.

The Blue Cross Blue Shield Global[®] Core program is available to find providers, hospitals and resources outside of the U.S.

Use [bcbsglobalcore.com](https://www.bcbsglobalcore.com) or the Blue Cross Blue Shield Global Core mobile app to find medication, file a claim or translate medical terms while traveling outside of the U.S.



You're covered for
emergency and
urgent care
worldwide

Prescription drugs

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Understanding your pharmacy network

You have access to more than 64,000 pharmacies nationwide, including more than 23,000 preferred pharmacies.*

Nearly all Michigan pharmacies are in our network.

A network pharmacy has a contract with Blue Cross to provide your prescription drugs. In most cases, we only pay for prescriptions if they are filled at a network pharmacy.

- **Preferred:** A network pharmacy where you pay lower out-of-pocket costs
- **Standard:** A network pharmacy where you pay standard out-of-pocket costs

Preferred network chain pharmacies*

- Costco
- Kroger
- Meijer
- Sam's Club
- Walgreens
- Walmart

We also offer home delivery of your prescriptions through:

- **Optum Rx**
1-855-810-0007
TTY: 1-800-716-3231
- **Walgreens Mail Service**
1-866-877-2392
TTY: 1-800-573-1833

Other pharmacies are available in our network. Look online at bcbsm.com/pharmaciesmedicare or in your directory for a complete list.

*National Council for Prescription Drug Programs database compared to active participating pharmacies within Optum Network. Optum Rx is an independent company providing home delivery pharmacy services to Blue Cross Blue Shield of Michigan members.]

Your drug tiers

- Your formulary is a list of drugs covered by your plan.
- Out-of-pocket cost is applied based on drug tiers and pharmacy type:
 - **Tier 1** = Preferred generic drugs
 - **Tier 2** = Generic
 - **Tier 3** = Preferred brand drugs
 - **Tier 4** = Nonpreferred drugs
 - **Tier 5** = Specialty drugs
- The maximum out-of-pocket costs is \$2,000.
- You won't pay more than \$35 for a one-month supply of an insulin product that's included in your health plan's formulary, regardless of the drug tier.
- The Medicare Prescription Payment Plan is a new payment for prescription drugs that works with your current drug coverage and can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January through December). **All plans offer this payment option and participation is voluntary.]**

Prescription drugs County of St. Clair – Option 1

	31-day prescription for preferred network pharmacy	31-day prescription for standard network pharmacy	32- to 90-day retail and mail order prescription drug multiplier
Tier 1: Preferred generic drugs	\$10	\$15	2 times
Tier 2: Nonpreferred generic drugs	\$10	\$15	2 times
Tier 3: Preferred brand-name drugs	\$45	\$50	2 times
Tier 4: Nonpreferred brand-name drugs	\$95	\$100	2 times
Tier 5: Specialty drugs	\$95	\$100	Supplies greater than 31 days aren't included

The 2025 maximum out-of-pocket amount for prescription drug member cost is \$2,000.
 Note that copay assistance programs don't apply to Part D prescription drug plans.]



How do I use the drug list?

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

- The first column lists the Drug Name for drugs included in your plan.
- The Drug Tier column displays the drug's tier, which determines your copay or out-of-pocket cost.
- The third column displays any additional coverage Requirements/Limits for the drugs (such as prior authorization or quantity limits).
- The bottom of each page includes a key to help you interpret the content.
- The prescription drug list is available online at: bcbsm.com/formularymedicare

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

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

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only EX - Excluded Drug LA - Limited Availability NEDS - Non-extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
Brand-name drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

Utilization management

Some covered drugs have additional requirements or limits on coverage, including:

- **Prior authorization:** We complete a safety and effectiveness review for drugs with a prior authorization requirement before coverage is approved.
- **Step therapy:** We require you to first try one drug to treat your medical condition before we'll cover another drug for that condition.
- **Quantity limits:** Only a certain number of doses per prescription or time period may be allowed. Your provider must submit a request for an approval for a higher amount.]



Avoiding pharmacy disruptions

We will do everything possible to minimize disruptions to your prescription drug coverage. We have processes for drug list **exceptions**, **drug list changes** and **transition prescription fill** to help ensure that you always have your prescriptions.

Drug list exceptions

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

Tiering exceptions

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

Avoiding pharmacy disruptions

Drug list changes

We contact members affected by a drug list change by mail.

Transition prescription fill

New members: During the first 108 days of your plan, you're eligible for a temporary transition fill of Part D-covered medications that aren't on our drug list or are subject to clinical prior authorization, step therapy or drug list quantity limits up to a 31-day supply.


You'll receive a refill of your medication, and you and your provider will be notified to contact us to determine future medication needs.

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

Notice of late enrollment penalty

- A late enrollment penalty is added to your prescription drug plan premium if you:
 - Didn't enroll in Part D when first eligible
 - Had a break in coverage of 63 days or greater
 - Enrolled in a prescription drug plan that didn't meet Medicare minimum standards for Part D benefits
- The late enrollment penalty is determined by Centers for Medicare and Medicaid Services.
- You may receive letters asking to confirm if a penalty is valid; **please respond to the letters.**
- If a penalty is valid, the amount is passed to your group, which will determine if your retiree contribution is increased.

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



<Retiree>
<Address>

<Date>

Beneficiary Notice of Late Enrollment Penalty

Dear <Retiree>:

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

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

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

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

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

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Sample

Note that Medicare also charges Part B and D surcharges (income-related monthly adjustment amount) if your annual income is higher than \$103,000 if filing single or \$206,000 if filing jointly, which is indexed annually.]



Coordination of benefits letter

When we receive information that you may have other prescription drug coverage, we'll take action to assure your prescription drug claims are processed accurately.

- To confirm any other prescription drug coverage, you may receive a coordination of benefits letter within 10 days after your complete enrollment.
- Please review the coverage information in the letter.**
 - If coverage information is missing, incomplete or has terminated, please update the form and mail it back to the address listed.
 - If the information is correct, you don't need to reply.
- If other prescription drug carrier information isn't listed on the back of the letter and our Medicare Advantage plan is your sole coverage, you don't need to reply.

600 E. Lafayette Blvd.
Detroit, MI 48226-2998
www.bcbsm.com/medicare

[Member Name]
[Member Address]
[Member Address]
[City, State Zip Code]

[Date]

You may need to verify your prescription drug coverage.

Dear <FIRST NAME>:

You're receiving this letter to verify your prescription drug coverage because the Centers for Medicare & Medicaid Services, CMS, was notified you either have prescription drug coverage with both Blue Cross Blue Shield of Michigan and another plan or you are new to our Medicare Advantage Prescription Drug plan. Or you indicated you had other prescription drug coverage when you completed your Blue Cross enrollment application. As a result, CMS requires us to make sure your other prescription drug coverage is accurate so we can process your claims correctly.

What do I need to do?
Review Section A on the back of this letter. If the information is correct, you don't need to do anything. If no coverage has been reported to CMS, this section will appear blank.

If the information isn't correct:

- Use Section A to fill in missing or incomplete information. If you no longer have the coverage listed, fill in the date it ended. Any prescription drug coverage reported to CMS will be listed in this section. In addition, if this section contains liability coverage (liability insurance, no-fault insurance or worker's compensation) that requires correction, contact the liability carrier directly to have the information corrected.
- Use Section B to add prescription drug coverage you have that isn't listed in Section A.

Sign, date and return the document in the enclosed, postage-paid envelope within 30 days, or mail to:
Blue Cross Blue Shield of Michigan
1000 Town Center, Mail Code: TC1414
Southfield, MI 48075

Questions? Call Customer Service at the phone number listed on the back of your member ID card. TTY users, call 711.

Thank you for your assistance,
Randy Olson
COB & Recoveries
Enclosure

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. H9972_GCOBHealth_C_FY18_1222 Page 1 of 2

[<Tracking number>] [<PRM_1MSP_Type>] [<PRM_2_MSP_Type>] [<Mem ID>]

Internal Use Only

Member name: _____ Group: _____
Plan ID: _____ Accrete date: _____ Effective date: _____ ID: _____

SECTION A: Please make any corrections to the information listed below. If you no longer have the coverage listed, please fill in the date your coverage ended (shown as "Term date").

Insurer name: _____ Effective date: _____ Term date: _____
Address: _____ BIN: _____ PCN: _____
Policy #: _____ Group #: _____ Policy holder name: _____

Internal Use Only content: _____

Insurer name: _____ Effective date: _____ Term date: _____
Address: _____ BIN: _____ PCN: _____
Policy #: _____ Group #: _____ Policy holder name: _____

Internal Use Only content: _____

Insurer name: _____ Effective date: _____ Term date: _____
Address: _____ BIN: _____ PCN: _____
Policy #: _____ Group #: _____ Policy holder name: _____

Internal Use Only content: _____

SECTION B: If you have other prescription drug coverage in addition to your Blue Cross plan, please check the type of coverage and fill in the requested information.

Worker's compensation Veteran Affairs TRICARE TRICARE for Life
 Liability insurance (e.g., slip and fall)
 Employer coverage
 Active employee
If you or your spouse is an active employee with insurance coverage, how many people are employed through the employer? Less than 20 20-99 100 or more
 Retiree (if retired, please provide retirement date: _____)
 Involved in auto accident
Date of auto accident: _____

For each type of insurance checked in Section B, please provide the following (use an additional sheet if necessary). You'll find this information on your prescription drug card:

Insurance company: _____ Phone: _____
Policy or contract number: _____ Effective date: _____
Rx BIN or Rx group number: _____ Rx PCN number: _____

Signature: _____ Date: _____

[<TYPE>]

[<Tracking number>] [<PRM_1MSP_Type>] [<PRM_2_MSP_Type>] [<Mem ID>] Page 2 of 2

Sample

Please call Customer Service at the phone number included in the letter if you have questions.

Blue Cross Well-BeingSM

**READY
TO HELP**



SilverSneakers®

Members receive a fitness benefit through SilverSneakers, a comprehensive program that can improve overall well-being and provide social connections.

Designed for all levels and abilities, SilverSneakers provides convenient access to a nationwide fitness network, a variety of programming options and activities you can do in your home or when you travel.

Fitness program benefits:

- Membership in a network of thousands of health clubs and exercise locations across the U.S.
- Exercise at your own pace with people in your age group
- Online classes and support to help you lose weight, reduce stress
- Burnalong™, a supportive virtual community and thousands of classes for all interest and abilities

SilverSneakers® Tuition Rewards

- SilverSneakers members can earn college tuition discounts for loved ones simply by exercising



Visit:

[SilverSneakers.com](https://www.silversneakers.com)

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

Or call:

1-888-423-4632

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

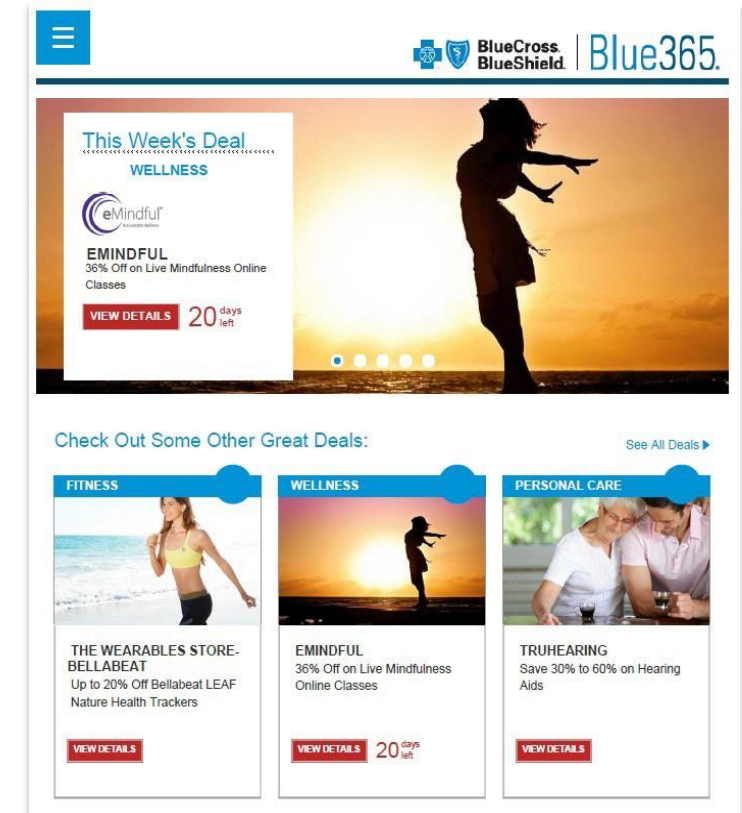
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Blue365®

Blue365 offers exclusive health and wellness deals, keeping you healthy and happy every day of the year. As a Blue Cross member, you automatically have access to nationwide retail discounts.

Visit blue365deals.com to see all the available discounts.

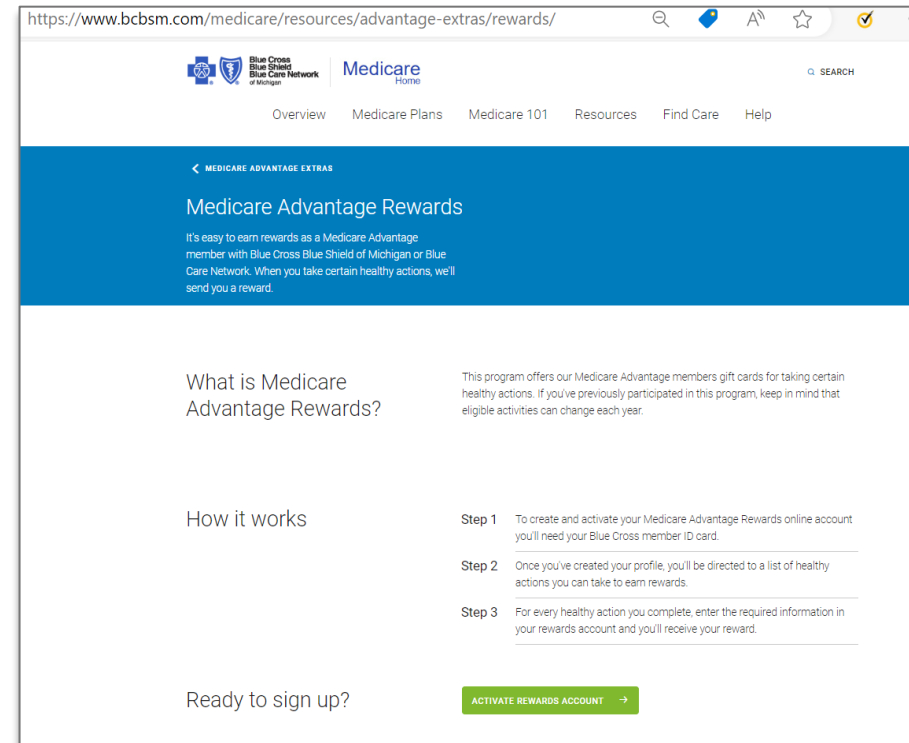


The Blue365 program is brought to you by the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Association is an association of independent, locally operated Blue Cross and Blue Shield plans. Blue365 offers access to savings on items that members may purchase directly from independent vendors, which are different from items that are covered under health care plan policies with Blue Cross Blue Shield of Michigan or Blue Care Network, its contracts with Medicare or any other applicable federal health care program. Neither Blue Cross Blue Shield of Michigan, Blue Care Network nor the Blue Cross and Blue Shield Association recommends, endorses, warrants or guarantees any specific vendor or item.

Medicare Advantage Rewards

You work hard to stay on top of your health and wellness. Earn rewards for getting preventive screenings and taking care of your health through Medicare Advantage Rewards.

We'll send you notifications early in the year on rewards opportunities and how you can take advantage of them.



Blue Cross Coordinated Care

Nurse-led care teams are the backbone for care in our integrated care program. A registered nurse will reach out if you are identified for the Blue Cross Coordinated Care program. A custom care program will be set up to improve your health and well-being.

Registered nurses work directly with you to coordinate the best care to meet your specific needs.

Care teams include:

- **Medical directors** to collaborate with providers and provide medical expertise
- **Pharmacists** to educate and advise you about the right medications
- **Dietitians** to provide targeted nutritional education and coaching
- **Social workers** to address nonmedical health factors and locate community resources
- **Behavioral health specialists** to help with stress, depression, anxiety and other issues



Additional well-being programs



- Caregiver support
- Palliative care



- Meal delivery
- Non-emergency medical transportation
- Virtual care
- Remote monitoring



- Diabetes management
- Supervised exercise therapy
- Tobacco cessation coaching

Call the Blue Cross engagement center for access to well-being programs

Our knowledgeable specialists are here to answer your questions about any of the programs or services offered through Blue Cross Well-BeingSM.

We can help:

- Coordinate program referrals
- Connect you with a nurse care manager

Engagement Center

8 a.m. to 4:30 p.m. Eastern time, Monday through Friday

1-800-775-BLUE (2583)

TTY users, call **711**

All calls are toll-free and strictly confidential

Customer Service

Your specialized service team is knowledgeable, courteous and proactive.

Focused on first-call resolution for every call, Medicare Customer Service is here to help you:

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

1-866-684-8216

October 1 through March 31

8 a.m. to 8 p.m. Eastern time

Seven days a week

April 1 through Sept. 30

8:30 a.m. to 5 p.m. Eastern time

Monday through Friday

TTY users, call **711**

Go digital with Blue Cross

Keep your health plan information at your fingertips when you register for your online member account.

When you go digital, you'll have secure access to important details specific to your plan, such as:

- A digital version of your member ID Card
- Access to claims from all your health care visits
- The latest status on your deductible and out-of-pocket costs
- Information from visits with your providers
- Access to well-being information and programs
- And much more

It's easy. Go to bcbsm.com/register to get started. Then, download the BCBSM mobile app to access your plan anytime, anywhere.

Thank you for coming

Our commitment to you:

We work for you.

We strive to be clear and simple so we can help you understand and use your plan. Blue Cross provides the right access and improved care for you and your loved ones, proactively guiding you to **Smarter, Better Health Care.**