

2022 Individual Medicare Advantage & Medicare Supplement Training



Instructions

- **Please Advise:**
 - **Completing this training does not deem you certified to market & sell 2022 Blue Cross Blue Shield of Michigan and Blue Care Network Individual Medicare Advantage and Prescription Blue PDP plans.**
 - **Returning/Previously Certified users:** Please use the below link to access the certification platform. Your username for the site will be your National Producing Number (NPN).
 - **New/Never Certified users:** To access Blue Cross Blue Shield of Michigan Medicare Advantage Certification please follow the below instructions and link. Please advise that you also must be an active contracted BCBSM agent with agent ID to sell BCBSM Medicare Advantage.

<https://bcbs.pinpointglobal.com/Apps/Medicare/default.aspx>

Email: MACertificationInq@bcbsm.com

- Select the icon on the top left of screen labeled “Click here to Register”
- Check the box- I only have an access code
- Access Code: NewAgent2021
- Select Continue

If you have further questions, please reach out to your Blue Cross Blue Shield Sales Consultant

***All <> information is pending CMS approval**

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Plan Offerings: Fitting Member Needs

To help beneficiaries pick the right plan to fit their needs, we categorize our Medicare Advantage plans into three easy-to-understand levels that we call **Light**, **Balanced**, and **Extended** options.

LIGHT

Members pay less every month, but out-of-pocket costs when they get care may be higher than if enrolled in other plan options.

BALANCED

These plans provide a balance between cost and coverage.

EXTENDED

Monthly premiums will be higher but out-of-pocket costs for utilized services may be less than if enrolled in other plan options.

PPO

Blue Essential

Blue Vitality

Blue Signature

Blue Assure

HMO-POS

BCN Advantage Prime Value

BCN Advantage Community Value

BCN Advantage Elements (MA-Only)

BCN Advantage Classic

BCN Advantage Prestige

HMO

BCN Advantage ConnectedCare

Travel Confidently with the Nationwide Network of Blue Plan Providers

- With our MA PPO plans or HMO-POS plans, members can access a nationwide network of Blue Cross Blue Shield doctors and hospitals that accept Medicare, often at in-network rates for emergency, urgent care and some routine care.*
- For BCN Advantage Prime Value HMO-POS, out of state PCP cost share and deductibles now align with in-network levels when obtaining services from a **nationwide network of Blue plan providers** and no prior authorizations are required for routine services.
- Medical emergencies and urgently needed care are always covered when members travel, no matter what plan they're enrolled in. Follow-up care to emergent / urgent situations covered anywhere in the U.S.**
- Emergency services, urgent care services and emergency transportation are covered worldwide. Members can access international travel benefits through the Blue Cross Blue Shield Global Core program with a combined <\$50,000> lifetime limit.
- We have also applied point of service benefits to the medical MOOP for all HMO-POS plans, allowing members greater flexibility.
- To find providers outside of the U.S. that participate with Blue Cross go to www.bcbsglobalcore.com

*The nationwide network of Blue Plan Providers is not part of the provider-specific HMO plan benefits

**Preauthorization required for HMO-POS members



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Snowbird Member Experience

The MA Snowbird advice line provides exclusive, personalized Care Management services for members traveling to Arizona and Florida for short or extended stays. The advice line is in addition to members' nationwide travel coverage, and helps:

- Coordinate care with health care providers
- Answer questions regarding medications and treatment options
- Offer continued-care support for members with chronic conditions
- Connect members to community support and services
- Assist in managing medical equipment and diabetic supplies in Florida and Arizona
- Transition wound care, occupational or physical therapy needs

MA dedicated Customer Service can help with Snowbird inquiries:

- Finding in network providers in Arizona and Florida
- Confirming and explaining coverage
- Changing address for the delivery of mail-order prescriptions



Blue Cross Mobile App

- Members connect securely to health plan information on their bcbsm.com account when they need it.
- **With the mobile app, members can access:**
 - Blue Cross ID Card
 - View deductibles, check claims, EOB statements, etc....
 - Search for services covered by their plan
 - Research drug prices, look up coverage gap, etc....
 - Find doctors, hospitals, pharmacies
 - Compare procedure costs
- Download the Blue Cross Mobile App from the App Store® and Google Play™
- **Blue Cross is also the first health plan in Michigan to deliver interactive health and wellness information on Amazon's popular Alexa platform**



Dental, Vision, and Hearing Benefits

- Robust dental, vision, and hearing, and benefits are **included in all plans**
 - All PPO plans include preventive dental services, hearing exams, hearing aid allowance, and vision allowance
 - HMO-POS plans include preventive dental services, hearing aid allowance and a vision allowance for all plans except Elements every 12 months
 - Our HMO plan includes preventive dental services, routine vision exams and eyewear
 - **\$0 routine eye exam** is now a benefit for all PPO, HMO-POS and HMO members
 - In addition, market-leading optional supplemental buy-up packages with additional dental, and vision benefits are offered with all MAPD plans (except Community Value, which already has very rich supplemental benefits included)



Dental Network

- For 2022, we will update materials to clarify our dental network
- Use mibluedentist.com to find a participating dentist
- Members have three provider options:
 1. **In-Network:** MA PPO Network Dentist (Tier 1) has the lowest cost
 2. **Out-of-network** has two provider types
 1. **Participating Blue Par Select (BPS) Dentist (Tier 2):** Members pay a higher out-of-network costshare. A provider who agrees to participate as a Tier 2 dentist cannot charge the difference between the approved amount and the charged amount, and will submit the claim on the member's behalf
 2. **Non-Participating Dentist:** Members pay a higher out-of-network costshare plus any difference between the approved and charged amount. Members must pay the dentist directly and collect reimbursement from Blue Cross.
- Note: HMO-POS members must use an MA PPO Network Dentist (Tier 1) unless they purchase Optional Supplemental benefits.



BlueCross
BlueShield
MEDICARE

Blue Cross Online Visits

Members may choose to see a primary care physician or behavioral health specialist via online visits, which:

- are covered at <\$0> copay for medical and behavioral telehealth services
- provide 24/7 access to U.S. board-certified medical doctors trained in telemedicine to treat non-emergency illnesses
- allow members to see their existing primary care doctor if they offer telehealth services
- provide advice and treatment for minor health concerns

How can members access this benefit?

- Download the Blue Cross Online VisitsSM app from the App Store[®] and Google Play[™]
- Visit bcbsmonlinevisits.com
- Call 1-844-606-1608



SilverSneakers®

- SilverSneakers included at no additional cost for all Medicare Plus Blue PPO and BCN Advantage HMO and HMO-POS members
- Access to fitness classes, exercise equipment, pool, sauna and other available amenities* at **participating locations nationwide**
 - Classes for all fitness levels
 - Support from trained instructors
 - Walking programs, home fitness programs, on-demand workout videos plus health and nutrition tips
- Online classes and at-home kit available, in light of the COVID-19 pandemic
- Earn fitness rewards with CollegeSave tuition discount program for qualified college bound students
- Access SilverSneakers® gyms whenever they want (other programs restrict members to a single gym)
- Visit **www.SilverSneakers.com**



Advantage Dollars OTC + Food Benefit

- Advantage Dollars allowance **included in all plans** (except Prime Value Region 3); **includes option to use allowance for OTC and food items.**
 - All PPO plans (\$25 - \$50 per quarter)
 - All HMO-POS¹ and HMO plans (\$25 - \$100 per quarter)
 - Members may use their Advantage Dollars to purchase food, in addition to OTC items²
- **Advantage Dollars:** Enablement of **new**, exciting features and single sign-on capabilities
 - **Shopping experience** (retail as an option in addition to online and by phone, with a rich digital shopping experience and a variety of popular in-store retail options including Walmart, Walgreens, and others)
 - **Overall functionality** (allows members to pay for any amount above the allowance)

1. BCN Advantage Prime Value HMO-POS Region 3 does not have an OTC benefit. 2. All OTC-eligible members may use their allowance for both OTC and eligible food items in 2022 in light of the extent of COVID/COVID risk to our population.



Innovative Programs to Support Members Health and Happiness



We've maintained and expanded our rich suite of supplemental offerings and programs to improve our members' experience



Advantage Dollars Program (Multi-wallet OTC and Grocery)

- Offering a multi-benefit platform including OTC for all members, and food for qualifying members
 - **NEW** Single sign-on through the member portal will be activated for 2021 to streamline the member experience
- *Scope:* \$25 - \$100 per quarter allowance across plans (members can pay for any amount above their allowance if they want to purchase added items)



Support for Caregivers of Enrollees: Training and Coaching

- Provides support for members, families and communities with digital based coaching, education, and support for caregivers
- Proven outcomes include decrease in ER visits and decrease in hospitalization
- *Scope:* Coaching for members in Prime Value or Essential identified by Care Managers²

In-Home Support Services

- Benefit to support for our members, including online wellness check-ins, shopping support, transportation, light housekeeping, companionship and more
- **NEW** Enhancements to the current program will include virtual group gatherings / "Webinar parties" for members to create meaningful connections, reduce loneliness, and expand their horizons virtually (e.g., yoga, drawing classes)
- *Scope:* 4 hours / month for eligible members in BCNA Community Value; 8 hours / month for eligible members in BCNA Prime Value and Blue Essential¹



Meals and Transportation

- **Meals:** 28 meals over 14 days post-discharge with Care Management
- **Transportation:** Unlimited trips and miles for up to 28-day post-discharge with Care Management, available in select counties

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2. Members must self-identify as living alone and needing assistance with instrumental activities of daily living (IADLs) . 3. Eligibility criteria include enrollment in care management programs, with caregiver need.

These programs are filed benefits that are offered to members who meet specific eligibility restrictions

Topic 1:
BCBSM
Medicare
Plus Blue PPO



BCBSM Medicare Plus Blue PPO Overview



We are offering a wide selection of PPO plans in 2022 for all customer needs

PPO

Blue Essential

Blue Vitality

Blue Signature

Blue Assure

Light

Balanced

Extended



Plan Advantages

- Members can choose any doctor, specialist, or hospital in or out of network without referrals
- <\$0> and low-cost premiums
- **New:** Inclusion of Spectrum Health In-network
 - MA PPO members will be able to see Spectrum Health physician offices and 14 hospital locations in west Michigan and their services will be considered in-network.
- SilverSneakers at no additional cost
- Nationwide network of Blue plan providers at in-network cost share nationwide
- Available to residents in all MI counties

All PPO Plans Include:

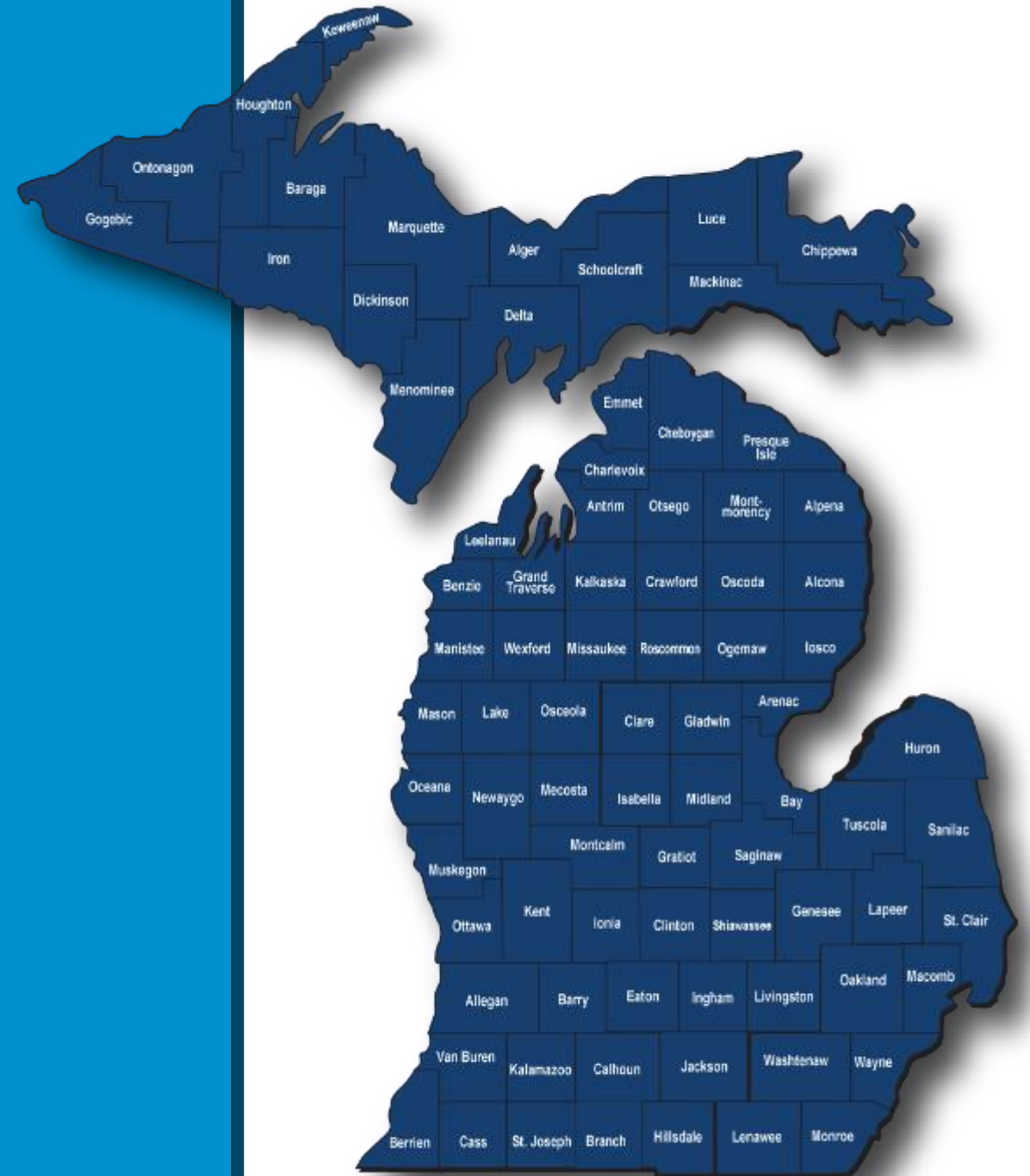
- Vision: Allowance for contacts and glasses
- Hearing: Exam and hearing aids allowance
- Dental: Preventive dental exam and x-rays

Improved Core benefits across all Plans

- Blue Essential available for a <\$0> premium in most counties
- Significant benefit improvements, including:
 - Reduced Rx Deductible from \$100 to \$0 on **Essential and Vitality**
 - <\$0> Tier 1 drugs
- Supplemental vision, hearing, and dental benefits included in **all plans**
- <\$25-\$50> a quarter Advantage Dollars allowance, plus in-home support services and caregiver support for **Blue Essential members**

BCBSM Medicare Plus Blue PPO Service Area

Coverage in all 83
Michigan counties



Additional Detail: 2022 Medicare Plus Blue PPO Benefits

(not exhaustive)



- **Premiums:**
 - <\$0> Premium available in most regions for Blue Essential (except region 3)
 - Premium decreases for select regions for Blue Signature plans
- **Medical benefits:**
 - <\$0> Medical deductible (All Plans)
 - <\$0> PCP copay (All Plans)
 - <\$0> Online visit copay for medical and behavioral health (All Plans)
 - Reduce out of network MOOP by <\$400> on Vitality
- **Pharmacy benefits:**
 - <\$0> deductible for **all plans**
 - Tier 1 partial gap coverage on all plans
 - \$0 Tier 1 Drugs
- **Supplemental benefits**
 - Preventive dental, vision and hearing benefits and enhanced vision benefits for all PPO plans
 - Advantage Dollars allowance on all PPO plans with new Single sign-on capabilities to streamline the member experience (<\$25 - \$50> per quarter allowance across plans)
 - \$0 routine eye exam for all PPO plans
 - Meals benefit (all plans) and Transportation benefit (all plans in select counties) for eligible members
 - In-Home Support Services and Caregiver Support for eligible members in Blue Essential

BCBSM Medicare Plus Blue PPO

Supplemental Benefits



Robust supplemental benefits included for all PPO plans:

Embedded Supplemental Benefits

Included in All Plans

- Preventive Dental
- **<\$750> hearing aid allowance per ear every 3 years**
- **<\$100> vision allowance in-network and 50% coinsurance for out-of-network every 12 months**
- **<\$25> Advantage Dollars allowance per quarter, except for Blue Essential which has a <\$50> allowance per quarter**



Add optional supplemental buy-up to the PPO base for additional benefits:

Optional Supplemental Package : **<\$22.40> a month**

Offered with All Plans

- **No waiting period**
- No dental deductible
- **<\$2,500> dental allowance (combined in and out-of-network)**
- One fluoride treatment per year
- Coverage for crowns and bridges
- **<\$250 vision allowance¹ in-network and 50% coinsurance out-of-network every 12 months>**

1. In addition to \$100 allowance in embedded benefit

Topic 2: BCN Advantage HMO-POS & HMO



BCN Advantage HMO-POS Overview

HMO-POS

BCN Advantage Prime Value

BCN Advantage Community Value

BCN Advantage Elements (MA-Only)

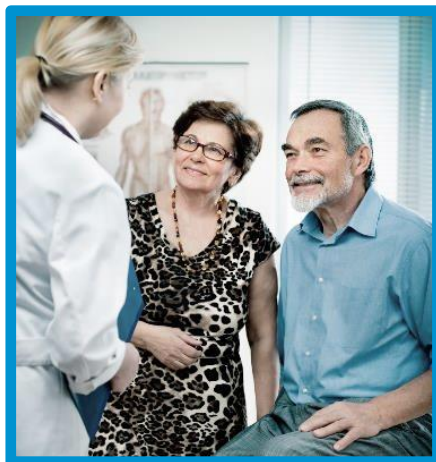
BCN Advantage Classic

BCN Advantage Prestige

Light

Balanced

Extended



Plan Advantages

- <\$0> Prime Value available with rich benefits
- <\$20> HMO-POS, BCN Advantage Community Value, in seven counties with a high performance network to offer more coverage at an affordable price
- All plans except Elements include drug coverage
- No limits for pre-authorized POS routine / follow-up care
- Preventive dental exam, routine vision exam, and hearing aid allowance (except Community Value)
- Innovative programs to support members living independently at home
- SilverSneakers included at no additional cost
- All emergency and urgent care covered at in-network cost share

Point of Service (POS)

- POS benefit counts towards maximum out-of-pocket
- Nationwide network of Blue plan providers nationwide
- Allows members to obtain routine / follow-up care when traveling outside of MI
- Prime Value:
 - Out-of-state PCP cost shares and deductibles align with in-network levels for services from a nationwide network of Blue plan providers
 - No prior auths needed for routine services out of state

<\$20> Premium HMO-POS Plan: BCN Advantage Community Value



High-Performance Provider Network

- Access to **high quality providers** in SE MI, with **<over 870 PCPs>** in network including **<IHA, Oakwood Ambulatory, and Genesys PHO>**, in addition to our strong BCN facility network
- **Same robust Specialist network** as our other BCN Advantage HMO-POS plans

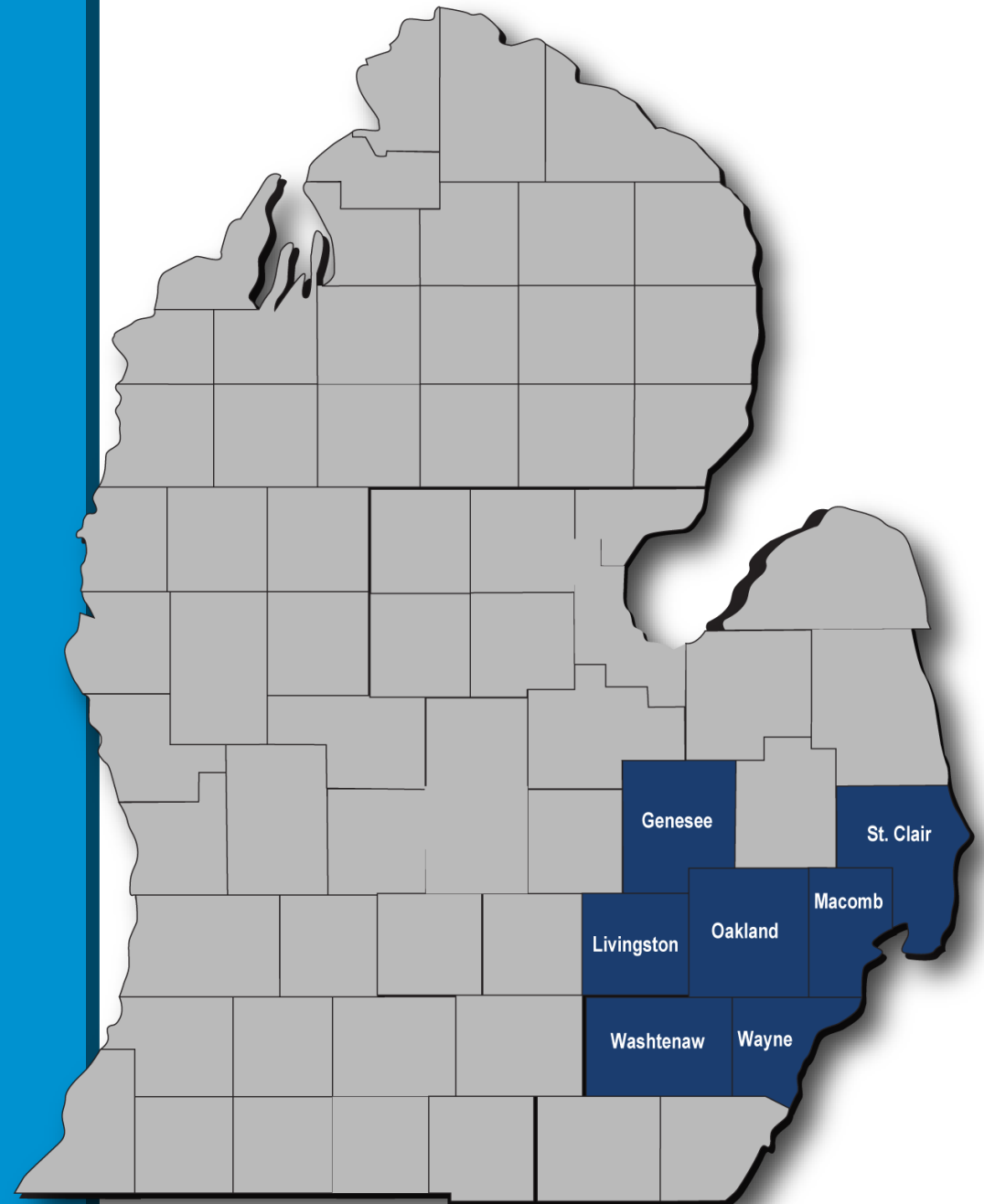
- This plan contains market-leading benefits supported by a **high performance network** at an affordable price:
 - **Rich, attractive medical and pharmacy benefits**, including a \$0 INN medical deductible and \$0 pharmacy deductible
 - **Innovative supplemental benefits**, including Advantage Dollars OTC plus Food allowance of \$100 / quarter
 - Refined formulary
 - Provider network built around **high quality local PCPs**

BCN Advantage Community Value HMO-POS Service Area

Coverage in 7 Michigan counties, all
highlighted in blue on the map

Region 1: Genesee, Livingston, St. Clair

Region 2: Macomb, Oakland, Washtenaw, Wayne



BCN Advantage Prime Value, Elements, Classic, Prestige HMO-POS Service Area

Coverage in 70 Michigan counties, all
highlighted in blue on the map



2022 BCN Advantage HMO-POS Benefit Highlights

- **Premiums:** Premium decreases for select regions for BCN Advantage Elements and Prestige plans
- **Medical benefits:**
 - <\$0> in-network copay for PCP office visits (All Plans)
 - <\$0> copay for online visits (All Plans)
 - No Medical Deductible on most plans in the majority of counties
 - POS benefit counts towards MOOP (All Plans)
 - Increase ER copay waiver to 3 day on All HMO plan offerings
- **Pharmacy benefits:**
 - \$0 Tier 1 co-pay across all plans
 - Enhanced pharmacy benefits for all plans with <\$0> Tier 1 & 2 copays for 90-day order / preferred pharmacy>
 - For Prime Value, <\$0> pharmacy deductible for Tiers 1 & 2
 - Removed tier 6 and moved tier 6 drugs to tier 1
- **Supplemental benefits:**
 - Hearing Aid allowance per ear every 3 years (<\$600 - \$750> across all plans)
 - Vision allowance offered every 12 months (<\$100 - \$150> across all plans except Elements)
 - Advantage Dollars allowance on OTC and food items (<\$25 - \$100> per quarter except PrimeValue Region 3)
 - Meals (all plans) and OTC and Transportation (all plans in select counties) for eligible members
 - In-Home Support Services for eligible Prime Value and Community Value members
 - Caregiver Support benefit for Prime Value



BCN Advantage HMO-POS

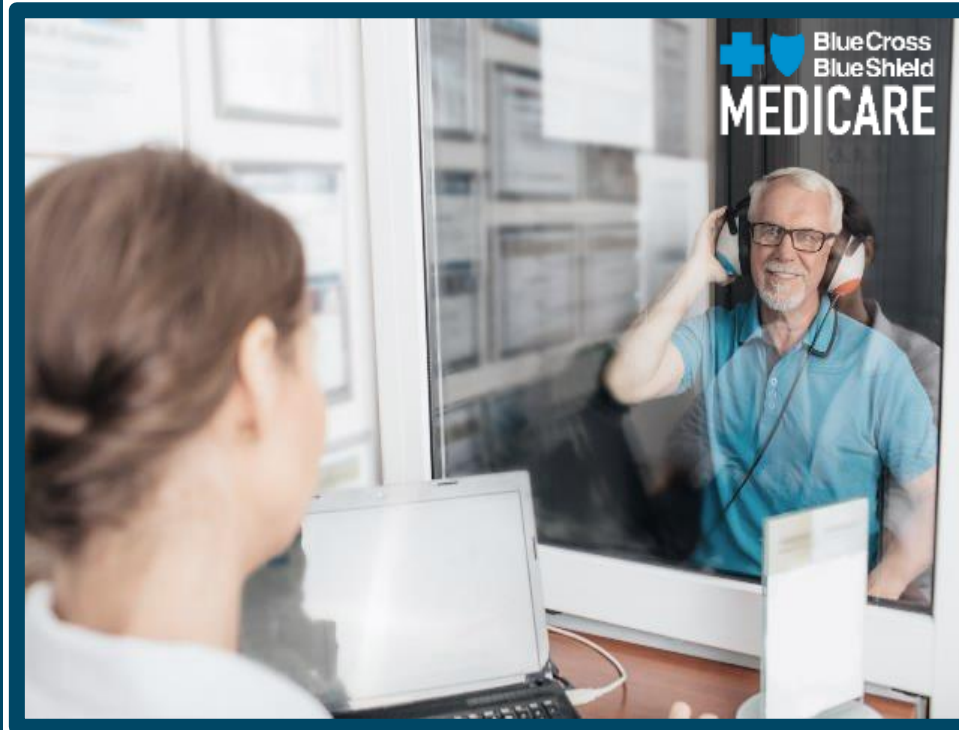
Optional Supplemental Buy-up Packages



Add one of the below optional supplemental buy-ups to the HMO-POS base plan for additional benefits. Does not apply to the Community Value plan, which already has very rich supplemental benefits included

Package 1: <\$20.40> a Month

- No deductible
- **No waiting period**
- <\$1,500> dental allowance
- Coverage for Crowns
- <\$200> vision allowance every 12 months¹



Package 2: <\$32.40> a Month <\$37.40> a Month for Elements

- No deductible
- **No waiting period**
- <\$2,500> dental allowance
- Coverage for Crowns and Bridges
- Dentures are covered
- <\$300> vision allowance every 12 months¹

1. In addition to \$100-\$150 allowance in embedded benefit

1. In addition to \$100-\$150 allowance in embedded benefit

BCN Advantage HMO Overview

HMO

BCN Advantage ConnectedCare

Light

Balanced

Extended



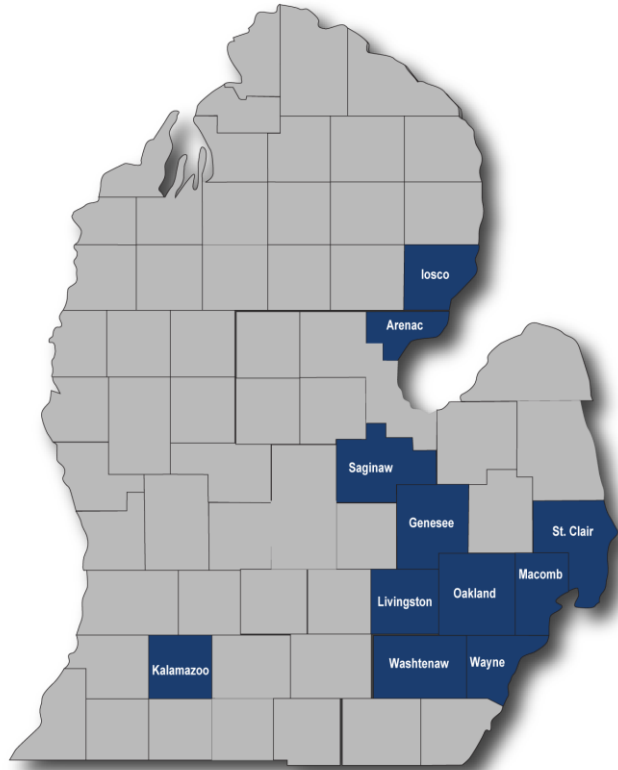
Members select a primary care physician in a value based provider specific network

- All emergency and urgent care covered at in-network cost share
- Worldwide emergency and urgent care
- Worldwide emergency transportation benefit
- Available to residents in 11 Michigan counties

Plan Advantages

- No referrals required for in-network specialist
- <\$0> PCP copay
- <\$0> medical deductible
- Low out-of-pocket max (<\$3,800>)
- Part D drug coverage, with \$0 pharmacy deductible
- SilverSneakers included at no additional cost
- Routine vision exam and eyewear
- Preventive dental benefit
- <\$25> Advantage Dollars allowance per quarter for OTC and food
- Limited meals and transportation benefits

BCN Advantage ConnectedCare Service Areas and Provider Network



BCN Advantage ConnectedCare

Designed by Blue Care Network
and Ascension Health Michigan
and Trinity Health hospitals

Provider network: 19 hospitals, more than 10,000 providers*

Ascension Borgess-Lee Hospital	Ascension St. Joseph Hospital
Ascension Borgess Hospital	Ascension St. Mary's Hospital
Ascension Borgess-Pipp Hospital	Ascension Standish Hospital
Ascension Crittenton Hospital	Lake Huron Medical Center
Ascension Genesys Hospital	St. Joseph Mercy Chelsea
Ascension Macomb-Oakland Hospital	St. Joseph Mercy Hospital Ann Arbor
Ascension Providence Hospital	St. Joseph Mercy Hospital Livingston
Ascension Providence Hospital, Novi Campus	St. Joseph Mercy Oakland
Ascension River District Hospital	St. Mary Mercy Hospital Livonia
Ascension St. John Hospital	

For the full BCN Advantage network, please visit <http://www.bcbsm.com/medicare/find-a-doctor>

**Source: BCN Advantage Provider and Facility Counts <September 2018>*

BCN Advantage HMO

Optional Supplemental Buy-up Packages



Add one of the below optional supplemental buy-ups to the HMO base plan for additional benefits:

Package 1:

<\$13.50> a month

- No deductible
- **No waiting period**
- <\$1,500> dental allowance
- Coverage for crowns
- <\$200> vision allowance every 12 months
- <\$600> Hearing aid allowance per ear every 3 years



Package 2:

<\$35.50> a month

- No deductible
- **No waiting period**
- <\$2,500> dental allowance
- Coverage for crowns and bridges
- Dentures are covered
- <\$300> vision allowance every 12 months
- <\$1,250> Hearing aid allowance per ear every 3 years

Services are only available with In-network providers

Part D Senior Savings Model for HMO-POS / HMO Plans (except Community Value)

- The Part D Senior Savings Model is being offered by CMS for CY2022; BCBSM has decided to continue to offer this insulin model for all our HMO-POS / HMO plans in 2022 (except Community Value)
- Through this program, members will be offered enhanced Part D plan options with predictable out of pocket costs for insulin
- It will provide members with stable copays throughout the year, capping insulin cost sharing at a <\$35> copay for non-LIS beneficiaries for a 30-day supply through the first three stages (up to and including the gap)
- In addition to consistent insulin cost sharing, many insulin-dependent members will see a reduction in cost sharing
- We will also proactively outreach to members who are impacted by these changes to ensure they understand their benefits



Topic 3: Blue Cross Medicare Supplement



What's Medicare Supplement Insurance?

Original Medicare helps to cover health costs for services such as:



Part A (Hospital Insurance)

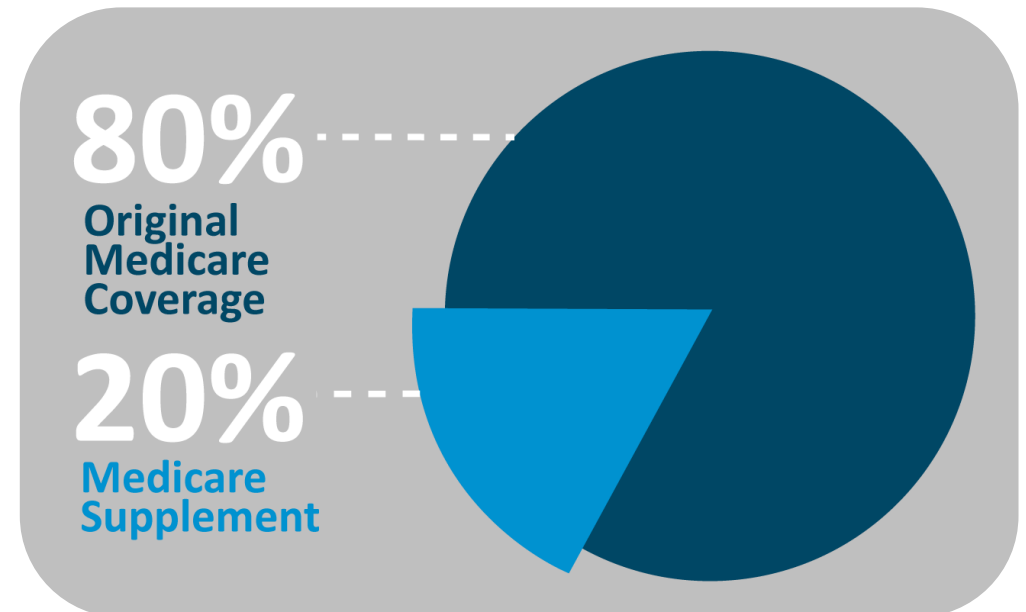
- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care



Part B (Medical Insurance)

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment
- Many preventive services

However, **Original Medicare *only* pays for 80% of these services**, leaving someone on Original Medicare exposed to 20% of the total costs. A BCBSM Medicare supplement (Medigap) policy supplements Original Medicare, protecting policyholders by helping pay for the remaining 20% of health care costs.



Key Features of Medicare Supplement Plans

- Flexible coverage that travels nationwide.
- No provider network. Use any provider that accepts Original Medicare; no referrals required.
- Depending on the plan, can cover all or a portion of Medicare deductibles and coinsurances.
- On-line real-time quoting for Non-Guaranteed Issue applicants.
- Lifetime commissions.
- Does **not** include prescription drug coverage.



Please reference the *Blue Cross Medicare Supplement Agent Field Guide* for more information.

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Blue Cross Medicare Supplement Plans



Blue Cross Blue Shield of Michigan offers a wide variety of plan offerings to meet member needs including our increasingly popular Medicare Supplement plans G and N. Please note that Medicare supplement plans that provide coverage of the Part B deductible may not be sold to beneficiaries newly eligible for Medicare on or after January 1, 2020.

Blue Cross Medicare Supplement Plans C, F, High-Deductible F cover the Part B deductible

Features	Plan A	Plan C	Plan D	Plan F	High Deductible Plan F*	Plan G	High Deductible Plan G *	Plan N**
Medicare Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	✓	✓	✓	✓
Blood (first 3 pints)	✓	✓	✓	✓	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	✓	✓	✓	✓
Skilled nursing facility care coinsurance		✓	✓	✓	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	✓	✓	✓	✓
Medicare Part B deductible		✓		✓	✓			
Medicare Part B excess charges				✓	✓	✓	✓	
Foreign travel emergency***		✓	✓	✓	✓	✓	✓	✓

*High Deductible Plans F and G – benefits are only paid after the beneficiary reaches the annual deductible amount of \$2,370

** Plan N – subject to copayments for certain services (up to \$20 for OV and up to \$50 for ER)

***Foreign travel emergency care – the member is responsible for a \$250 deductible, 20% coinsurance and \$50,000 lifetime maximum

Members can add the new Dental Vision Hearing Package for an additional \$15.25 monthly cost

Blue Cross Medicare Supplement Dental Vision Hearing Package



- Blue Cross Medicare Supplement and Legacy Medigap members can add a Dental Vision Hearing Package to their medical coverage
- Beginning on **February 1, 2021** members have be able to add a Dental Vision Hearing Package to their Blue Cross Medicare Supplement plan. They can upgrade their coverage with dental, vision, and hearing benefits for only <\$15.25*> a month.
- **New members** can add the package to their Blue Cross Medicare Supplement plan at the time of enrollment or within 30 days of their effective date
- **Current members** can add the package to their existing Blue Cross Medicare Supplement or Legacy Medigap plan between February 1 and April 1 of each year, The Dental Vision Hearing Package Coverage begins on the first day of the following month after the enrollment form is received.
- Eligibility:
 - Individuals must have an active Blue Cross Medicare Supplement or Legacy Medigap plan.
 - Individuals must not have dental, vision, or hearing coverage through another individual plan

* The Dental Vision Hearing Package premium is subject to change annually*

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Blue Cross Medicare Supplement Dental Vision Hearing Package Benefit Highlights



- The Blue Cross Medicare Supplement Dental Vision Hearing Package comes with affordable, additional benefits to enhance our medical plan coverage:
- NO DEDUCTIBLE for dental care
- TWO no cost in-network dental exams and cleanings each year
- NO COST hearing exams
- A variety of hearing aids available to fit your lifestyle and budget
- LOW COST, in-network vision exams
- ANNUAL ALLOWANCE for eyeglass frames or contact lenses
- A LOW monthly premium of only *\$15.25* a month

* The Dental Vision Hearing Package premium is subject to change annually*

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Blue Cross Medicare Supplement Dental Vision Hearing Package Benefit Chart



Basic dental services		
	In-network ¹	Out-of-network
Deductible	\$0	\$0
Two routine exams Two cleanings One x-ray (every two calendar years) EITHER - One set of up to four bitewings OR - Six periapical Fluoride Brush biopsy	0% coinsurance	50% coinsurance
Annual maximum Combined in/out of network. Applies to services below.	\$1,500	
Amalgam and resin fillings Root canals Simple extractions Crown repairs Crowns	50% coinsurance	50% coinsurance

Vision services		
	In-network ²	Out-of-network
Frames OR Elective contact Lenses	\$300 allowance for frames OR elective contact lenses every 12 months	Frames reimbursed up to \$70 OR contact lenses reimbursed up to \$105 every 12 months
Lenses	Standard lenses are covered in full every 12 months	Reimbursement up to: Single Vision lenses: \$30 Bifocal lenses: \$50 Trifocal lenses: \$65 Lenticular lenses: \$100 Every 12 months
Exams	Covered after \$20 copay every 12 months	Reimbursed up to \$45 Every 12 months

Hearing Services	
	In-network ³ (Only)
Waiting period	None
Hearing aids	Based on hearing aid choice, member pays: \$495 / \$895 / \$1,295 / \$1,695 (per ear)
Hearing exam	Included
Frequency	One hearing aid per ear every 12 months

¹To check which dentists are in the network go to www.MIBlueDentist.com and choose Individual Blue Dental as your plan.

²Visit www.vsp.com to find a VSP network eye doctor or to see if your eye doctor participates.

³Visit www.TruHearing.com or call 1-844-825-0033 to find an audiologist or hearing instrument specialist close to you.

BCBSM Well-Being...

The Blue Cross Blue Shield of Michigan Medicare Supplement Well-Being program is offered to all Medicare Supplement members and provides the additional benefits listed below.

- WelvieSM Surgery Decision-Support Program:
 - An online Surgery Support Program that helps members decide, prepare, and recover from surgery.
- 24-Hour Nurse Line:
 - Members can talk to a registered nurse when they have question about illness or injury from the comfort of their home.
- Blue Cross[®] Virtual Well-Being:
 - Short Virtual Webinars for members that focus on a variety of topics and provide shareable information.
- Blue365[®] discounts:
 - Members can receive nationwide savings when showing their member ID Card. A list of current savings are available at www.blue365deals.com



Household Discount

Blue Cross Blue Shield of Michigan offers a 5% household discount to eligible members. To qualify for the discount, members must:

- Be enrolled or enrolling in a Blue Cross Medicare Supplement plan, or currently active in a Legacy Medigap plan
- Live in the same household as another BCBSM Legacy Medigap or Blue Cross Medicare Supplement member, and pay the monthly premium

Household is defined as a single-family home, a condominium unit or an apartment unit within an apartment complex.

There does not have to be a familial relationship with the other Blue Cross plan member.

Members must apply for and be approved for this discount. Premiums are not discounted automatically.

Once approved, members' monthly premiums will be billed at the discounted rate each month.



Guaranteed Issue (GI)

There are two sets of rules for Medicare Supplement plans that determine the premium costs:
Guaranteed Issue (GI) and Non-Guaranteed Issue (NGI)

Guaranteed Issue applies when an applicant is in their Medigap Open Enrollment period, which begins on the first of the month in which they are 65 or older AND enrolled in Medicare Part B. This period lasts 6 months.

Guaranteed Issue rates are based on:

- Age (up to 80 years old)
- Gender
- Geography

Guaranteed issue also applies when an applicant has other health coverage that changes in some way through no fault of their own, for example:

- Group health plan ends
- They exercise their right to try a Medicare Advantage plan and decide within the first year of joining that they want to switch to Original Medicare plus Medicare Supplement.

Notes:

- **A GI beneficiary cannot be denied health coverage and is not required to answer health questions on the application.**
- **If a member's birthday occurs on the 1st of the month, their coverage begins on the 1st day of the prior month.**

Non-Guaranteed Issue (NGI)

There are two sets of rules for Medicare Supplement plans that determine the premium costs:
Guaranteed Issue (GI) and Non-Guaranteed Issue (NGI)

Non-Guaranteed Issue is for an applicant who does not meet the criteria for Guaranteed Issue.

Non-Guarantee Issue rates are based on:

- Age (up to 80 years old)
- Gender
- Geography
- Tobacco use
- Health status

The applicant is subject to medical underwriting to determine appropriate premium rate, and must answer health questions on the application.

On-line real-time quoting for Non-Guaranteed Issue applicants in most cases.

Medicare Access & CHIP Reauthorization Act (MACRA)

The Medicare Access and CHIP Reauthorization Act (MACRA), which was signed in 2015, dictates Med Supp plans that cover the Part B deductible (Plans C, F and HD-F) cannot be made available to those Newly Eligible for Medicare after January 1, 2020.

- A Newly Eligible (NE) beneficiary is anyone who attained age 65 on or after January 1, 2020, or who first becomes eligible for Medicare due to disability or ESRD on or after January 1, 2020.

Individuals eligible for Medicare prior to January 1, 2020 (Non-Newly Eligible), can continue to purchase Plans C, F, and High Deductible F beyond January 1, 2020 where they are offered.

- A Non-Newly Eligible (NNE) beneficiary is anyone who attains age 65 *before* January 1, 2020, or who first becomes eligible for Medicare due to disability or ESRD before January 1, 2020.



 BlueCross
BlueShield
MEDICARE

Please reference the *Blue Cross Medicare Supplement Agent Field Guide* for more information.

For Agent use only. Confidential, not to be shared with beneficiaries or prospects

Medicare Access & CHIP Reauthorization Act (MACRA) Continued...

What does MACRA mean for the sale of Blue Cross Medicare Supplement plans?

- As of January 1, 2020, Blue Cross Medicare Supplement Plans C, F, and High Deductible F Plans can no longer be sold or issued to Newly-Eligible (NE) beneficiaries.
- Newly Eligible members have access to Blue Cross Medicare Supplement plans A, D, G, HD-G and N.
- Blue Cross Medicare Supplement Plans C, F, and High Deductible F Plans can continue to be sold or issued to Non-Newly Eligible (NNE) beneficiaries. They will also have access to Blue Cross Medicare Supplement plans A, D, G, HD-G and N, depending on their eligibility.

What does MACRA mean for Blue Cross Medicare Supplement current members in Plans C, F, and High Deductible F?

- Blue Cross Medicare Supplement members who are currently enrolled in Plans C, F, and High-Deductible F can continue to stay in their plans as long as they pay their premium.



Topic 4: BCBSM Prescription Drug Plans (PDP)



BCBSM Prescription Drug Plans (PDP)

Overview

- A prescription drug plan adds drug coverage for **Original Medicare** users
- There are **two plan options** for 2022, and they are both **available to residents in all Michigan counties**
- Pharmacy network includes **most Michigan retail pharmacies, chain and national pharmacies**

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Prescription Blue Select

Prescription Blue Premium

Product Type

Basic

Enhanced

2022 Premium

<\$95>

<\$112.50>

Overview of Plan Features

- **Basic** <\$480> deductible
 - 5-tier formulary with copay/coinsurance benefit design (no longer using defined standard benefit with 25% coinsurance on all drugs)
 - Lean formulary design compared to Prescription Blue Premium with significantly less extensive drug coverage
- We are making programmatic changes to offer a more competitive basic PDP in future years

- **Richer benefits**
 - \$0 deductible
 - **5-tier formulary** with significantly more extensive drug coverage than for Prescription Blue Select
- Provides stable coverage for currently enrolled members with copays & coinsurances remaining unchanged from 2021

Pharmacy Network and PDP Tiers

Pharmacy Network

- Prescription Blue Select and Prescription Blue Premium will have a Preferred pharmacy network including both preferred and standard pharmacies.
- **Standard pharmacies** are those that offer standard cost sharing; includes most Michigan retail pharmacies, chain and national pharmacies
- **Preferred pharmacies** are those that offer discounted copays. Cost sharing will be less at a preferred pharmacy than at a standard pharmacy

Most chain pharmacies in MI are preferred (over 25,000 total)

- | | | |
|------------------------|-----------------------|----------------------|
| • Costco Pharmacy | • Kmart Pharmacy | • Spartan Pharmacies |
| • D & W Pharmacy | • Kroger Pharmacy | • VG's Pharmacy |
| • Family Fare Pharmacy | • Meijer Pharmacy | • Walgreens Pharmacy |
| • Henry Ford Pharmacy | • Rite Aid Pharmacy | • Walmart Pharmacy |
| • Hometown Pharmacy | • Sam's Club Pharmacy | |

Find the full list of network pharmacies at: www.bcbsm.com/pharmaciesmedicare

PDP Pharmacy Tiers

For Prescription Blue Select and Prescription Blue Premium, both our Preferred and Standard pharmacy networks offer 5 Tiers

Tier 1 – Preferred Generics

Tier 2 – Generics

Tier 3 – Preferred Brand

Tier 4 – Non-Preferred Drugs

Tier 5 – Specialty

Thank you!

You have now completed the **2022 Blue Cross Medicare Advantage Agent Certification**.

We are thrilled to have you on our Medicare Advantage sales team!

We want to **thank you** for choosing to partner with Blue Cross Blue Shield of Michigan and Blue Care Network— we are here to support you and look forward to years of a prosperous relationship.

NEXT

1. Complete the 2022 Individual Self Assessment
2. You have 3 attempts to complete with a score of **85%** or greater

