# 2023 Individual **Medicare Advantage** 137 **Medicare Supplement Training**



# Instructions



This training includes narration. Please ensure that your **sound is turned on**.



This training should take you approximately **30 minutes to complete.** 

\*All <> information is pending CMS approval

# Instructions

### Blue Cross Blue Shield MEDICARE

- Please Advise:
  - Completing this training does not deem you certified to market & sell 2023 Blue Cross Blue Shield of Michigan and Blue Care Network Individual Medicare Advantage and Prescription Blue PDP plans
  - You must also pass the individual self assessment exam with a score of 85% or greater
  - You have 3 attempts to pass the exam

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

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

### **CMS Required Standardized Disclaimer**

CMS is requiring all agents state a standardized disclaimer. The disclaimer and rules around when, where and how it must be stated/displayed is listed below. Blue Cross Blue Shield of Michigan and Blue Care Network will be monitoring for adherence to this new rule.

Disclaimer:

"We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options."

When/Where/How Disclaimer must be stated/displayed:

- Verbally conveyed within the first minute of a sales call
- Electronically conveyed when communicating with a beneficiary through email, online chat, or other electronic means of communication
- Prominently displayed on TPMO websites
- Included in any marketing materials, including print materials and television advertisements, developed, used or distributed by the TPMO

# Plan Offerings: Fitting Member Needs

### BlueCross BlueShield MEDICARE

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	BALANCED	EXTENDED	
Members pay less every month, but out-of- pocket costs when they get care may be higher than if enrolled in other plan options.	These plans provide a balance between cost and coverage.	Monthly premiums will be higher but out- of-pocket costs for utilized services may be less than if enrolled in other plan options.	
РРО	HMO-POS	НМО	
Blue Essential	BCN Advantage Prime Value	*NEW* BCN Advantage Local HMO	
Blue Vitality	BCN Advantage Community Value	BCN Advantage ConnectedCare	
Blue Signature	BCN Advantage Elements (MA-Only)		
Blue Assure	BCN Advantage Classic		
	BCN Advantage Prestige		

# **2023 BCBSM/BCN Individual MA Highlights**

### Blue Cross Blue Shield MEDICARE



# Richer core benefits; stable and/or improved offerings across all plans

- Medical benefits: Created additional member value by lowering MOOP, eliminating medical deductibles, and lowering copays while maintaining benefit improvements from 2022
- Premium decreases: Lowered premiums for several low, mid, and high premium plans while enhancing value of benefits



# New and enhanced offerings available

- Dental benefits: Added rich comprehensive dental coverage including preventive treatment, fluoride 1 x per calendar year, and a <\$1,500> dental allowance
- Vision allowance: <\$150> vision allowance on most plans used for elective contacts or one pair of frames
- Mental health benefits: New <\$20> copay for in-network individual or group mental health visits
- **Care management benefits:** Expansion of the caregiver support benefit to all plans

# **2023 BCBSM/BCN Individual MA Highlights**

### BlueCross BlueShield MEDICARE



# Redesign of MA-Only plan and launch of new partner plan

- MA-only plan, Elements: Designed with U.S. military veterans and others seeking medical only coverage in mind, our MA only plan now has a <\$0> premium, <\$0> in-network deductible, and will deliver more predictable and affordable care
- Partner plan, BCN Advantage Local HMO: For members living in Southeast Michigan, plan includes strong benefits with access to providers such as Ascension and Trinity



# Exciting additions and enhancements across all of our plans

Maintain **best-in-class Pharmacy offerings** with incremental improvements including:

- Utilizing same rich formulary for all plans (excluding BCN Advantage Community Value HMO-POS and BCN Advantage Local HMO) to simplify choices for potential members
- <\$9 \$10> reduction on Tier 3, 90-day mail order cost share to ensure drugs are more affordable
   Other exciting supplemental benefit enhancements and additions include:
  - <\$25 \$100> quarterly OTC allowance with rollover of unused OTC allowance within the calendar year

### **Advantage Dollars Overview**

### Blue Cross Blue Shield MEDICARE

#### What is new for 2023?

- **OTC Benefit:** The Advantage Dollars OTC quarterly allowance will now roll over each quarter within the same calendar year. The 2023 allowance will expire on December 31, 2023
- Flex Card Benefit: Members enrolled in BCBSM PPO Assure will have an additional quarterly allowance for dental, vision, and hearing items and services.
   Both the OTC allowance and Flex Card allowance will be loaded onto the same card
- Special supplemental benefits for the chronically ill (SSBCI): Removed the following eligibility criteria from eligible chronic conditions per CMS ruling: members who have been exposed to or are at risk of exposure to COVID-19 and/or respiratory illness

#### **Food Benefit**

- CMS only allows plans to offer a food benefit if it is associated with a chronic condition. For 2023, CMS had us remove Covid and risk of Covid as a qualifying chronic condition
- The following chronic conditions will still qualify for the food benefit: cardiovascular disorder, chronic heart failure, diabetes, chronic lung disorder, stroke, hypertension, and rheumatoid arthritis
  - Members will be identified through the BCBSM claims system once diagnosed with one or more of the eligible chronic conditions
  - If a member believes they are eligible and has not been identified, they will need to see their provider and have the diagnosis put on their record
- This benefit works with the over-the-counter (OTC) Advantage Dollars allowance and is limited to the maximum OTC allowance amount

Members will be notified of this change in their Annual Notice of Change (ANOC), Evidence of Coverage (EOC), BCBSM website, and member outreach via letter

**Topic 1:** BCBSM Medicare **Plus Blue PPO** 



# **BCBSM Medicare Plus Blue PPO Overview**

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### BlueCross BlueShield MEDICARE

### 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
- Inclusion of Spectrum Health In-network
  - MA PPO members are able to see Spectrum Health physician offices and 14 hospital locations in west Michigan and their services will be considered in-network.
- Nationwide network of Blue plan providers at innetwork cost share nationwide
- Available to residents in all MI counties
- New Advantage Dollars Flex for the Assure plan including <\$25> per quarter for OTC and food, and <\$75> per quarter for dental/vision/hearing expenses \*\*

See Additional Resources in Pinpoint for overview of plan details

#### **All PPO Plans Include**

Embedded market-leading preventive comprehensive dental services with a <\$1,500> annual dental allowance, routine hearing coverage, and vision coverage with a <\$150> annual vision allowance for elective contacts or one pair of frames plus optional enhanced dental and vision packages

#### Improved Core benefits across all PPO Plans

- Blue Essential available for a <\$0> premium in all counties
- Significant benefit improvements, including:
  - <\$0> pharmacy deductible across all tiers for all PPO plans
  - <\$0> Tier 1 drugs for all PPO plans
- Supplemental vision, hearing, and dental benefits included in **all PPO plans**
- <\$25-\$100> per quarter Advantage Dollars over the counter allowance and rollover of unused quarterly dollars within the calendar year \*\*

### **BCBSM Medicare Plus Blue PPO Essential Overview**

### Blue Cross Blue Shield MEDICARE

### Medicare Plus Blue PPO Essential plan updates for 2023



networks in the nation!

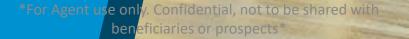
Key Medical and Part D Product Changes:

- Removed <\$10> premium in Region 3, bringing the plan premium to <\$0> across the state
- ✓ Reduced combined MOOP from <\$6,000> to <\$5,200>
- Reduced in-network outpatient mental health copays for individual and group sessions from <\$40 to \$20>
- ✓ Added 1 routine chiropractic visit / year
- Reduced Tier 3 90-day mail order cost share by <\$10>
- Utilized a combined formulary across the MAPD portfolio

#### **Key Supplemental Benefit Changes:**

- Added a <\$1,500> annual maximum for preventative and comprehensive dental services
- Added fluoride to the mandatory preventive dental benefit
- Increased annual vision allowance from <\$100 to \$150> per year for elective contacts or one pair of frames
- Increased Advantage Dollars allowance to
   \$85> per quarter across all regions (up from
   \$50> per quarter) \*\*
- Allowed quarterly rollover of Advantage Dollars allowance within the calendar year
- Added transportation: 1 round trip / year to Annual Wellness Visit within Michigan, does not require a referral

# Topic 2: BCN Advantage HMO-POS



# **BCN Advantage HMO-POS Overview**

### Blue Cross Blue Shield MEDICARE

#### HMO-POS

- BCN Advantage Prime Value
- **BCN Advantage Community Value**
- **BCN Advantage Elements (MA-Only)**

**BCN Advantage Classic** 

**BCN Advantage Prestige** 



#### **Plan Advantages**

- Members can choose any doctor, specialist, in network without referrals
- <\$0> and low-cost premiums
- All plans except Elements include drug coverage
- Available to residents in 70 MI counties (Community Value is available in 7 counties)

#### **All HMO-POS Plans Include**

Embedded market-leading preventive comprehensive dental services with a <\$1,500> annual dental allowance, routine hearing coverage, and vision coverage with a <\$150> annual vision allowance for elective contacts or one pair of frames plus optional enhanced dental and vision packages

#### Point of Service (POS) Benefit

- When traveling outside of Michigan, HMO-POS plan members have coverage for both routine and follow-up care with any doctor who participates in the Nationwide Network of Blue Plan Providers.
- POS benefit counts towards maximum out-ofpocket (MOOP)
- No prior authorization needed for routine services out of state
- 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

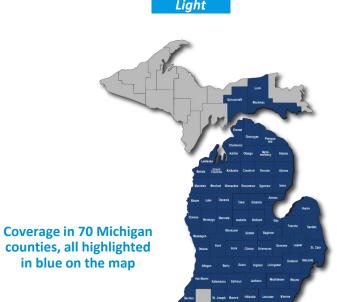
See Additional Resources in Pinpoint for overview of plan details

# **BCN Advantage HMO-POS Prime Value Overview**

### BlueCross BlueShield

#### HMO-POS

#### BCN Advantage Prime Value



### **BCN Advantage Prime Value Benefit Changes for 2023**

#### Key Medical and Part D Product Changes:

- <\$0> monthly premium, <\$0> medical deductible, and <\$0> copays for innetwork and point of service (POS) PCP visits
- ✓ Removed <\$280> medical deductible in Region 3, bringing medical deductible to <\$0> in all regions
- ✓ Removed <\$50> Part D deductible, bringing Part D deductible to <\$0>
- Reduced in-network outpatient mental health copays for individual and group sessions from <\$40 to \$20>
- ✓ Reduced Tier 3 90-day mail order cost share by <\$10>
- ✓ Utilized a combined formulary across the MAPD portfolio

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#### Key Supplemental Benefit Changes:

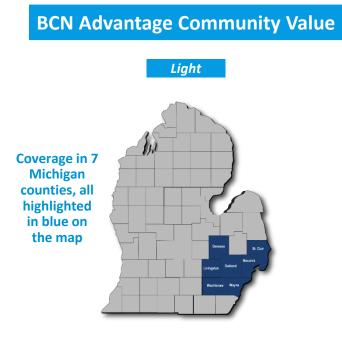
- Added a <\$1,500> annual maximum for preventative and comprehensive dental services
- Added fluoride to the mandatory preventive dental benefit
- Increased annual vision allowance from <\$100 to \$150> per year for elective contacts or one pair of frames
- Increased Advantage Dollars to <\$85> / quarter in all regions, reducing regional variation \*\*
- Allowed quarterly rollover of Advantage
   Dollars allowance within the calendar year
- Added transportation: 1 round trip / year to Annual Wellness Visit within Michigan, does not require a referral

Topic 3: **BCN Advantage Community Value HMO-POS BCN Advantage Local HMO BCN Advantage ConnectedCare HMO** 

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# **BCN Advantage Community Value HMO-POS**

#### **HMO-POS**



Please utilize the BCBSM provider search tool to verify that the member's PCP is participating with this plan prior to enrolling www.bcbsm.com/find-a-doctor

#### **Plan Advantages**

BlueCross BlueShield

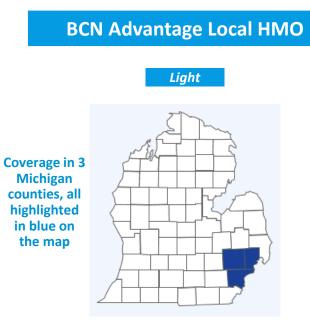
MEDICARE

- HMO-POS (Point of Service) plan available for individuals who live in Genesee, Livingston, St. Clair, Macomb, Oakland, Wayne, and Washtenaw counties
- <\$0> in-network medical and pharmacy deductibles and <\$0> in-network PCP copay as well as <\$0> cost share on all telehealth services (PCP and behavioral health)
- Embedded market-leading preventive and comprehensive dental services with a <\$1,500> annual dental allowance, routine hearing coverage, and vision coverage with a <\$150> annual vision allowance for elective contacts or one pair of frames plus optional enhanced dental and vision packages which provides a <\$3,000> total annual dental allowance
- Rich suite of supplemental benefits, including <\$100> / quarter OTC / grocery allowance and rollover of unused quarterly dollars within the calendar year \*\*
- Reduced annual maximum out of pocket to <\$4,300>

# **BCN Advantage Local HMO \*New for 2023\***

### Blue Cross Blue Shield MEDICARE

#### HMO



Please utilize the BCBSM provider search tool to verify that the member's PCP is participating with this plan prior to enrolling

www.bcbsm.com/find-a-doctor

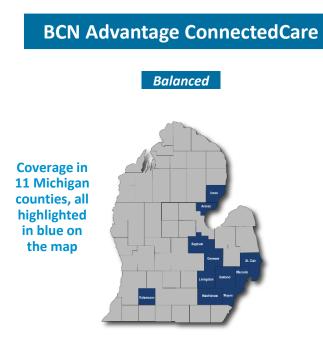
#### Plan Advantages

- HMO Only plan with no POS option available in the following counties: Wayne, Macomb, and Oakland
- High quality, high value HMO network built around key providers, Ascension and Trinity
- <\$0> premium, <\$0> medical and Part D deductible, <\$0> PCP copay, and <\$4,500> MOOP
- Rich and attractive supplemental benefits, such as <\$1,500> preventive and comprehensive dental allowance, <\$150> vision allowance, and <\$85> / quarter Advantage Dollars OTC allowance and rollover of unused quarterly dollars within the calendar year \*\*
- Additional plan advantages include in-home support services and caregiver support
- Added transportation: 1 round trip / year to Annual Wellness Visit within Michigan, does not require a referral



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#### HMO



Please utilize the BCBSM provider search tool to verify that the member's PCP is participating with this plan prior to enrolling www.bcbsm.com/find-a-doctor

#### **Plan Advantages**

Blue Cross Blue Shield

MEDICARE

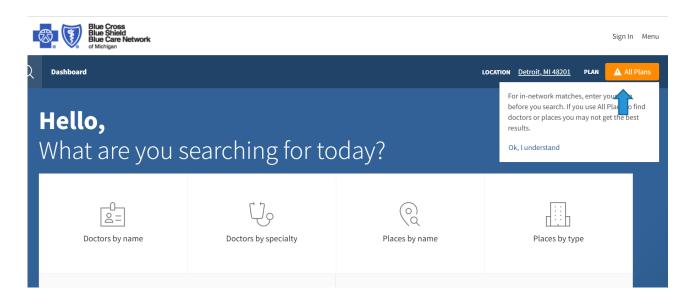
- HMO Only plan with no POS option available for Individuals who live in 11 specific counties (Arenac, Genesee, Iosco, Kalamazoo, Livingston, Macomb, Oakland, Saginaw, St. Clair, Washtenaw and Wayne)
- Rich plan benefits, including a low out-of-pocket max <\$3,800>, <\$0> medical deductible, <\$0> pharmacy deductible, and <\$0> on telehealth
- Embedded preventive and comprehensive dental services with <\$1,500> annual dental and a <\$25> / quarter OTC allowance and rollover of unused quarterly dollars within the calendar year \*\*
- Vision and hearing coverage are not included in the embedded Mandatory Supplemental Benefits (MBS) for ConnectedCare but can be added by purchasing the Optional Supplemental Benefits (OSB)

### **Provider Search Tool**

### Blue Cross Blue Shield MEDICARE

#### Verify Providers using the BCBSM.com Provider Search Tool

- Go to bcbsm.com/find-a-doctor and click to search without logging in
- Enter the City / State or Zip Code to select the location
- Click on All Plans, click on find a different plan, and then select the plan network to search
- Search for the doctor to verify participation
- If searching for a PCP the search tool must indicate the doctor is participating as a Primary Care Provider
- Please ensure you are verifying provider and facility participation for the member prior to enrolling
- It is also important to reach out to the provider directly to confirm that they are in the plan network



**Topic 4: Optional Supplemental Benefits – Dental Vision Buyups** 



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# 2023 BCBSM/BCN Individual Dental MA Highlights

### Blue Cross Blue Shield MEDICARE

### Optional Supplemental Benefit (OSB) packages are redesigned to provide simple, streamlined, and rich benefits for members looking for additional dental and vision COVERAGE 2023 OSB Packages

- OSB packages provide the same rich benefits for all Individual MA / MAPD plans (except ConnectedCare); premium may vary by plan
- All OSB plans will
  - Include <\$250> in annual vision allowance, giving members
     <\$400> of total annual vision allowance (except
     ConnectedCare) for contact lenses and one pair of frames across the Mandatory Supplement Benefits (MSB) and
     Optional Supplemental Benefits (OSB)
  - Cover **dentures and bridges** costly yet highly utilized and popular benefits
  - Coverage for **implants**
  - Include <\$1,500> in dental allowance, giving members rich coverage with <**\$3,000>** of total dental allowance across the MSB and OSB
- ConnectedCare vision and hearing coverage are not included in the embedded MSB but can be added by purchasing the OSB

All redesigned OSB packages include the same dental and vision benefits with comprehensive dental benefits such as onlays, dentures, bridges, and implants; ConnectedCare also includes hearing aid allowance

#### Essential, Vitality, Signature, Assure (PPO)

#### OSB Package <\$20.50>

• Dental allowance: <\$1,500>, Vision allowance: <\$250>

Prime Value, Classic, Prestige, Elements, <sup>NEW!</sup> Community Value, (HMO-POS); <sup>NEW!</sup> Local HMO

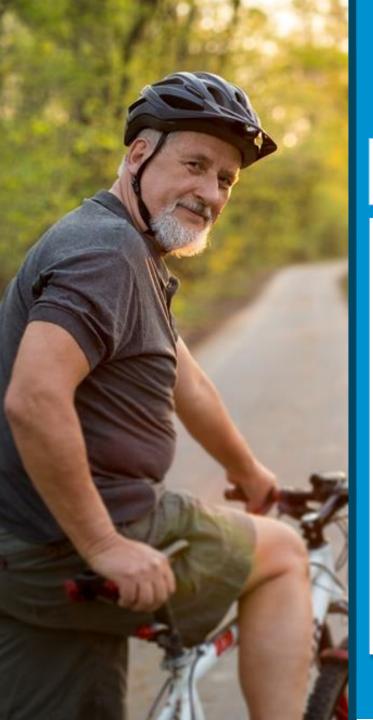
#### OSB Package <\$20.30>

Dental allowance: <\$1,500>, Vision allowance: <\$250>

#### ConnectedCare (HMO)

#### OSB Package <\$20.30>

- Dental allowance: <\$1,500>, Vision allowance: <\$250>
- Hearing aid allowance: <\$1,200> (3 years)



### An Optional Supplemental Benefits plan can be added for additional benefits and value

**PPO** Essential, Vitality, Signature, Assure

#### Essential, Vitality, Signature, Assure: <\$20.50> / month

- No waiting period
- No dental deductible
- <\$1,500> annual dental allowance (combined INN and OON), giving members total <\$3,000> in annual dental allowance across the OSB and MSB
- <25%> in-network and <50%> out-ofnetwork coinsurance for coverage of costly but highly utilized benefits such as dentures, bridges, implants, etc.
- <\$250> annual vision allowance innetwork and <50%> coinsurance outof-network every 12 months

#### HMO-POS Elements, Classic, Prestige, Community Value, Prime Value

#### Elements, Classic, Prestige, Prime Value, Community Value: <\$20.30> / month

- No waiting period
- No dental deductible
- <\$1,500> annual dental allowance (combined INN and OON), giving members total <\$3,000> in annual dental allowance across the OSB and MSB
- <25%> in-network and <50%> out-ofnetwork coinsurance for coverage of costly but highly utilized benefits such as dentures, bridges, implants, etc.
- <\$250> annual vision allowance innetwork and <50%> coinsurance out-ofnetwork every 12 months

#### HMO ConnectedCare, Local HMO

#### ConnectedCare: <\$20.30> / month

- No waiting period
- No dental deductible
- <\$1,500> annual dental allowance, giving members total \$3,000 in annual dental allowance across the OSB and MSB
- <25%> in-network coins. for coverage of dentures, bridges, implants, etc.
- <\$250> annual vision allowance every 12 months
- <\$600> / ear hearing aid allowance / 3 yrs

#### Local HMO: <\$20.30> / month

- No waiting period
- No dental deductible
- <\$1,500> annual dental allowance, giving members total <\$3,000> in annual dental allowance across the OSB and MSB
- <25%> in-network coins. for coverage of dentures, bridges, implants, etc.
- <\$250> annual vision allowance every 12 months



### **Dental Network**

- Use <u>www.mibluedentist.com</u> to find a participating dentist select the plan network "Medicare Advantage (Individual BCBSM and BCN Advantage)" and then search for the 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 cost share plus any difference between the approved and charged amount. Members must pay the dentist directly and collect reimbursement from Blue Cross.



# Dental Network – sample member costs based on provider

#### Sample member costs based on tiers

These charts show how your out-of-pocket costs can differ based on Tier 1, Tier 2 or nonparticipating dentists.

Cost example: cleaning <sup>†</sup>				
	Blue Dental Medicare Advantage Tier 1 In-Network Dentist	Blue Dental Medicare Advantage Tier 2 Participating Dentist	Nonparticipating Dentist	
Dentist's charge	\$95	\$95	\$95	
Allowed amount (insurance-approved fee)	\$59	\$77	\$77	
We pay	\$59 (100%)	\$38.50 (50%)	\$38.50 (50%)	
Your coinsurance	\$0	\$38.50 (50%)	\$38.50 (50%)	
Your total out-of-pocket costs	\$0	<b>\$38.50</b> (coinsurance on <b>l</b> y)	<b>\$56.50</b> (coinsurance + difference between the dentist's charge and allowed amount)	
Cost example: exam <sup>†</sup>				
Dentist's charge	\$55	\$55	\$55	
Allowed amount (insurance-approved fee)	\$31	\$46	\$46	
We pay	\$31 (100%)	\$23 (50%)	\$23 (50%)	
Your coinsurance	\$0	\$23 (50%)	\$23 (50%)	
Your total out-of-pocket costs	\$0	<b>\$23</b> (coinsurance only)	<b>\$32</b> (coinsurance + difference between the dentist's charge and allowed amount)	

<sup>†</sup>Costs and coinsurances are for illustrative purposes only. Your exact costs may vary for these services.

**Topic 4: Medicare** Plus **Blue PPO and BCN Advantage** Value Added **Benefits** 



# Part D Senior Savings Model for HMO-POS / HMO Plans

- The Part D Senior Savings Model is being offered by CMS for CY2023; BCBSM has decided to continue to offer this insulin model for all our HMO-POS / HMO plans in 2023 <u>(excluding</u> <u>Community Value and Elements MA-Only plans)</u>
- 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 insulindependent members will see a reduction in cost sharing



# Advantage Dollars OTC + Food Benefit

- Advantage Dollars allowance included in all plans; includes option to use allowance for OTC and food items.
  - New for 2023: unused OTC allowance will rollover to next quarter within the plan year
  - All PPO plans (<\$25 \$100> per quarter)
  - All HMO-POS and HMO plans (<\$25 \$100> per quarter)
  - New Advantage Dollars Flex for PPO Assure including <\$25> per quarter for OTC and food, and <\$75> per quarter for dental, vision, and hearing expenses
  - Members may use their Advantage Dollars to purchase food, in addition to OTC items<sup>1</sup>
  - Advantage Dollars: 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. Members must have a qualifying chronic condition to be eligible for the food benefit

# Innovative Programs to Support Members Health and Happiness

### Blue Cross Blue Shield MEDICARE

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
- Single sign-on through the member portal to streamline the member experience
- <\$25 \$100> per quarter allowance across plans (members can pay for any amount above their allowance if they want to purchase added items)
- New for 2023, unused OTC allowance will rollover to next quarter within calendar year
- New Advantage Dollars Flex for the Assure plan including <\$25>/quarter for OTC and food, and <\$75>/quarter for dental/vision/hearing expenses

#### In-Home Support Services<sup>1</sup>

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- Benefit to support for our members, including online wellness check-ins, shopping support, transportation, light housekeeping, companionship and more
- Virtual group gatherings / "Webinar parties" for members to create meaningful connections, reduce loneliness, and expand their horizons virtually (e.g., yoga, drawing classes)
- 4 hours / month for eligible members in BCNA Community Value; 8 hours / month for eligible members in BCNA Prime Value and Blue Essential

#### 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
- **New for 2023**, Caregiver support benefits will be available in all MA plan options



#### Meals and Transportation<sup>2</sup>

- Meals: 28 meals over 14 days post-discharge with Care Management
- Transportation: Unlimited trips and miles for up to 28-day postdischarge with Care Management, available in select counties
- New for 2023, 1 round trip in Michigan to Annual Wellness
   Visit within the calendar year, no referral needed

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1. Members must self-identify as living alone and needing assistance with instrumental activities of daily living (IADLs) 2. 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

### 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. and U.S. territories\*\*
- 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 <u>www.bcbsglobalcore.com</u>

\*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



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# **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<sup>®</sup> gyms whenever they want (other programs restrict members to a single gym)
- Visit www.SilverSneakers.com

\*Amenities vary by location



### **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<sup>®</sup> and Google Play<sup>TM</sup>
- Blue Cross is also the first health plan in Michigan to deliver interactive health and wellness information on Amazon's popular Alexa platform

# **Blue Cross Online Visits**

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

- are covered at a \$0 copay for PCP and behavioral telehealth services in-network
- 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 Visits<sup>SM</sup> app from the App Store<sup>®</sup> and Google Play<sup>™</sup>
- Visit <u>bcbsmonlinevisits.com</u>
- Call 1-844-606-1608



**Topic 5: Blue Cross** Medicare Supplement



# What's Medicare Supplement Insurance?

### Blue Cross Blue Shield MEDICARE

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 many** *services*, leaving someone on Original Medicare exposed to additional out-of-pocket costs. A BCBSM Medicare supplement (Medigap) policy supplements Original Medicare, protecting policyholders by helping pay for the remaining health care costs.

80% Original Medicare Coverage 20% Medicare Supplement

# Key Features of Medicare Supplement Plans

- Flexible coverage that travels nationwide.
- No provider network. Use any provider that accepts Original Medicare; no referrals or authorizations 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, and 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	✓	✓	~	~	✓	<ul> <li>✓</li> </ul>	✓	✓
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 \$2,490

\*\* 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. Premium is subject to change each year

## **Guaranteed** Issue (GI)

#### Blue Cross Blue Shield MEDICARE

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

#### 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
- Nicotine 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.



## **Household Discount**

Blue Cross Blue Shield of Michigan offers a 5% premium 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 the discount. Premiums are not discounted automatically.

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

Members found to be ineligible, will have the discount removed



## **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.

- Surgery Decision-Support Program:
  - An online Surgery Support Program that helps members decide, prepare, and recover from surgery.
- 24-Hour Nurse Line:
  - Members speak with a registered nurse when they have questions about an illness or injury from the comfort of their home.
- Virtual Well-Being:
  - Informative member webinars on a variety of topics that provide shareable information.
- Blue365<sup>®</sup> discounts:
  - Members can receive nationwide savings when showing their member ID Card. A list of current savings are available at www.blue365deals.com

\*More information can be found on this program in the Libraries section of Agent Community.



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

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# 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.
- Members can 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 by having their application received 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 30 each year. The Dental Vision Hearing Package Coverage begins on the first day of the following month after the enrollment form is received.
- Visit www.MIBlueDentist.com and choose Medicare Supplement to search for innetwork dentists.
- 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.

Blue Cross Medicare Supplement Dental Vision Hearing Package Benefit Highlights

- NO DEDUCTIBLE for dental care
- TWO no-cost in-network dental exams and cleanings each year
- Leverages the Commercial dental network with 3,600 unique PPO dentists in Michigan and 130,000 nationally
- ONE no-cost hearing exam per year
- A variety of hearing aids available to fit your lifestyle and budget.
   Savings of up to 60% off the average retail hearing aid prices at a TruHearing provider
- LOW-COST, in-network vision exams
- ANNUAL ALLOWANCE for eyeglass frames or contact lenses
- A LOW monthly premium of only \*\$15.25\* a month

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# Blue Cross Medicare Supplement Dental Vision Hearing Package Benefit Chart

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### Blue Cross Blue Shield MEDICARE

Dent	tal Services		Vision Services			Hearing Services		
Deductible	In-network <sup>1</sup> \$0	Out-of-network \$0		In-network <sup>2</sup> \$300 allowance for	Out-of-network		In-network <sup>3</sup> Only	
Exams: Two per calendar year Cleanings: Two per calendar year Fluoride: Once per calendar year Brush biopsy: Once per calendar year			Frames OR Elective Contact	frames OR elective contact lenses every	Frames reimbursed up to \$70 OR Elective contact lenses reimbursed up to \$105	Waiting Period	None	
X-rays: Once every two calendar years.	0% coinsurance	50% coinsurance	Lenses	12 months	every 12 months	Hearing Aids	Based on hearing aid choice, member pays: \$495 / \$895 / \$1,295 / \$1,695	
EITHER - One set of up to four bitewings OR - Six periapical films			Lenses	Standard lenses (include single vision lenses, bifocal, and trifocal)	Reimbursement, every 12 months, up to: Single-Vision lenses: \$30		(per ear)	
Annual maximum Combined in-and out-of-network. Applies to services below.	\$	1,500		are covered in full every 12 months	Bifocal lenses: \$50 Trifocal lenses: \$65 Lenticular lenses: \$100	Hearing Exam	Included	
Amalgam and resin fillings: Once per tooth every 48 months Root canals: Once per tooth, per lifetime	50% coinsurance	50% coinsurance	Exams	\$20 copayment covered every 12 months	Reimbursed up to \$45 every 12 months	Frequency	One hearing aid per ear every 12 months	
Simple extractions Crown repairs: for permanent teeth, once per tooth every 84 months			<sup>2</sup> Visit www.v VSP Custome		octor or find out if your eye docto	or participates. You ca	r, call Customer Service at 1-888-826-8152. an also call 1-800-877-7195 to speak with a at specialist close to you.	

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**Topic 6:** 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 2023, and they are both available to residents in all Michigan counties
- Pharmacy network includes most Michigan retail pharmacies, chain and national pharmacies

	<b>1</b>	Prescription Blue Premium			
	Prescription Blue Select				
Product Type	Basic	Enhanced			
2023 Premium	<\$96.20>	<\$113.70>			
Overview of Plan Features	<ul> <li>Basic         <ul> <li>&lt;\$505&gt; deductible</li> <li>5-tier formulary with copay/coinsurance benefit design</li> <li>Lean formulary design compared to Prescription Blue Premium with significantly less extensive drug coverage</li> </ul> </li> </ul>	<ul> <li>Richer benefits         <ul> <li>&lt;\$0&gt; deductible</li> <li>5-tier formulary with significantly more extensive drug coverage than for Prescription Blue Select</li> </ul> </li> <li>Provides stable coverage for currently enrolled members with copays &amp; coinsurances remaining unchanged from 2022</li> </ul>			

# **Pharmacy Network and PDP Tiers**

### BlueCross **BlueShield** MEDICARE

#### **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 23,000 total)

- Costco Pharmacy
- D & W Pharmacy Meijer Pharmacy
- Family Fare Pharmacy Rite Aid Pharmacy
- Henry Ford Pharmacy
- Hometown Pharmacy

- Kroger Pharmacy • VG's Pharmacy
- Walgreens Pharmacy
- Walmart 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

\*\*\*\*\*



You have now completed the **2023 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 2023 Individual Self Assessment

2. You have 3 attempts to complete with a score of one of one or greater

