

# Individual Medicare Advantage Certification Training & Medicare Supplement Training



BlueCross  
BlueShield  
of Michigan

# Instructions



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



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

# Instructions



- Please Advise:
  - Completing this training does not deem you certified to market & sell 2024 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
  - Login to Pinpoint to complete certification training and self assessment exam - <https://bcbs.pinpointglobal.com/Apps/Medicare/default.aspx>

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

All information in < > is subject to CMS Final Approval

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# 2024 CMS Required Disclaimer

- Effective 10/1/23 for all 2024 Plan year sales CMS has revised the existing TPMO disclaimer to require TPMOs that do not contract with every available MA organization or Part D sponsor in a service area to include a list of the MA organizations or Part D sponsors with which they do contract in the beneficiary's service area. Because the existing TPMO disclaimer did not apply to TPMOs that contract with every MA organization or Part D sponsor in a given service area, CMS finalized a new disclaimer for TPMOs that do contract with every MA organization or Part D sponsor in the service area.
- If the TPMO “does not” sell for “all” MA organizations in the service area the disclaimer is:
  - “We do not offer every plan available in your area. Currently we represent **[insert number of organizations]** organizations which offer **[insert number of plans]** products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program to get information on all of your options.”
- If the TPMO sells for “all” MA organizations in the service area the disclaimer is:
  - “Currently we represent **[insert number of organizations]** organizations which offer **[insert number of plans]** products in your area. You can always contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program for help with plan choices.”

# 2024 Plan Offerings



PPO	HMO-POS	HMO
*NEW* Blue Part B Credit Plan	BCN Advantage Prime Value	BCN Advantage Local HMO
*NEW* Blue “Retail Plan”	BCN Advantage Community Value	BCN Advantage ConnectedCare
Blue Essential	BCN Advantage Elements (MA-Only)	
Blue Vitality	BCN Advantage Classic	
Blue Signature	BCN Advantage Prestige	
Blue Assure		

# New for 2024!

- Expanded chronic condition eligibility criteria for food benefit
- Increase in Advantage Dollars allowances across most plans
  - Advantage Dollars OTC Allowance can be used toward the purchase of OTC hearing aids
- Improved mental health crisis coverage to support quality of care for members in crisis (<\$20-\$40> cost share)
- Coverage for ambulance response and treatment to support our members when ambulance providers treat a member on-site and do not provide transport
- Personal Emergency Response System (PERS) benefit for members at increased risk of falls (BCN Advantage Classic and Prestige HMO-POS plans only <\$0 cost share>)
- Coverage for an enhanced wellness visit at any point during calendar year
- Enhanced vision services with eyewear covered once per calendar year
- Lower copays on mail order prescription drugs
- Medicare Part B & D Insulin Drugs <\$0 min-\$35> max in-network copayment for a one-month's supply of insulin
- Expansion of coverage for colorectal cancer screening: There is no coinsurance, copayment, or deductible for a Medicare covered colorectal cancer screening exam. If doctor finds and removes a polyp or other tissue during the colonoscopy or flexible sigmoidoscopy, the screening exam becomes a diagnostic exam, however, the member won't be charged additional out-of-pocket costs



\*Members must have a qualifying chronic condition to be eligible for the food benefit  
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# Advantage Dollars Overview



- **NEW for 2024!** Meijer has joined the Advantage Dollars OTC network.
- Expanded list of chronic conditions for the **Advantage Dollars food benefit**
- **OTC Benefit:** Increase in OTC allowances for most plans. The Advantage Dollars OTC quarterly allowance will roll over each quarter within the same calendar year. The 2024 allowance will expire on December 31, 2024
- **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 are loaded onto the same card

## Food Benefit

- The following chronic conditions qualify for the food benefit: arthritis; autoimmune disorders (polyarteritis nodosa, polymyositis rheumatica, polymyositis, systemic lupus erythematosus); cancer (excluding pre-cancer conditions or in-situ status); cardiac arrhythmias; chronic alcohol and/or other drug dependence; chronic cardiovascular disorders (coronary artery disease [CAD], peripheral vascular, chronic venous thromboembolic disorder); chronic and disabling mental health conditions; chronic heart failure; chronic lung disorders (chronic obstructive pulmonary disease [COPD]), , dementia; diabetes; pre-diabetes; end-stage liver disease, end-stage renal disease (ESRD) requiring dialysis); HIV/AIDS; hypertension; neurologic disorders; severe hematologic disorders (aplastic anemia, hemophilia, immune thrombocytopenic purpura, myelodysplastic syndrome, sickle-cell disease [excluding having the sickle-cell trait], chronic venous thromboembolic disorder); and/or stroke.
  - 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

# Topic 1: BCBSM Medicare Plus Blue PPO



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# BCBSM Medicare Plus Blue PPO Overview

## PPO

### Blue Part B Credit Plan

### Blue “Retail Plan”

### Blue Essential

### Blue Vitality

### Blue Signature

### Blue Assure

Coverage in all 83  
Michigan counties



## Introducing Two New PPO plans for 2024!

- Medicare Plus Blue PPO Part B Credit plan
- Medicare Plus Blue PPO “Retail Plan” – name to be announced

### Plan Advantages

- Members can choose any doctor, specialist, or hospital in or out of network without referrals
- Both \$0 and Part B Credit plans
- \$0 premium plans with \$0 deductible, PCP, and more
- Part B Credit features \$100 giveback, comparable medical and drug benefits and maintains rich dental, hearing, and vision coverage
- Spectrum Health in-network physician offices and 14 hospital locations in west Michigan
- Nationwide network of Blue plan providers at in-network cost share nationwide
- Available to residents in all MI counties

## PPO Plans Include

- Embedded market-leading preventive comprehensive dental services with a rich annual dental allowance
- Embedded routine hearing coverage
- Embedded vision coverage with an annual vision allowance for elective contacts or one pair of frames
- Plus optional enhanced dental and vision packages

### Core benefits

- Cover ambulance response and treatment when no transport is rendered. Member pays <\$90> ambulance cost share.
- Mobile mental health (regions 1, 2, & 6) <\$20 - \$40> in-network copay
- Expansion of Coverage of Colorectal Cancer Screening <\$0 > Deductible/Copay/Coinsurance
- Additional coverage for mental health crisis <\$20-40> cost share
- OTC Hearing aids can be purchased with Advantage Dollars OTC Allowance
- Expanded chronic condition criteria for Advantage Dollars OTC + food benefit

# New for 2024!

## Medicare Plus Blue Part B Credit plan



PPO

Blue Part B Credit Plan



Our Part B Credit plan is a premium reduction plan. Members who enroll in this plan will receive a <\$100> credit in their monthly social security checks, up to <\$1,200> per year.\*

### Plan Highlights:

- <\$0> monthly premium
- <\$600> deductible (in/out-of-network)
- <\$0> copay for in-network primary care provider visits; <\$25> out of network
- <\$0> copay one round-trip transportation in Michigan per year for an Enhanced Wellness Visit
- <\$350> Part D deductible for tiers 3, 4 & 5
- <\$1,000> preventive and comprehensive dental annual maximum
- <\$100> annual eyewear allowance; includes contact lenses or one pair of frames; <50%> coinsurance out of network
- Up to <\$600> hearing aid benefit per ear for every three years
- <\$50> allowance per quarter Advantage Dollars over-the-counter items, with unused balance rollover for use within the current plan year
- MOOP: In-Network: \$6,500 and combined in-and out-of-network is \$9,000
- Caregiver support services available when eligible

\*Members aren't eligible for this plan if they receive premium assistance from Medicaid or another source.

# NEW for 2024! BCBSM Medicare Plus Blue PPO “Retail Plan” (name to be announced)



PPO

Blue “Retail Plan”

## Plan Highlights:

- <\$0> monthly premium
- <\$0> medical deductible in or out-of-network
- <\$0> copay for primary care provider visits (in or out-of-network)
- <\$165> allowance per quarter Advantage Dollars over-the-counter items, with unused balance rollover for use within the current plan year
- <\$0> copay one round-trip transportation in Michigan per year for an Enhanced Wellness Visit
- <\$0> prescription drug deductible for all tiers in our approved drug list
- <\$1,500> preventive and comprehensive dental annual maximum
- <\$150> annual eyewear allowance; includes contact lenses or one pair of frames; <50%> coinsurance out of network
- Up to <\$750> hearing aid benefit per ear for every three years
- MOOP: In-network: \$5,200 and combined in-and out-of-network is \$5,200
- Caregiver support services available when eligible



Coverage in all 83  
Michigan counties

# BCBSM Medicare Plus Blue PPO Essential Overview



PPO

Blue Essential

## Medicare Plus Blue PPO Essential

### Key Medical and Part D Features

- <\$0> across the state premium
- <\$5,200> combined MOOP
- <\$20> In-network outpatient mental health copays for individual and group sessions
- 1 routine chiropractic visit / year
- Low Tier 3, 90-day mail order cost share
- Uniform formulary across the MAPD portfolio

### Key Supplemental Benefits

- <\$1,500> annual maximum for preventative and comprehensive dental services
- <\$150> per year for elective contacts or one pair of frames
- Advantage Dollars OTC allowance <\$125> per quarter across all regions
- Quarterly rollover of Advantage Dollars OTC allowance within the calendar year
- Transportation: 1 round trip / year to Enhanced Wellness Visit within Michigan, does not require a referral



Coverage in all 83  
Michigan counties

**One of the largest  
Medicare Advantage PPO  
networks in the nation!**



# Topic 2: BCN Advantage HMO-POS



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# BCNA and BCBSM Differences



**Blue Care Network Medicare Advantage (BCNA) plans, should not be referred to as Blue Cross Blue Shield of Michigan (BCBSM).**

While Blue Care Network is part of the Blue Cross Blue Shield family of products, Blue Care Network Medicare Advantage plans operate as an HMO. Blue Cross Blue Shield of Michigan is PPO.

Other HMO/PPO differences include:

- Provider networks
- Primary Care doctor assignment requirements
- Service areas
- Ability to use doctors outside the network

While both HMO & PPO Medicare Advantage plans provide exceptional coverage and benefits, its important that members have a clear expectation of how each plan operates before they enroll.

# 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

## Plan Advantages

- Members can choose any doctor, specialist, in network without referrals
- <\$0> and low-cost premiums
- All plans except Elements include drug coverage
- Personal Emergency Response System (PERS) for Classic & Prestige members
- OTC Hearing aids can be purchased with Advantage Dollars OTC Allowance
- Cover ambulance response and treatment when no transport is rendered. Member pays <\$90> ambulance cost share (<\$250> for Elements)
- 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
- Embedded routine hearing coverage
- Embedded 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-of-pocket (MOOP)
- No prior authorization needed for routine services out of state



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

# BCN Advantage HMO-POS Prime Value Overview

## HMO-POS

### BCN Advantage Prime Value



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

## BCN Advantage Prime Value

### Key Medical and Part D Benefits

- <\$0> monthly premium, <\$0> medical deductible, and <\$0> copays for in-network and point of service (POS) PCP visits
- <\$0> medical deductible in all regions
- <\$0> Part D deductible
- <\$20> copay for in-network outpatient mental health (individual and group sessions)
- Low Tier 3, 90-day mail order cost share
- Utilizes a combined formulary across the MAPD portfolio

### Key Supplemental Benefits

- <\$1,500> annual maximum for preventative and comprehensive dental services
- <\$150> per year for elective contacts or one pair of frames
- <\$125> Advantage Dollars OTC per quarter in all regions
- Quarterly rollover of Advantage Dollars OTC allowance within the calendar year
- Transportation: 1 round trip / year to Enhanced 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**



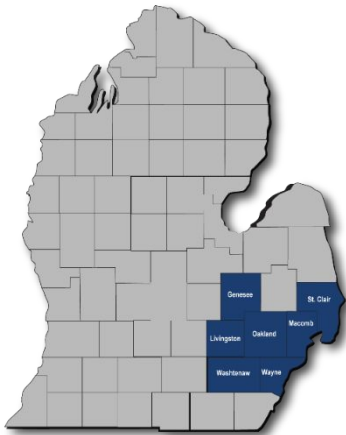
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# BCN Advantage Community Value HMO-POS

## HMO-POS

### BCN Advantage Community Value

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



**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](http://www.bcbsm.com/find-a-doctor)**

### Plan Advantages

- 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 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 <\$125> / quarter OTC / grocery allowance and rollover of unused quarterly dollars within the calendar year \*\*
- Low annual maximum out of pocket to <\$4,300>
- Transportation: 1 round trip / year to Enhanced Wellness Visit within Michigan, does not require a referral

# BCN Advantage Local HMO



## HMO

### BCN Advantage Local HMO

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



## 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 <\$125> / quarter Advantage Dollars OTC allowance and rollover of unused quarterly dollars within the calendar year \*\*
- Caregiver support
- Transportation: 1 round trip / year to Enhanced Wellness Visit within Michigan, does not require a referral

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](http://www.bcbsm.com/find-a-doctor)

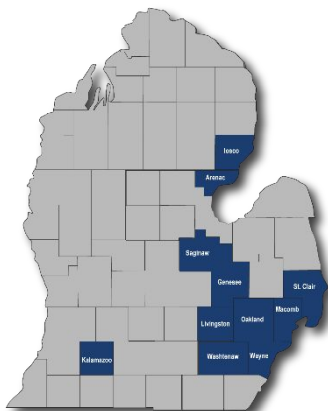


# BCN Advantage ConnectedCare HMO

## HMO

### BCN Advantage ConnectedCare

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



**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](http://www.bcbsm.com/find-a-doctor)**

### Plan Advantages

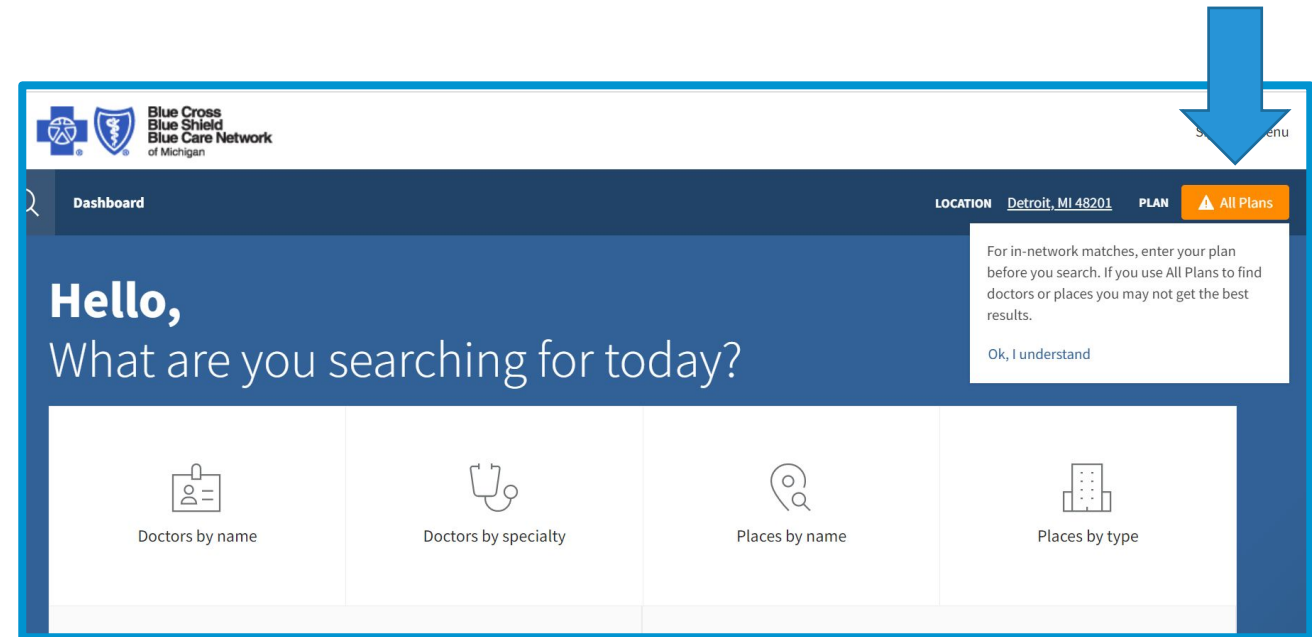
- HMO Only plan with no POS option available for Individuals who live in 11 specific counties (Arenac, Genesee, Iosco, Kalamazoo, Livingston, Macomb, Oakland, Saginaw, St. Clair, Washtenaw and Wayne)
- Rich plan benefits, including a low out-of-pocket max <\$3,800>, <\$0> medical deductible, <\$0> pharmacy deductible, and <\$0> on telehealth
- Embedded preventive and comprehensive dental services with <\$1,500> annual dental and a <\$50> / quarter Advantage Dollars 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)
- Transportation: 1 round trip / year to Enhanced Wellness Visit within Michigan, does not require a referral



# Provider Search Tool

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

- Go to [bcbsm.com/find-a-doctor](https://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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# BCBSM/BCN Individual Dental MA Highlights



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

- OSB packages provide **the same rich benefits** for all Individual MA / MAPD plans **(except ConnectedCare)**; premiums may vary by plan
- All OSB plans will
  - Include <\$250> in annual vision allowance, giving members **<\$400> of total annual vision allowance (except Connect Care <\$250> annual vision total and Part B Credit plan <\$350> annual vision total)** 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> (<\$2,500> for Part B Credit plan)** 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

## OSB Packages

All 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, Part B Credit\*, "Retail Plan" (PPO)

#### OSB Package <\$20.50>

- Dental allowance: <\$1,500>, Vision allowance: <\$250>
- Part B Credit Plan \* Dental allowance: <\$1,000>, Vision allowance: <\$250>

### Prime Value, Classic, Prestige, Elements, Community Value, (HMO-POS); 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,  
Part B Credit\*, "Retail Plan"*

**Essential, Vitality, Signature, Assure  
Part B Credit\*, "Retail Plan":**

**<\$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-of-network coinsurance for coverage of costly but highly utilized benefits such as dentures, bridges, implants, etc.
- <\$250> annual vision allowance in-network and <50%> coinsurance out-of-network every 12 months

\* <\$1,000> allowance <\$2,500> total dental for Part B Credit plan

## 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-of-network coinsurance for coverage of costly but highly utilized benefits such as dentures, bridges, implants, etc.
- <\$250> annual vision allowance in-network and <50%> coinsurance out-of-network 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 coinsurance 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 coinsurance for coverage of dentures, bridges, implants, etc.
- <\$250> annual vision allowance every 12 months



# Dental Network

- Use [www.mibluedentist.com](http://www.mibluedentist.com) 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	\$38.50 (coinsurance only)	\$56.50 (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	\$23 (coinsurance only)	\$32 (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 5:  
Medicare Plus Blue  
PPO and BCN  
Advantage Value  
Added Benefits**



# Insulin Costs

Insulin copays are limited to \$35 per each month's supply for Part D and Part B-covered products, with no deductible

- **Effective for Part D-covered insulin** starting January 1, 2023
- **Effective for Part B-covered insulin** starting July 1, 2023





# Advantage Dollars OTC + Food Benefit

- Advantage Dollars allowance **included in all plans; includes option to use allowance for OTC and food items.**
  - Unused OTC allowance will rollover to next quarter within the plan year
  - All PPO plans (<\$50 - \$165> per quarter)
  - All HMO-POS and HMO plans (<\$50 - \$125> per quarter)
  - Advantage Dollars Flex for PPO Assure including <\$50> 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, OTC hearing aids 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 Meijer, Walmart, Walgreens, and others)
  - **Overall functionality** (allows members to pay for any amount above the allowance)

**NEW! Meijer has joined the Advantage Dollars OTC network**

1. Members must have a qualifying chronic condition to be eligible for the food benefit



# 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
  - Single sign-on through the member portal to streamline the member experience
- <\$50 - \$165> per quarter allowance across plans (members can pay for any amount above their allowance if they want to purchase added items)
- Unused OTC allowance rollover to next quarter within calendar year
- **Advantage Dollars Flex for the Assure plan** including <\$50>/quarter for OTC and food, and <\$75>/quarter for dental/vision/hearing expenses



## 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
- Caregiver support benefits available in all MA plan options

## Personal Emergency Response (PERS) For the BCNA HMO-POS Classic & Prestige plans

- Can be catered to individual care plans, includes activity, vital sign, fall, sleep and environment tracking, and can serve as an engagement tool
- <\$0> copay for members who have a history of falls may be eligible for a personal emergency response program (PERS)
- PERS monitoring fees are covered by plan at no additional cost to the member
- Qualifying members will be contacted directly to enroll by the PERS vendor



## 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 post-discharge with Care Management, available in select counties
- 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. 3. This service is not covered outside of the U.S. or its territories. **These programs are filed benefits that are offered to members who meet specific eligibility restrictions**

# Innovative Programs to Support Members Health and Happiness (continued)

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

## Enhanced vision services now covered once per calendar year

- Members are eligible for one routine eye exam once every calendar year as well as one of the following once every calendar year:
  - Elective contact lenses OR
  - One pair of standard eyeglass lenses OR
  - One frame OR
  - One complete pair of eyeglasses
- For a complete pair of eyeglasses, the allowance can be used for the frame only. Standard eyeglass lenses are covered in full once every calendar year. If elective contact lenses are chosen, they are covered up to the maximum vision benefit.



## Expansion of Coverage: Colorectal Cancer Screening

- There is no coinsurance, copayment, or deductible for a Medicare covered colorectal cancer screening exam. If the doctor finds and removes a polyp or other tissue during the colonoscopy or flexible sigmoidoscopy, the screening exam becomes a diagnostic exam, however, the member won't be charged additional out-of-pocket costs



## Mobile Mental Health Crisis Solutions

- Mobile Mental Health Crisis Solutions to improve care for people who are in crisis and to help prevent higher levels of care.
- Services include:
  - onsite services
  - mobile crisis intervention by telehealth or face to face
  - crisis stabilization.



## Ambulance Services:

- We cover ambulance services even if not transported to a facility, if stabilized at home or another location.
  - This service is not covered outside of the U.S. or its territories.
  - <\$90 > copay for most plans



# 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 align with in-network levels when obtaining services from a **nationwide network of Blue plan providers**
- For all HMO-POS plans, no prior authorization is needed for routine services out of state
- We have also applied point of service benefits to the medical MOOP for all HMO-POS plans, allowing members greater flexibility.
- 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.
- To find providers outside of the U.S. that participate with Blue Cross go to [www.bcbsglobalcore.com](http://www.bcbsglobalcore.com)



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

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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



# 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
- Earn fitness rewards with Tuition Rewards through Sage Scholars
- Access SilverSneakers® gyms whenever they want (other programs restrict members to a single gym)
- Visit **[www.SilverSneakers.com](http://www.SilverSneakers.com)**



# 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**





# Virtual Care – Teladoc Health™

Beginning 1/1/2024 Blue Cross Online Visits will be replaced by Virtual Care provided by Teladoc Health™

Virtual Care offered through Teladoc Health™ has 24/7 access to U.S. board-certified medical providers trained in telemedicine to treat nonemergency illnesses. Medicare Advantage members can choose to use Virtual Care through their phone, tablet or computer.

## Virtual Care features:

- § \$0 copay for primary care, urgent care and behavioral virtual health services
- § Access to U.S. board-certified medical doctors to treat non-emergency illnesses
- § 24/7 access for urgent care appointments
- § Virtual behavioral health services available by appointment

## How can members access this benefit?

- § Visit [bcbsm.com/virtualcare](https://bcbsm.com/virtualcare)
- § Call Teladoc at 1-800-TELADOC (1-800-835-2362, TTY: 1-855-636-1578)

Virtual health visits with a personal primary care provider may be available.



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# Topic 6: Blue Cross Medicare Supplement



# What's Medicare Supplement Insurance?

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



## Part A (Hospital Insurance)

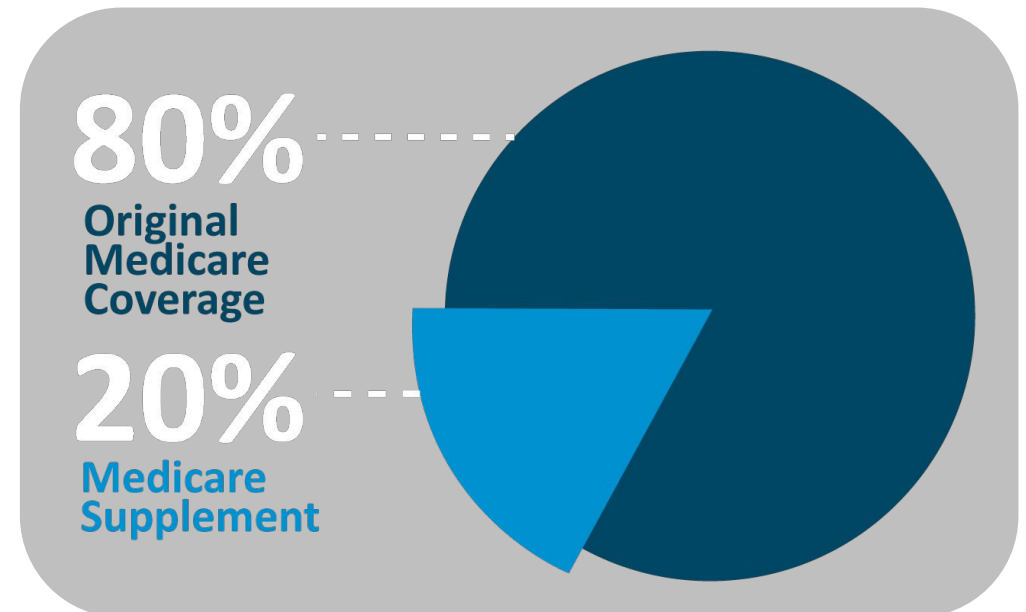
- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care



## 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 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.





# Highlights: Blue Cross Medicare Supplement plans

Medicare supplement coverage, also called Medigap, is a cost-saving health policy that works together with Original Medicare Part A (hospital) and Part B (medical) to help cover certain costs Original Medicare doesn't. It offers great benefits and lowers out-of-pocket costs.

- New and existing Blue Cross Medicare Supplement or Legacy Medigap members can add the optional Dental Vision Hearing Package for just \$17.25\* per month
- Medicare supplement enhancements:
  - Household discount of 10% for Blue Cross Medicare Supplement or Legacy Medigap members who live in the same household
  - 24-Hour Nurse Line
  - Virtual Well-Being Program
- No network restrictions
- Lifetime Commissions
- You can keep your own doctor, as long as he or she accepts Original Medicare
- Use any specialist who accepts Original Medicare; no referrals required
- Nationwide coverage; great for snowbirds or those who travel
- Supplements Original Medicare and lowers out-of-pocket costs. Depending on the plan, all or a portion of the Original Medicare deductibles and coinsurances can be covered

*Note: Medicare supplement plans do not include Part D prescription drug coverage*

*\* Premium for the Dental Vision Hearing Package will be re-evaluated each year and is subject to change*

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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	✓	✓	✓	✓	✓	✓	✓	✓
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 \$2,700

\*\* 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 \$17.25 monthly cost. Premium will be revaluated each year and is subject to change.



# 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 or disabled or have end stage renal disease. 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
- 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

# 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 \$17.25\* 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](http://www.MIBlueDentist.com) and choose Medicare Supplement to search for in-network 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



The Dental Vision Hearing Package Premium will be re-evaluated each year and is subject to change.

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# Blue Cross Medicare Supplement Dental Vision Hearing Package Benefit Highlights



- \$0 Deductible for dental care
- Two \$0 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 \$0 hearing exam per year
- A variety of hearing aids available to fit any 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 \$17.25\* 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



Dental Services		
	In-network <sup>1</sup>	Out-of-network
Deductible	\$0	\$0
Exams: Two per calendar year Cleanings: Two per calendar year Fluoride: Once per calendar year Brush biopsy: Once per calendar year X-rays: Once every two calendar years EITHER - One set of up to four bitewings OR - Six periapical films	0% coinsurance	50% coinsurance
Annual maximum Combined in-and out-of-network Applies to services below	\$1,500	
Amalgam and resin fillings: Once per tooth every 48 months Root canals: Once per tooth, per lifetime Simple extractions Crowns: for permanent teeth, once per tooth every 84 months Crown Repairs	50% coinsurance	50% coinsurance

<sup>1</sup> Visit [www.MIBlueDentist.com](http://www.MIBlueDentist.com) and choose Medicare Supplement to search for in-network dentists. Or, call Customer Service at 1-888-826-8152.

# Blue Cross Medicare Supplement Dental Vision Hearing Package Benefit Chart



Vision Services		
	In-network <sup>1</sup>	Out-of-network
<b>Frames OR Elective Contact Lenses</b>	\$300 allowance for frames OR elective contact lenses every 12 months	Frames reimbursed up to \$70 OR Elective contact lenses reimbursed up to \$105 every 12 months
<b>Lenses</b>	Standard lenses (include single vision lenses, bifocal, and trifocal) are covered in full every 12 months	Reimbursement, every 12 months, up to: Single-Vision lenses: \$30 Bifocal lenses: \$50 Trifocal lenses: \$65 Lenticular lenses: \$100
<b>Exams</b>	\$20 copayment covered every 12 months	Reimbursed up to \$45 every 12 months

Hearing Services	
	In-network <sup>2</sup> Only
<b>Waiting Period</b>	None
<b>Hearing Aids</b>	Based on hearing aid choice, member pays: \$495 / \$895 / \$1,295 / \$1,695 (per ear)
<b>Hearing Exam</b>	Included
<b>Frequency</b>	One hearing aid per ear every 12 months

<sup>1</sup>Visit [www.vsp.com](http://www.vsp.com) to find a VSP network eye care provider or find out if your eye care provider participates. You can also call 1-800-877-7195 to speak with a VSP Customer Service representative.

<sup>2</sup>Call TruHearing at 1-844-825-0033 to speak to a hearing consultant who can answer any questions and assist you in scheduling an appointment with a provider near you. You must use a TruHearing provider to receive benefits.

# Household Discount

- Blue Cross Blue Shield of Michigan offers a 10% premium household discount to eligible Blue Cross Medicare Supplement and Legacy Medigap 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



# Medicare Supplement Well-Being Program



Blue Cross Medicare Supplement plan extras allow members to experience life's adventures with Blue Cross confidence. Members choose the Medicare supplement plan they want, and we'll supply the support they need to fulfill their personal health goals. Well-being program extras include:

- **24-Hour Nurse Line**

Talk to a registered nurse with questions about a minor illness or injury. The nurse line can help, day or night, determine how to treat minor things at home.

- **Blue Cross® Virtual Well-Being**

Short, high energy, virtual webinars are available to watch on computer, tablet or mobile phone each week. They focus on different topics, such as mindfulness, emotional health, financial security, physical wellness and preventive health care.

- **Blue365®**

It's a discount program that helps member's stay healthier, for less. Member's get exclusive discounts on national and local products and services for a well-balanced lifestyle, such as:

- Fitness and wellness – health magazines, fitness gear and gym memberships
- Healthy eating – cooking classes and weight-loss programs
- Lifestyle – travel and recreation
- [www.blue365deals.com](http://www.blue365deals.com)





# Switching from MAPD to Med Supp



**Agent reminder: Members who switch from a Medicare Advantage plan to a Medicare supplement plan must be advised of the following:**

**Important note:** If you are currently enrolled in a Medicare Advantage plan and want to enroll in a Medicare supplement, you must separately disenroll in writing from Medicare Advantage. Submission of a Medicare supplement application does not automatically disenroll you from your current Medicare Advantage insurance carrier. Call your Medicare Advantage customer service department for information on how to disenroll from that plan and prevent duplication of coverage or a lapse in coverage. Medicare Advantage plans only allow disenrollment at certain times of the year.

# Topic 7: BCBSM Prescription Drug Plans (PDP)

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# BCBSM Prescription Drug Plans (PDP)

## Overview

- A prescription drug plan adds drug coverage for **Original Medicare** users
- There are **two plan options** for 2024, and they are both **available to residents in all Michigan counties**
- Pharmacy network includes **most Michigan retail pharmacies, chain and national pharmacies**

	1	2
	Prescription Blue Select	Prescription Blue Premium
Product Type	Basic	Enhanced
2024 Premium	<\$96>	<\$125>
Overview of Plan Features	<ul style="list-style-type: none"> <li>• <b>Basic</b> <ul style="list-style-type: none"> <li>– &lt;\$545&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 style="list-style-type: none"> <li>• <b>Richer benefits</b> <ul style="list-style-type: none"> <li>– &lt;\$0&gt; deductible</li> <li>– <b>5-tier formulary</b> with 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 2023</li> </ul>

# 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 23,000 total)**

- Costco Pharmacy
- D & W Pharmacy
- Family Fare Pharmacy
- Henry Ford Pharmacy
- Hometown Pharmacy
- VG's Pharmacy
- Walgreens Pharmacy
- Walmart Pharmacy

Find the full list of network pharmacies at: [www.bcbasm.com/pharmaciesmedicare](http://www.bcbasm.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 Generic

Tier 2 – Generic

Tier 3 – Preferred Brand

Tier 4 – Non-Preferred Drug

Tier 5 – Specialty

\*\*\*\*\*



# Insulin Copay Amounts for 2024

- Per the Inflation Reduction Act (IRA), insulin copay prices are capped at a maximum of <\$35> for a 1-month supply
- Insulins are covered on Tiers 3, 4 and 5 on PDP Select and PDP Premium
- Copay amounts for Retail/Mail are as follows:

PDP Select Retail or Mail: 1-31 days supply		
Tier	Preferred Pharmacies	Standard Pharmacies
1	N/A	N/A
2	N/A	N/A
3	<\$35>	<\$35>
4	<\$35>	<\$35>
5	<\$35>	<\$35>
PDP Premium Retail or Mail: 1-31 days supply		
Tier	Preferred Pharmacies	Standard Pharmacies
1	N/A	N/A
2	N/A	N/A
3	<\$35>	<\$35>
4	<\$35>	<\$35>
5	<\$35>	<\$35>

PDP Select Retail or Mail: 32+ days supply		
Tier	Preferred Pharmacies	Standard Pharmacies
1	N/A	N/A
2	N/A	N/A
3	<\$105>	<\$105>
4	<\$105>	<\$105>
5	N/A	N/A
PDP Premium Retail or Mail: 32+ days supply		
Tier	Preferred Pharmacies	Standard Pharmacies
1	N/A	N/A
2	N/A	N/A
3	<\$105>	<\$105>
4	<\$105>	<\$105>
5	N/A	N/A

Thank you!

You have now completed the **2024 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 2024 Individual Self Assessment
2. You have 3 attempts to complete with a score of **85%** or greater



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