READY TO HELP

Confidence comes with every card.®

Wayne County Medicare Stipend Retiree Group MAPD PPO Benefits

Y0074_GrpPPO24G2GOnbrd_M FVNR 0623

Agenda

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

Medicare basics

Medicare basics

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

Part A includes:

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

Premium

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

+

Part B includes:

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

Premium

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

+

Part D includes:

- Prescription drugs
- Part D is a government-sponsored program that helps cover prescription drug costs

=

Part C includes:

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

You must continue to pay your monthly Part B premium

Getting started with your PPO plan

Understanding your enrollment materials

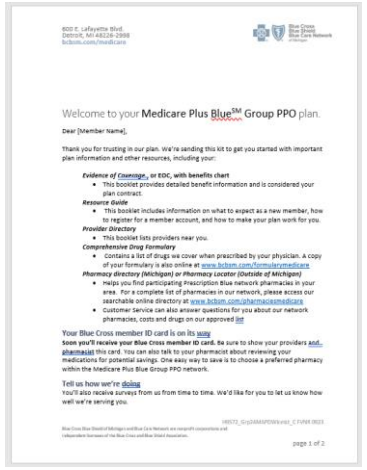
Medicare-eligible retirees can expect to receive the following materials as part of the pre- and post-enrollment opt-in process.

Pre-enrollment documents

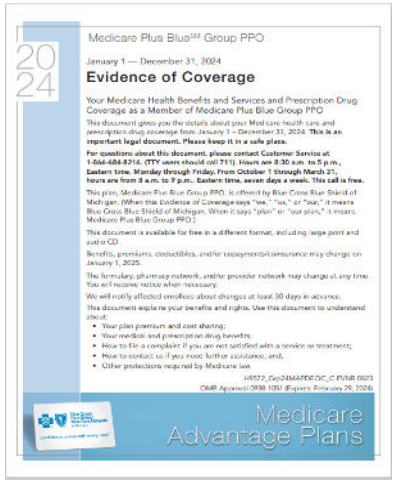
Benefits-at-a Glance

Opt-in form

Post-enrollment documents



Welcome letter



Evidence of Coverage

Resource Guide

Membership confirmation and ID card

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

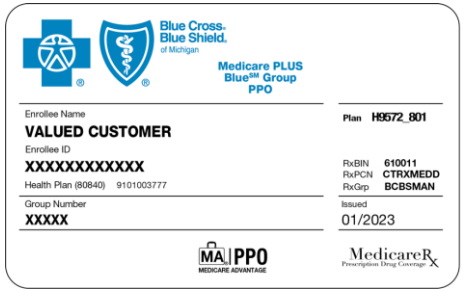
When we'll contact you

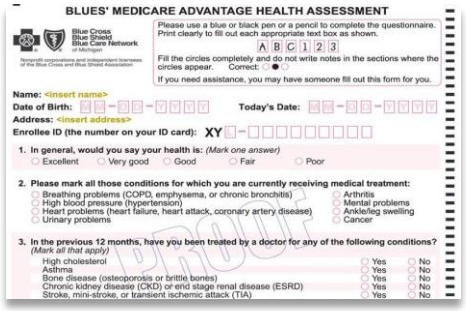
Welcome call and new ID card

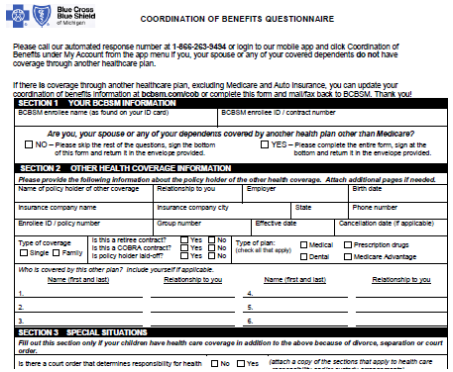
Health assessment; we'll remind you to schedule your annual exam and connect to member programs

Coordination of Benefits survey

Offer preventive care that can help reduce your out-of-pocket and overall health care costs and share benefits for the upcoming year



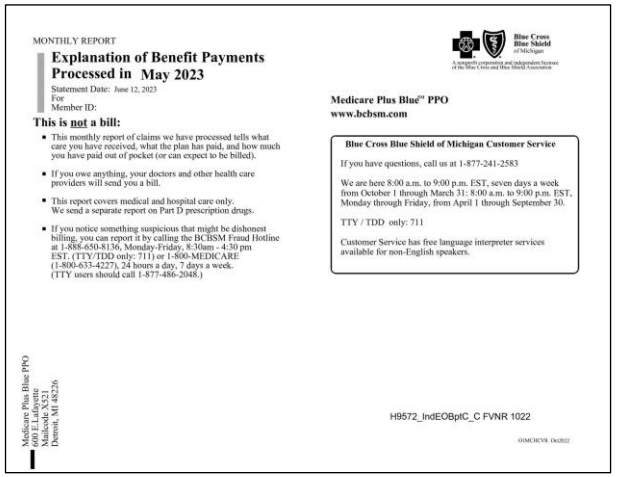




Note: A program representative from Blue Cross may call to tell you about additional health programs available in the plan. If you want to verify the call, contact our Customer Service team.

Explanation of benefits

Medical



MONTHLY REPORT

Explanation of Benefit Payments Processed in May 2023

Statement Date: June 12, 2023
For
Member ID:

This is not a bill:

- This monthly report of claims we have processed tells what care you have received, what the plan has paid, and how much you have paid out of pocket (or can expect to be billed).
- If you owe anything, your doctors and other health care providers will send you a bill.
- This report covers medical and hospital care only. We send a separate report on Part D prescription drugs.
- If you notice something suspicious that might be dishonest billing, you can report it by calling the BCBSM Fraud Hotline at 1-888-650-8136, Monday-Friday, 8:30am - 4:30 pm EST. (TTY/TDD only: 711) or 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users should call 1-877-486-2048.)

Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Medicare Plus Blue℠ PPO
www.bcbsm.com

Blue Cross Blue Shield of Michigan Customer Service

If you have questions, call us at 1-877-241-2583

We are here 8:00 a.m. to 9:00 p.m. EST, seven days a week from October 1 through March 31; 8:00 a.m. to 9:00 p.m. EST, Monday through Friday, from April 1 through September 30.

TTY / TDD only: 711

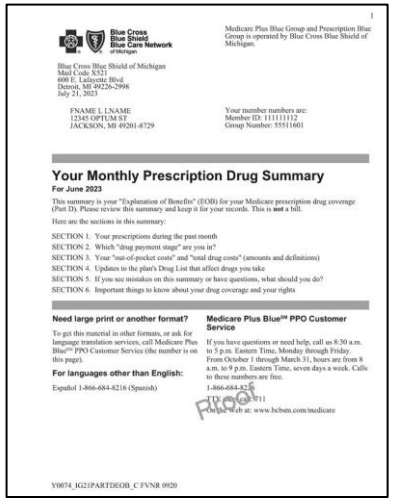
Customer Service has free language interpreter services available for non-English speakers.

Medicare Plus Blue PPO
Mail Code X521
600 E. Lafayette Blvd
Detroit, MI 48226

H9572_IndEOBptC_C FVNR 1022

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

Pharmacy



Blue Cross Blue Shield Blue Care Network of Michigan

Medicare Plus Blue Group and Prescription Blue Group is operated by Blue Cross Blue Shield of Michigan.

Blue Cross Blue Shield of Michigan
Mail Code X521
600 E. Lafayette Blvd
Detroit, MI 49226-2998
July 21, 2023

FNAME L LNAME
12345 OPTUM ST
JACKSON, MI 49201-8729

Your member numbers are:
Member ID: 111111112
Group Number: 55511601

Your Monthly Prescription Drug Summary
For June 2023

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. This is **not** a bill.

Here are the sections in this summary:

SECTION 1. Your prescriptions during the past month
SECTION 2. Which "drug payment stage" are you in?
SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
SECTION 4. Updates to the plan's Drug List that affect drugs you take
SECTION 5. If you see mistakes on this summary or have questions, what should you do?
SECTION 6. Important things to know about your drug coverage and your rights

Need large print or another format?

To get this material in other formats, or ask for language translation services, call Medicare Plus Blue℠ PPO Customer Service (the number is on this page).

For languages other than English:

Español 1-866-684-8216 (Spanish)

Medicare Plus Blue℠ PPO Customer Service

If you have questions or need help, call us 8:30 a.m. to 5 p.m. Eastern Time, Monday through Friday. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern Time, seven days a week. Calls to these numbers are free.

1-866-684-8216
TTY 1-877-486-2048 or 711
Online at: www.bcbsm.com/medicare

PROOF

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

Wayne County Medicare Stipend Retiree Group PPO plan benefits

Key terms

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

Coinsurance
The percentage of the cost of the service that you pay

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

Out-of-pocket maximum
The most you must spend for copays, coinsurance and deductibles in any given year

Overview of plan benefits

	In and Out of network*
Annual deductible per member per year	**$200** In network and out of network combined
Coinsurance	**20%** coinsurance
Out-of-pocket maximum for deductible and coinsurance amounts for Medicare-covered medical services, per member per year	**$1,200** In network and out of network combined

Out-of-network/noncontracted providers are under no obligation to treat Medicare Plus Blue members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including out-of-pocket costs that apply to out-of-network services.

Overview of plan benefits

	In and Out of network
Office visits	**$20** copay
Specialist visits; no referral required	**$20** copay
Chiropractic manipulations	**$20** copay
Emergency care	**$100** copay (copay waived if admitted)
Urgent care	**$20** copay
Ambulance services, if medically necessary	**Deductible, 20%** coinsurance apply

Durable medical equipment, or DME

Medical

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

Diabetic

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

Northwood Inc. is an independent corporation providing durable medical supplies to Blue Cross Blue Shield of Michigan members.

Prior authorization programs

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

Finding a provider

Medicare Advantage PPO providers

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

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

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

Out of network
Identifies a Medicare provider who hasn't contracted to be a part of the Blue Cross Blue Shield Medicare Advantage PPO network.

How to find a participating provider

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

Call the Customer Service number on the back of your member ID card (TTY users, call **711)** or visit **www.bcbsm.com/medicare** and click *Find a Doctor.*

Ask the billing department of your provider's office if they participate with the Medicare Advantage PPO plan offered by Blue Cross.

Download the BCBSM mobile app. It's available in the App Store® for iPhones and Google Play™ for smartphones using Android. Search for "BCBSM."

When you travel

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

There are two ways to find a provider:

- Use the ***Find a Doctor*** button in the app.
- Call the number on the back of your ID card.

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

You're covered for emergency and urgent care worldwide

Virtual Care

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

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

Ways to access Virtual Care

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

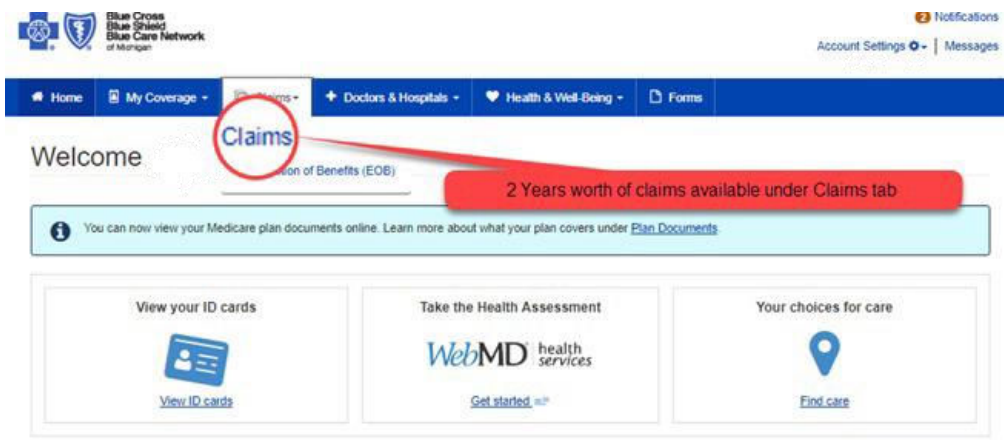
Teladoc Health® is an independent company that provides Virtual Care Solutions for Blue Cross Blue Shield of Michigan and Blue Care Network.

24/7 access to plan information

BCBSM mobile app

You can use the app to:

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



Blue Cross member portal

View recent claim activity online and compare a provider's bill to your explanation of benefits statement, among other member information.

Register and log in at **www.bcbsm.com/medicare**.

Prescription drugs

Understanding your pharmacy network

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

Nearly all Michigan pharmacies are in our network.

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

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

Preferred network chain pharmacies*

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

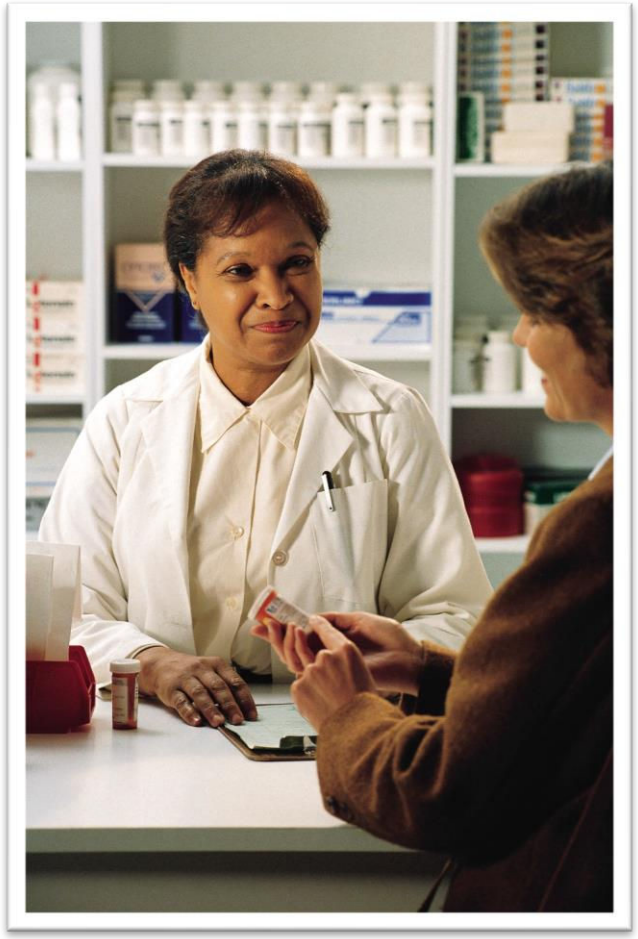
We also offer home delivery of your prescriptions through:

Optum Rx	Toll-free: 1-855-810-0007 / TTY: 1-800-716-3231

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

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

Your formulary drug tiers



- Your **formulary** is a list of drugs covered by your plan.
- Out-of-pocket cost is applied based on drug tiers and pharmacy type:
  - **Tier 1** = Preferred generic drugs
  - **Tier 2** = Generic
  - **Tier 3** = Preferred brand drugs
  - **Tier 4** = Nonpreferred drugs
  - **Tier 5** = Specialty drugs
- Your plan doesn't have a coverage gap as with other Part D prescription plans. This means you continue to pay your plan's copay until you reach the catastrophic phase. You won't pay anything once you reach the catastrophic phase. Your copay becomes $0.
- You won't pay more than $35 for a one-month supply of an insulin product that's included in your health plan's formulary, regardless of the drug tier.

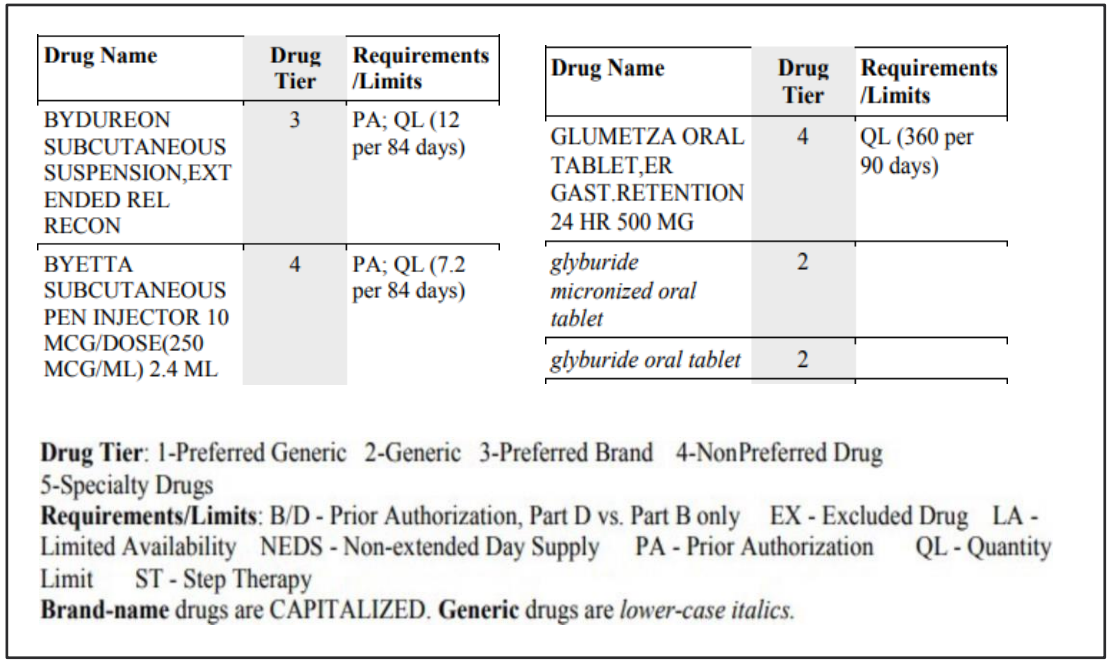
Prescription drugs

	Preferred network pharmacy	Standard network pharmacy	32- to 90-day retail and mail order prescription drug multiplier
Tier 1: Preferred generic drugs	**$3**	**$8**	**Preferred 2x / Standard .75**
Tier 2: Non-preferred generic drugs	**$16**	**$21**	**Preferred 2x / Standard 1.5**
Tier 3: Preferred brand-name drugs	**$45**	**$50**	**Preferred 2x / Standard 1.8**
Tier 4: Non-preferred brand-name drugs	**$95**	**$100**	**Preferred 2x / Standard 1.9**
Tier 5: Specialty drugs	**29.5%**	**30%**	**Supplies greater than 31 days not included**

How do I use the drug list?

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

- The first column lists the drugs included in the drug list.
- The Drug Tier column displays the drug's tier, which determines your copay or out-of-pocket cost.
- The third column displays any additional coverage requirements for the drugs (such as prior authorization or quantity limits).
- The bottom of each page includes a key to help you interpret the content.

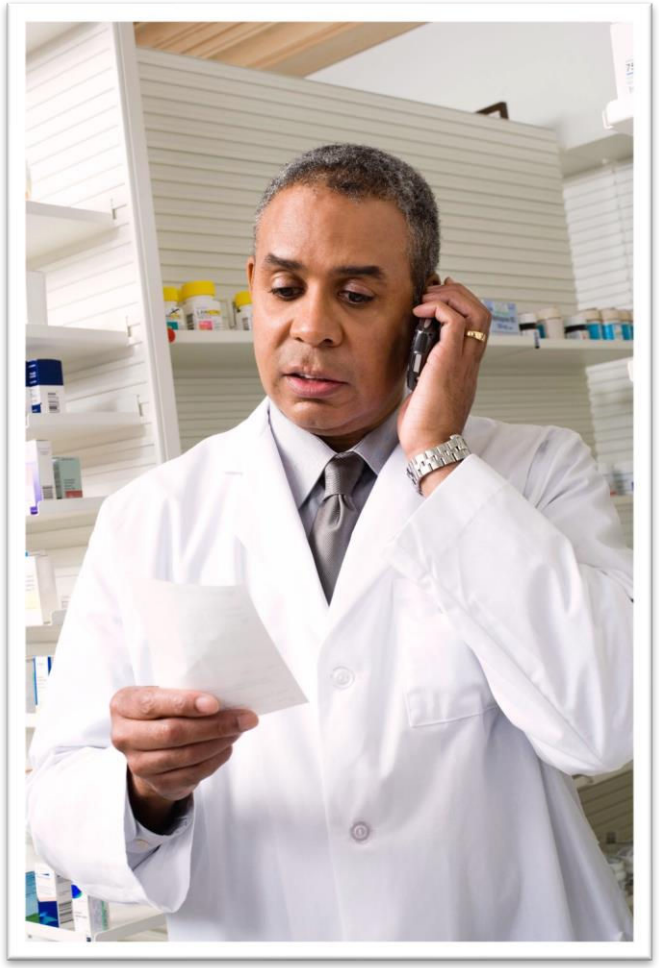


Drug Name	Drug Tier	Requirements /Limits
BYDUREON SUBCUTANEOUS SUSPENSION,EXT ENDED REL RECON	3	PA; QL (12 per 84 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	4	PA; QL (7.2 per 84 days)

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

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

Utilization management



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

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

Avoiding pharmacy disruptions

We'll do everything possible to minimize disruptions to your prescription drug coverage. We have processes for drug list **exceptions, drug list changes** and **transition prescription fill** to help ensure that you're not without your prescriptions.

Drug list exceptions

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

Tiering exceptions

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

Drug list changes

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

Transition prescription fill

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

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

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

Medicare Part B vs. Part D medications

In general, the Part B medical benefit covers:

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

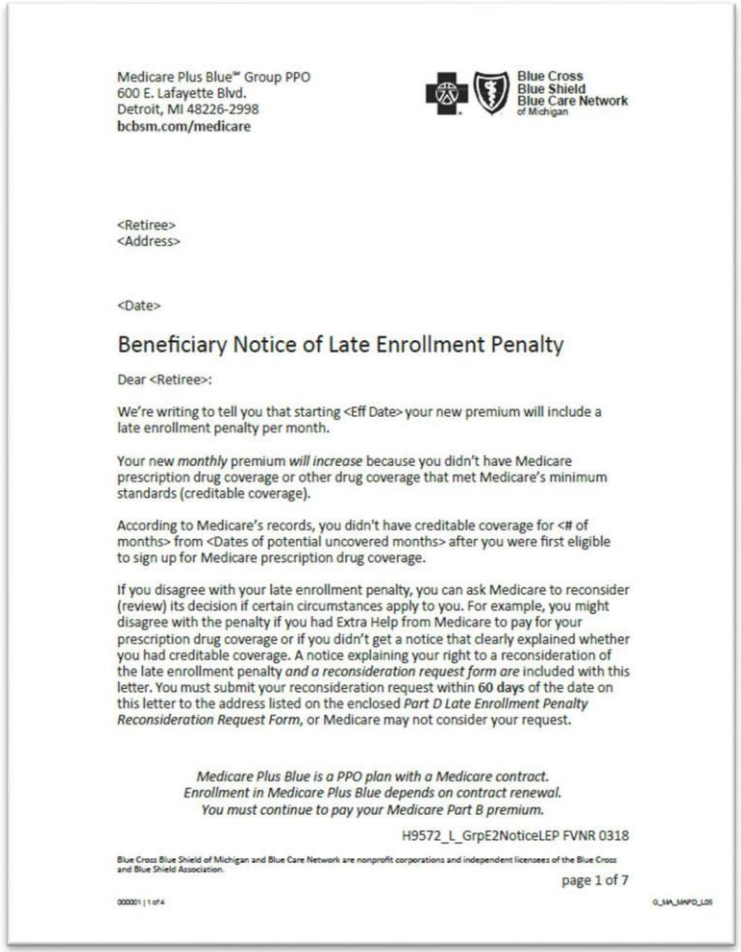
Medical benefit (Part B) vaccines
Pneumonia
Influenza, or flu
Hepatitis B (high or Intermediate risk only)*
COVID-19
Pharmacy benefit (Part D) vaccines
Shingles
Tetanus
Tetanus/Diphtheria/Pertussis (Tdap)
Meningitis
Hepatitis A
Human papillomavirus (Gardasil)
Tuberculosis (BCG)

For other vaccines check your drug list for coverage.

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

Notice of Late Enrollment Penalty

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



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

Blue Cross Blue Shield Blue Care Network of Michigan

<Retiree>
<Address>

<Date>

Beneficiary Notice of Late Enrollment Penalty

Dear <Retiree>:

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

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

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

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

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

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

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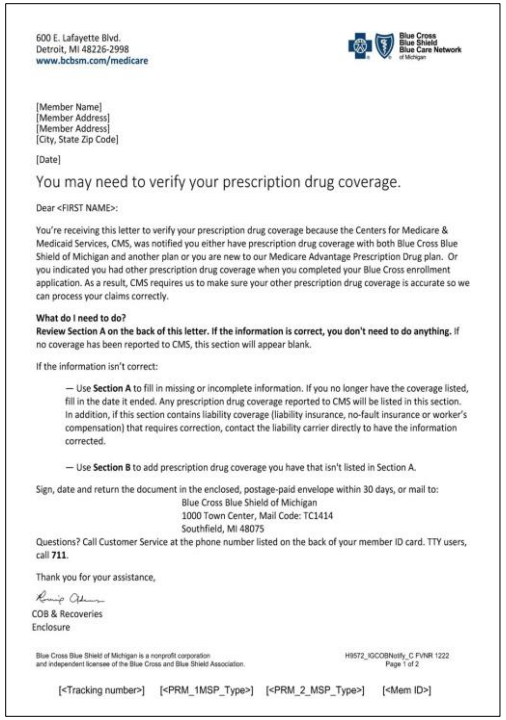
Coordination of Benefits letter

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

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

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



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

Blue Cross Blue Shield Blue Care Network of Michigan

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

[Date]

You may need to verify your prescription drug coverage.

Dear <FIRST NAME>:

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

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

If the information isn't correct:

— Use **Section A** to fill in missing or incomplete information. If you no longer have the coverage listed, fill in the date it ended. Any prescription drug coverage reported to CMS will be listed in this section. In addition, if this section contains liability coverage (liability insurance, no-fault insurance or worker's compensation) that requires correction, contact the liability carrier directly to have the information corrected.

— Use **Section B** to add prescription drug coverage you have that isn't listed in Section A.

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

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

Thank you for your assistance,

COB & Recoveries
Enclosure

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

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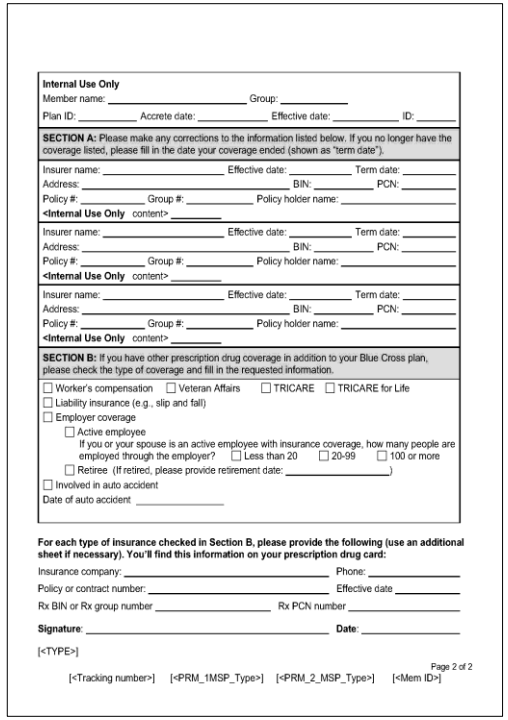
Page 1 of 2

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



Internal Use Only
Member name: _____ Group: _____
Plan ID: _____ Accrete date: _____ Effective date: _____ ID: _____

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

Insurer name: _____ Effective date: _____ Term date: _____
Address: _____ BIN: _____ PCN: _____
Policy #: _____ Group #: _____ Policy holder name: _____
<Internal Use Only content> _____

Insurer name: _____ Effective date: _____ Term date: _____
Address: _____ BIN: _____ PCN: _____
Policy #: _____ Group #: _____ Policy holder name: _____
<Internal Use Only content> _____

Insurer name: _____ Effective date: _____ Term date: _____
Address: _____ BIN: _____ PCN: _____
Policy #: _____ Group #: _____ Policy holder name: _____
<Internal Use Only content> _____

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

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

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

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

Signature: _____ **Date**: _____

[<TYPE>]

Page 2 of 2

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

Blue Cross Health & Well-Being

SilverSneakers®

Fitness program benefits:

- Membership in a network with thousands of health clubs and exercise locations across the U.S.
- Exercise at your own pace with people in your age group
- Online support to help you lose weight, reduce stress
- Online classes, walking and home fitness programs

SilverSneakers® Tuition Rewards

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

Visit:

- SilverSneakers.com* for participating fitness locations
- SilverSneakers.tuitionrewards.com* to learn about Tuition Rewards

Or call:

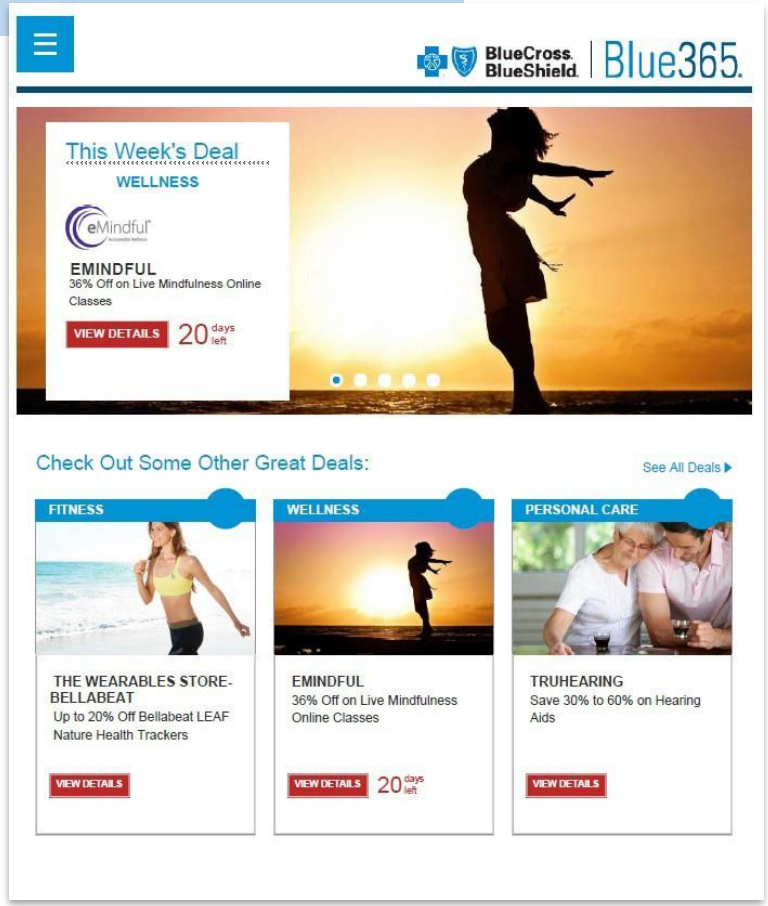
1-888-423-4632
Monday through Friday
8 a.m. to 8 p.m. Eastern time
TTY users, call 711

*Blue Cross Blue Shield of Michigan doesn't own or control this website.

Blue365®

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

Visit: www.blue365deals.com



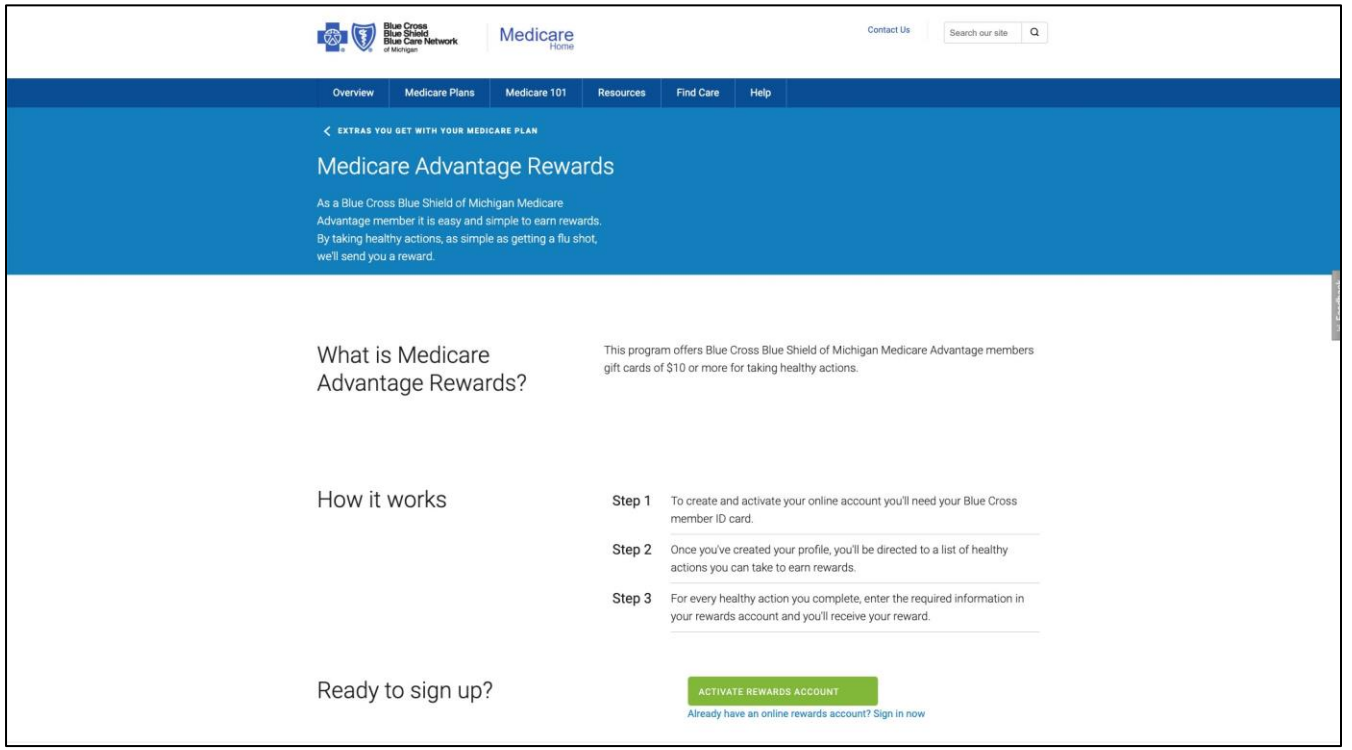
Beltone · WW · GLASSES.COM · TruHearing — Bringing You the Sounds of Life · Nutrisystem · Blue Cross Blue Shield Blue Care Network of Michigan | Blue365 — Because health is a big deal℠

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

Medicare Advantage Rewards

You work hard to stay on top of your health and wellness. Earn rewards for your annual wellness visit and other healthy activities through Medicare Advantage Rewards.

We'll send you notifications early next year on rewards opportunities for 2024 and how you can take advantage of them.



Blue Cross Coordinated Care

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

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

Care teams include:

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

Additional well-being programs

- Advance Care Planning
- Caregiver Support
- Collaborative Care
- Palliative Care

- Meals Delivery
- Non-emergency Medical Transportation
- Virtual Care
- Remote Monitoring

- Diabetes Management
- Supervised Exercise Therapy
- Tobacco Cessation Coaching powered by WebMD®

Call the Blue Cross engagement center for access to these programs

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

We can help:

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

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

1-800-775-BLUE (2583)
All calls are toll-free and strictly confidential

Customer Service

Customer Service can help

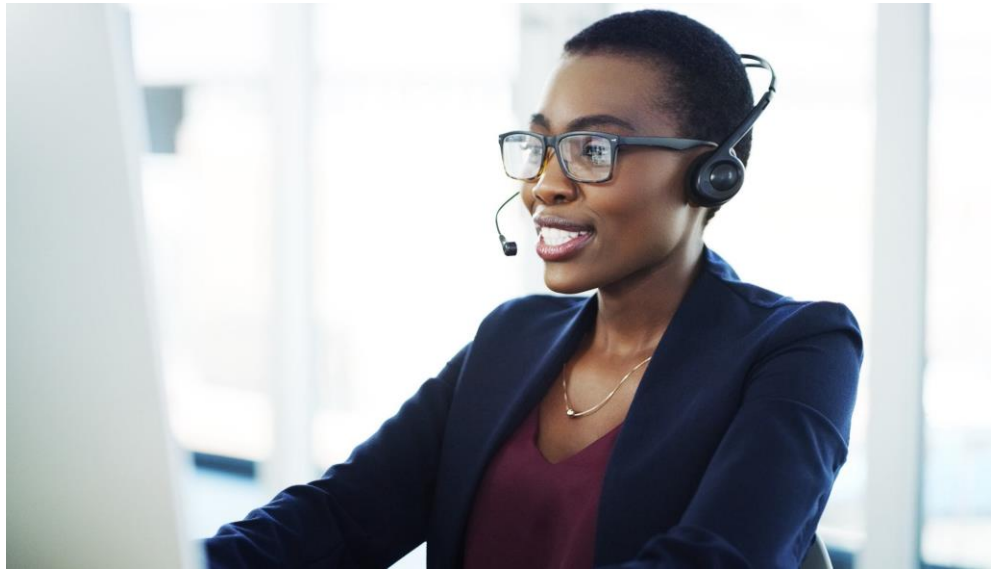
- Confirm out-of-pocket costs
- Answer personal account questions
- Order a new Blue Cross ID card
- Locate a provider
- Assist with benefit questions
- Discuss claims

1-866-684-8216

Oct. 1 through March 31
Seven days a week
8 a.m. to 9 p.m. Eastern time

April 1 through Sept. 30
Monday through Friday
8:30 a.m. to 5 p.m. Eastern time

TTY users, call 711



How do I enroll?

- If you would like to enroll into the BCBSM MAPD PPO plan, you will have to go through an enrollment process:

  - Online at www.bcbsmgroupmedicareplan.com

  - Telephonically by calling **1-800-284-6994 (TTY:711)**

OR

- If you received a paper application in the mail, you will need to complete this form and return it in the enclosed envelope.

If you have any questions, please contact **TMR & Associates** at **(313)963-1135**

Or Visit: www.tmrandassoc.com/wayne-county-retirees/

Enrollment Tips

- You can only be enrolled in ONE Medicare Advantage plan or PDP plan at a time
- If you choose to enroll in the BCBSM MAPD PPO plan, any other Medicare Advantage coverage that you have will be canceled
- If you are enrolled in another Retiree Group Medicare Advantage plan, please check with the Employer Group before you enroll in the BCBSM MAPD PPO plan
- If you elect this plan and you currently have a Medicare Supplement plan, you want to make sure you cancel the Medicare Supplement plan and stop paying that premium

Billing

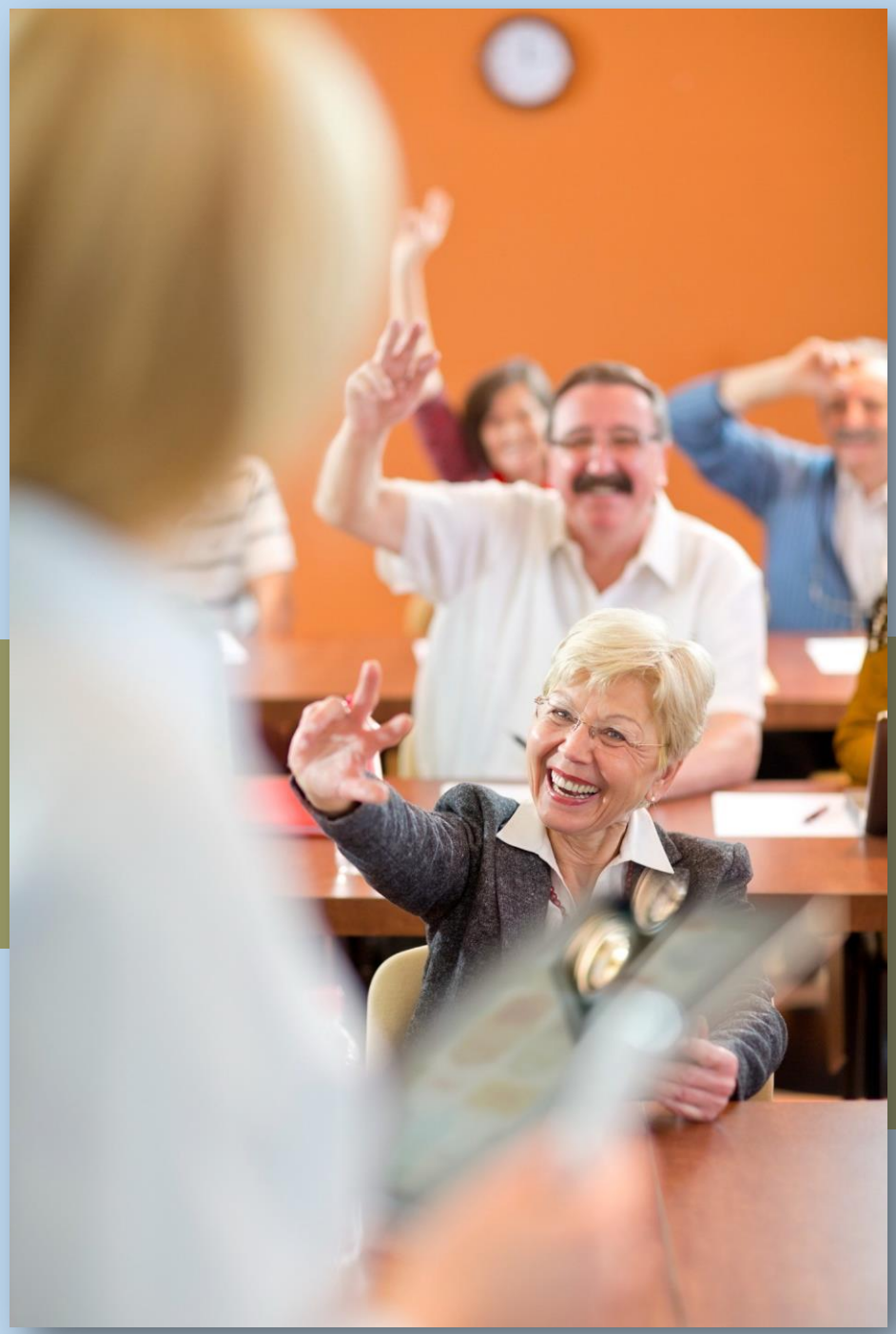
- You will receive a bill directly from BCBSM
- Once you receive your first bill, you must pay it directly to BCBSM
- Once your first bill is paid, you may contact the Customer Service department at **1-866-684-8216** to set-up automatic, recurring payment

Thank you for coming.

Our commitment to you:

We work for you.

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



Questions?

We’re here to help