

20
22

Medicare PLUS BlueSM PPO



**Blue Cross
Blue Shield**
of Michigan

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

Group Benefit and Rate Summary

AUTO RETIREE VEBA TRUST

*January 01, 2022 to December 31, 2023
(24 Months)*

PASSIVE | MAPD | Option - | ---



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AUTO RETIREE VEBA TRUST

	2022 MAPD PPO
Quote Date	06/16/2021
Coverage Effective Date	01/01/2022
Coverage End Date	12/31/2023
Coverage Length (Months)	24
Plan Type	MAPD
Estimated Membership	14
Option Number	-
Option Description	ALT \$750 Premium \$500 hearing 100 SNF
Group Number(s)	-
Group Suffix(es)	-

MEDICARE ADVNTAGE GROUP RATES

2022 Medical (MA) Rate PMPM	\$117.86
2022 Pharmacy (PD) Rate PMPM	\$96.20
2022 Total MAPD Rate PMPM	\$214.06

Notes and Conditions

- 1) The quoted rates are effective from January 1, 2022 through December 31, 2023, for 24 months.
- 2) The above premiums include BCBSM's estimates of applicable Federal taxes, fees, and assessments. BCBSM's estimates are subject to change. BCBSM will not reconcile or settle any amounts collected with actual amounts owed for such Federal taxes, fees, and assessments.
- 3) The premiums shown above include MA (medical services) and PDP (pharmacy services). Other lines of coverage, such as dental and vision, are not included.
- 4) BCBSM reserves the right to modify this quote if there are changes to the
 - benefit design included in the proposal,
 - effective date,
 - covered population (+/- 10%),
 - subsequent CMS funding levels,
 - regulatory changes,
 or if any of the above conditions are not met.
- 5) Rate calculations were made based upon CMS funding projections known at this time. If significant changes are made to funding levels, BCBSM reserves the right to alter the rates appropriately.
- 6) To meet the expected implementation date of January 1, 2022 this Benefit Rate Schedule must be signed by the customer and returned to BCBSM by September 15, 2021.

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Coverage End Date	12/31/2023
Coverage Length (Months)	24
Plan Type	MAPD
Estimated Membership	14
Option Number	-
Option Description	ALT \$750 Premium \$500 hearing 100 SNF
Group Number(s)	-
Group Suffix(es)	-

Medicare Advantage Medical / Surgical Group Benefits and Services Schedule B

PPO Benefit Structure (Active / Passive)	PASSIVE (Out-of-Network Cost-Shares are the Same as In-Network)
Member Out-of-Pocket Cost-Sharing Options	Deductibles, Coinsurances, and Copays
Combined Out-of-Pocket Maximum	\$750
Single Deductible (Applies to In-Network and Out-of-Network Services)	\$0
Coinsurance	20%
In- and Out-of-Network Cost-Shares	
> Core Benefits	
Inpatient Facility Services (No Member Cost-Share for Home Health Care)	Ded,Coins,OOPM Will Apply
Outpatient Facility Services	Ded,Coins,OOPM Will Apply
> Physician / Practitioner Benefits	
Office Visits, Online Visits, and Consultations	\$5
Chiropractic Services	\$5
Specialist Services	\$15
Psychiatric and Psychotherapy Services	\$5
Facility Evaluation and Management Services	Ded,Coins,OOPM Will Apply
Other Physician Services (No Member Cost-Share for Clinical Labs)	Ded,Coins,OOPM Will Apply
Surgical Services (Includes Anesthesia Services, Cardiac Catheterization Services, and Therapeutic Cardiovascular Services)	Ded,Coins,OOPM Will Apply
> Emergency / Other Benefits	
Urgent Care	\$10
Emergency Department / Emergency Room Care	\$75
Ambulance Services	Ded,Coins,OOPM Will Apply
DME, P & O, and Supplies	No Member Cost-Share
Preventive Services	No Member Cost-Share

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Coverage Length (Months)	24
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Estimated Membership	14
Option Number	-
Option Description	ALT \$750 Premium \$500 hearing 100 SNF
Group Number(s)	-
Group Suffix(es)	-

Additional Medicare Advantage Group Benefits	Schedule B, continued	
Adult Diapers / Incontinence Liners	Included	No Member Cost-Share for these Services
Annual Physical (removes Office Visit cost-share)	Included	No Member Cost-Share for these Services
Chiropractic Enhanced Services		
> Approved Radiological	Included	Cost-Share Same as Chiropractic Services above
> Approved E & M		
> Approved Physical Therapy		
Determination of Refractive State	Included	Deductible, Coinsurance, OOPM Will Apply
Foreign Travel (removes Emergency Room and Urgent Care restrictions)	Included	Cost-Share Same as if Services were provided in the U.S.
Gradient Compression Stockings	Included	No Member Cost-Share for these Services
Hearing Services		
> Exam (measurement of hearing ability)	Included	Cost-Share Same as Office Visit above
> Hearing Aids	Included	Covered up to \$500
Home Infusion Therapy	Included	No Member Cost-Share for these Services
Hospice Care (Cost-Share associated with Respite and Drugs)	Included	No Member Cost-Share for these Services
Human Organ Transplant (removes lifetime maximum for non-Medicare-covered organs per organ type)	Included	Cost-Share Same as Surgical Services above
Private Duty Nursing	Included	50% Coinsurance Applies (does not accumulate towards OOPMs)
Silver Sneakers Fitness Program	Included	No Member Cost-Share for these Services
Travel and Lodging (associated with Human Organ Transplant benefits)	Included	Covered up to \$10,000 (must be 100+ miles from home)
Wigs (includes wig stands and adhesive)	Included	No Member Cost-Share for these Services

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Coverage Length (Months)	24
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Estimated Membership	14
Option Number	-
Option Description	ALT \$750 Premium \$500 hearing 100 SNF
Group Number(s)	-
Group Suffix(es)	-

Medicare Advangate Group Pharmacy Benefits		Schedule B, continued	
Formulary	Comprehensive Enhanced Formulary		
Prior Authorization/Step Therapy/Clinical Edits	Yes		
Pharmacy Deductible	\$0		
	Preferred Cost-Shares	Standard Cost-Shares	
Tier 1 (Preferred Generic)	\$2	\$10	
32-90 Day Supply Mail Order Copay Multiplier	2.0	2.0	
Minimum / Maximum Charge per Claim <small>(applies only to coinsurance cost-shares and is subject to copay multipliers)</small>	Not Applicable		
Tier 2 (Generic)	\$2	\$10	
32-90 Day Supply Mail Order Copay Multiplier	2.0	2.0	
Minimum / Maximum Charge per Claim <small>(applies only to coinsurance cost-shares and is subject to copay multipliers)</small>	Not Applicable		
Tier 3 (Preferred Brand)	\$40	\$50	
32-90 Day Supply Mail Order Copay Multiplier	2.0	2.0	
Minimum / Maximum Charge per Claim <small>(applies only to coinsurance cost-shares and is subject to copay multipliers)</small>	Not Applicable		
Tier 4 (Non-Preferred Drug)	\$75	\$100	
32-90 Day Supply Mail Order Copay Multiplier	2.0	2.0	
Minimum / Maximum Charge per Claim <small>(applies only to coinsurance cost-shares and is subject to copay multipliers)</small>	Not Applicable		
Tier 5 (Specialty)	30%	30%	
32-90 Day Supply Mail Order Copay Multiplier	Not Applicable - Tier 5 Unavailable for 32-90 Day Mail Order		
Minimum / Maximum Charge per Claim <small>(applies only to coinsurance cost-shares and is subject to copay multipliers)</small>	Not Applicable		

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2022 BCBSM Medicare Advantage PPO Group Contract (Schedule A)

Group Name	AUTO RETIREE VEBA TRUST
Option Number	-
Option Description	ALT \$750 Premium \$500 hearing 100 SNF
Contract Effective Date	01/01/2022
Contract End Date	12/31/2023
Funding Type	Fully-Insured
MA Group Number(s)	-
MA Group Suffix(es)	-

MA Rate	\$117.86
PD Rate	\$96.20
MAPD Rate	\$214.06

Your signature below serves as approval for the implementation of the rates and Medicare Advantage PPO benefit plan as shown in this document.

Group Representative(s):

BCBSM Representative(s):

Signature: _____

Signature: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Signature: _____

Signature: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____