



PLUMBERS AND PIPEFITTERS LOCAL #333 FRINGE BENEFIT FUNDS



November 2022

TO: ALL MEDICARE ELIGIBLE PARTICIPANTS

RE: PLUMBERS' & PIPEFITTERS' LOCAL 333 HEALTH & WELFARE FUND

WHAT IS THIS NOTICE ABOUT?

This notice discusses your options with respect to the Medicare Advantage Plans offered by Blue Cross[®] Blue Shield[®] of Michigan through the Plumbers and Pipefitters Local #333 Fund. Medicare requires the Medicare Advantage Plan through Blue Cross to mail the kits to you this time of year for each year we offer the Advantage plans. These packets will be mailed by Blue Cross Blue Shield. Please take one of the following action items as it applies to your situation. In addition, you can always contact the Fund Office with questions at (866) 348-9499 or (517) 321-7502.

HOW DOES THIS NOTICE AFFECT ME?

This notice discusses the options you have for Medicare Advantage. As discussed below, if you currently have a Medicare Advantage Plan from the Fund you can keep the same plan you have, or select a new one. No matter which plan you choose, you will receive all of the benefits that Original Medicare covers as well as many additional benefits, including prescription drug benefits.

WHAT DO I NEED TO DO?

Attached to this notice is a summary of the available Medicare Advantage Plans. You need to review these summaries, and then take one of the following actions:

You do NOT need to complete the enrollment form if:

You wish to stay on the same Medicare Advantage Option for 2023 that you are currently enrolled in during 2022. Simply do nothing. - OR -

You MUST complete the appropriate ENROLLMENT form if:

You wish to change from one to the other of the two Medicare Advantage plans offered by the Plumbers and Pipefitters Local #333 Fund. For example, if you are currently enrolled in the PPO Option 1 and would like to enroll in the PPO Option 2 then please complete the enrollment form and return it to the Fund Office, **by December 16, 2022.**

PLEASE REMEMBER – IF YOU ARE SELECTING A NEW BCBSM PLAN OR REPLACING YOUR CURRENT PLAN WITH ONE OF THE BCBSM PLANS FROM THE FUND, YOU MUST RETURN THE ENROLLMENT FORM BY DECEMBER 16, 2022.

(SEE REVERSE SIDE)

SUMMARY OF MEDICARE ADVANTAGE PLANS AVAILABLE FROM THE FUND
Option 1: MEDICARE PLUS BLUE GROUP PPO (HIGH OPTION 55511-600)

Medicare Plus Blue Group PPO provides the following benefits: If you are currently enrolled in Medicare Plus Blue Group PPO there are no changes to the benefit design. The annual deductible is \$0. The out-of-pocket maximum has remained at \$500 In-Network and \$2,000 combined In and Out of Network. Medicare Plus Blue Group PPO offers statewide and nationwide access to care. Blue Cross' MA PPO provider network is one of the largest provider networks in Michigan. ***Please note that this network does not include Spectrum Health Systems and Bronson Hospital in Kalamazoo, you will pay the higher cost share for services at these locations.***

Medicare Plus Blue Group PPO			
	What is it?	How much will I pay?	
Deductible	The amount you pay before your health insurer pays its share	\$0/\$50 out	
Copayment	A copayment (copay) is a fixed dollar amount paid at the time you receive health care services **Deductible and Coinsurance will apply to copay amount paid at time of service for out of network providers.**	In-network services obtained from:	Copay amount paid at time of service:
		Primary Care Physician	\$0 in network
		Specialist	\$0 in network
		Mental Health/ Substance Abuse	\$0 in network
		Emergency Room	\$65 in/out
		Urgent Care	\$0 in/out
Coinsurance	A percentage you pay for certain health care services you receive	For most covered services, the in-network coinsurance is 0% percent in network & 5% out of network. Note: your deductible and/or copay may also apply	
Out-of-Pocket Maximum	The out-of-pocket maximum is the total amount of covered medical costs you have to pay each year for hospital and medical services, including any deductible, copayment and/or coinsurance	For in-network services, your out-of-pocket maximum is \$500 per person Combined in and out of network services, your out-of-pocket maximum is \$2,000 per person	
Prescription Drug Coverage	There are 5 levels (called tiers) of preferred pharmacy copays for each 30 day supply you obtain **Minimum cost share is \$10 up to the maximum \$100 copay for all tiers.**	Tier	Copay for 1-month supply at a preferred pharmacy
		1: Preferred Generic	25%
		2: Non-Preferred Generic	25%
		3. Preferred Brand-Name	25%
		Non-Preferred Brand-Name	25%
		5. Specialty	25%

How much will it cost me?

If you choose Medicare Plus Blue Group PPO Option 1, **effective January 1, 2023** you will pay the actual cost of coverage that is **\$170.42 per month after the \$50 Fund Subsidy** for one person with Medicare.

Option 2: MEDICARE PLUS BLUE GROUP PPO(LOW OPTION 55511-601)

Medicare Plus Blue Group PPO provides the following benefits: The annual deductible is \$250. The out-of-pocket maximum is at \$2,000 In-Network and \$5,000 combined In and Out of Network. Medicare Plus Blue Group PPO offers statewide and nationwide access to care. BCBSM's MA PPO provider network is one of the largest provider networks in Michigan. *Please note that this network does not include Spectrum Health Systems and Bronson Hospital in Kalamazoo, you will pay the higher cost share for services at these locations.*

Medicare Plus Blue Group PPO			
	What is it?	How much will I pay?	
Deductible	The amount you pay before your health insurer pays its share	\$250 Combined In & Out of Network	
Copayment	A copayment (copay) is a fixed dollar amount paid at the time you receive health care services	In-network services obtained from:	Copay amount paid at time of service:
		Primary Care Physician	\$15 in / \$35 out
		Specialist	\$25 in / \$45 out
		Mental Health/ Substance Abuse	\$15 in / \$35 out
		Emergency Room	\$65 in/out
		Urgent Care	\$15 in/out
Coinsurance	A percentage you pay for certain health care services you receive.	For most covered services, the in-network coinsurance is 10% in network & 20% out of network. Note: your deductible and/or copay may also apply.	
Out-of-Pocket Maximum	The out-of-pocket maximum is the total amount of covered medical costs you have to pay each year for hospital and medical services, including any deductible, copayment and/or coinsurance	For in-network services, your out-of-pocket maximum is \$2,000 per person. Combined in and out of network services, your out-of-pocket maximum is \$5,000 per person.	
Prescription Drug Coverage	There are 5 levels (called tiers) of preferred pharmacy copays for each 30 day supply you obtain.	Tier	Copay for 1-month supply at a preferred pharmacy
		1: Preferred Generic	\$1
		2: Non-Preferred Generic	\$15
		3: Preferred Brand-Name	\$35
		3: Non-Preferred Brand-Name	45%
		4: Specialty	25%

(SEE REVERSE SIDE)

How much will it cost me?

If you choose Medicare Plus Blue Group PPO Option 1, **effective January 1, 2023** you will pay the actual cost of coverage that is **\$36.17 per month after the \$50 Fund Subsidy** for one person with Medicare.

Important Reminders:

- If you wish to remain in the plan you have today, do **NOTHING.**
- If you wish to switch plans, please complete the appropriate enrollment form and return to the Fund Office by **December 16, 2022.**
- This SMM is a summary and is **NOT** an official plan document. The actual terms of the Plan are contained in the plan document, which is available from the Fund Office. In the event of any ambiguity in or omission from this SMM, or any conflict between this SMM and the official plan document, the official plan document will govern.
- If you have any questions regarding this notice, the premium changes, or about the changes to the PPO benefits, please contact the Blue Cross Medicare Advantage Plan at 1-866-684-8216 or the Fund Office at the telephone number listed below.

Sincerely,

Plumbers and Pipefitters Local #333
Board of Trustees

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