

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.

2014

Summary of Benefits

for Essential, Vitality, Signature and Assure plan options

Jan. 1 – Dec. 31, 2014

Medicare Plus Blue is a PPO plan with a Medicare contract.
Enrollment in Medicare Plus Blue depends on contract renewal.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-241-2583. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-241-2583. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-241-2583。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-877-241-2583。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-241-2583. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-241-2583. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-241-2583 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-241-2583. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화1-877-241-2583번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-241-2583. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-241-2583. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हम 1-877-241-2583 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-241-2583. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-241-2583. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-241-2583. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-241-2583. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-241-2583にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

SECTION I

Introduction to the *Summary of Benefits* for Medicare Plus Blue PPO Essential, Vitality, Signature and Assure

Thank you for your interest in Medicare Plus Blue PPO. Our plan is offered by BLUE CROSS BLUE SHIELD OF MICHIGAN, a Medicare Advantage Preferred Provider Organization (PPO) that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Medicare Plus Blue PPO and ask for the "Evidence of Coverage."

You have choices in your health care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (Fee-for-Service) Medicare Plan. Another option is a Medicare health plan, like Medicare Plus Blue PPO. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program. You may be able to join or leave a plan only at certain times. Please call Medicare Plus Blue PPO at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How can I compare my options?

You can compare Medicare Plus Blue PPO and Original Medicare using this *Summary of Benefits*. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where is Medicare Plus Blue PPO available?

The service area for this plan includes: Michigan. You must live in Michigan to join this plan.

Who is eligible to join Medicare Plus Blue PPO?

You can join Medicare Plus Blue PPO if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with end stage renal disease (permanent kidney failure requiring either dialysis or transplantation) are generally not eligible to enroll in Medicare Plus Blue PPO unless they are members of our organization and have been since their dialysis began.

Can I choose my doctors?

Medicare Plus Blue PPO has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current provider directory. For an updated list, visit us at <http://www.bcbsm.com/medicare/search.shtml>. Our customer service number is listed at the end of this introduction.

What happens if I go to a doctor who's not in your network?

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

Where can I get my prescriptions if I join this plan?

Medicare Plus Blue PPO has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at <http://www.bcbsm.com/medicare/rxdirectory.shtml>. Our customer service number is listed at the end of this introduction. Medicare Plus Blue PPO has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

What if my doctor prescribes less than a month's supply?

In consultation with your doctor or pharmacist, you may receive less than a month's supply of certain drugs. Also, if you live in a long-term care facility, you will receive less than a month's supply of certain brand [and generic] drugs. Dispensing fewer drugs at a time can help reduce cost and waste in the Medicare Part D program, when this is medically appropriate. The amount you pay in these circumstances will depend on whether you are responsible for paying coinsurance (a percentage of the cost of the drug) or a copay

(a flat dollar amount for the drug). If you are responsible for coinsurance for the drug, you will continue to pay the applicable percentage of the drug cost. If you are responsible for a copay for the drug, a "daily cost-sharing rate" will be applied. If your doctor decides to continue the drug after a trial period, you should not pay more for a month's supply than you otherwise would have paid. Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed.

Does my plan cover Medicare Part B or Part D drugs?

Medicare Plus Blue PPO does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

What is a prescription drug formulary?

Medicare Plus Blue PPO uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at <http://www.bcbsm.com/medicare/formulary.shtml>. If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How can I get extra help with my prescription drug plan costs or get extra help with other Medicare costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week and read the www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication *Medicare & You*.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778
- Your State Medicaid Office.

What are my protections in this plan?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area. As a member of Medicare Plus Blue PPO, you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an

item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information. As a member of Medicare Plus Blue PPO, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription

drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What is a Medication Therapy Management program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Medicare Plus Blue PPO for more details.

What types of drugs may be covered under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Medicare Plus Blue PPO for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable osteoporosis drugs for some women.
- Erythropoietin: By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant took place in a Medicare-certified facility and was paid for by Medicare or by a private insurance company that was the primary payer for Medicare Part A coverage.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs administered through Durable Medical Equipment.

Where can I find information on Plan Ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our Member Services number is listed below.

Please call Blue Cross Blue Shield of Michigan for more information about Medicare Plus Blue PPO

Visit us at www.bcbsm.com/medicare or, call us:

Member Services hours for October 1 – February 14: Servicing hours are 8 a.m. to 8 p.m. Eastern seven days a week.

Member Services hours for February 15 – September 30: Monday through Friday, 8 a.m. to 8 p.m. Eastern.

Current members should call toll-free 1-877-241-2583 for questions related to the Medicare Advantage and Medicare Part D Prescription program. (TTY users should call: 711)

Prospective members should call toll-free 1-877-469-2583 for questions related to the Medicare Advantage and Medicare Part D Prescription program. (TTY users should call: 711)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call Member Services at the phone number listed above.

SECTION II

Summary of Benefits

If you have questions about this plan's benefits or costs, please contact Blue Cross Blue Cross Blue Shield of Michigan for details.

Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
IMPORTANT INFORMATION		
<p>1 Premium and Other Important Information</p>	<p>In 2013 the monthly Part B Premium was \$104.90 and may change for 2014 and the annual Part B deductible amount was \$147 and may change for 2014.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General</p> <p>\$17.50 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples).</p> <p>For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY -users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>

MEDICARE PLUS BLUE PPO		
Vitality	Signature	Assure
<p>General \$39 - \$99 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples).</p> <p>For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General \$99 - \$155 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples).</p> <p>For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General \$169 - \$272 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples).</p> <p>For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>



Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
Premium and Other Important Information <i>continued</i>		Some physicians, providers and suppliers that are out of a plan's accept Medicare assignment and will only charge up to a Medicare-approved amount. If you choose to see an out-of-network physician who does NOT accept Medicare assignment, your coinsurance can be based on the Medicare-approved amount plus an additional amount up to a higher Medicare limiting charge. If you are a member of a plan that charges a copay for out-of-network physician services, the higher Medicare limiting charge doesn't apply. See the publications <i>Medicare & You</i> or <i>Your Medicare Benefits</i> available on www.medicare.gov for a full listing of benefits under Original Medicare, as well as for explanations of the rules related to assignment and limiting charges that apply by benefit type.

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>Some physicians, providers and suppliers that are out of a plan's network accept Medicare assignment and will only charge up to a Medicare-approved amount. If you choose to see an out-of-network physician who does NOT accept Medicare assignment, your coinsurance can be based on the Medicare-approved amount plus an additional amount up to a higher Medicare limiting charge. If you are a member of a plan that charges a copay for out-of-network physician services, the higher Medicare limiting charge doesn't apply. See the publications <i>Medicare & You</i> or <i>Your Medicare Benefits</i> available on www.medicare.gov for a full listing of benefits under Original Medicare, as well as for explanations of the rules related to assignment and limiting charges that apply by benefit type.</p>	<p>Some physicians, providers and suppliers that are out of a plan's network accept Medicare assignment and will only charge up to a Medicare-approved amount. If you choose to see an out-of-network physician who does NOT accept Medicare assignment, your coinsurance can be based on the Medicare-approved amount plus an additional amount up to a higher Medicare limiting charge. If you are a member of a plan that charges a copay for out-of-network physician services, the higher Medicare limiting charge doesn't apply. See the publications <i>Medicare & You</i> or <i>Your Medicare Benefits</i> available on www.medicare.gov for a full listing of benefits under Original Medicare, as well as for explanations of the rules related to assignment and limiting charges that apply by benefit type.</p>	<p>Some physicians, providers and suppliers that are out of a plan's network accept Medicare assignment and will only charge up to a Medicare-approved amount. If you choose to see an out-of-network physician who does NOT accept Medicare assignment, your coinsurance can be based on the Medicare-approved amount plus an additional amount up to a higher Medicare limiting charge. If you are a member of a plan that charges a copay for out-of-network physician services, the higher Medicare limiting charge doesn't apply. See the publications <i>Medicare & You</i> or <i>Your Medicare Benefits</i> available on www.medicare.gov for a full listing of benefits under Original Medicare, as well as for explanations of the rules related to assignment and limiting charges that apply by benefit type.</p>

Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
<p>Premium and Other Important Information <i>continued</i></p>		<p>To find out if physicians and DME suppliers participate in Medicare, visit www.medicare.gov/physician or www.medicare.gov/supplier. You can also call 1-800-MEDICARE, or ask your physician, provider, or supplier if they accept assignment.</p> <p>In-network \$6,400 out-of-pocket limit for Medicare-covered services.</p> <p>In- and Out-of-network \$175 annual deductible. Contact the plan for services that apply. \$8,100 out-of-pocket limit for Medicare-covered services.</p>
<p>2 Doctor and Hospital Choice (For more information, see <i>Emergency Care</i> - #15 on page 21 and <i>Urgently Needed Care</i> - #16 on page 22.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-network No referral required for network doctors, specialists, and hospitals.</p> <p>In- and Out-of-network You can go to doctors, specialists, and hospitals in- or out-of-network. It will cost more to get out-of-network benefits.</p> <p>Out-of-Service Area This plan covers you when you travel in the U.S. or its territories.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>To find out if physicians and DME suppliers participate in Medicare, visit www.medicare.gov/physician or www.medicare.gov/supplier. You can also call 1-800-MEDICARE, or ask your physician, provider, or supplier if they accept assignment.</p> <p>In-network \$5,400 out-of-pocket limit for Medicare-covered services.</p> <p>Out-of-network \$750 annual deductible. Contact the plan for services that apply.</p> <p>In- and Out-of-network \$7,100 out-of-pocket limit for Medicare-covered services.</p>	<p>To find out if physicians and DME suppliers participate in Medicare, visit www.medicare.gov/physician or www.medicare.gov/supplier. You can also call 1-800-MEDICARE, or ask your physician, provider, or supplier if they accept assignment.</p> <p>In-network \$4,400 out-of-pocket limit for Medicare-covered services.</p> <p>Out-of-network \$750 annual deductible. Contact the plan for services that apply.</p> <p>In- and Out-of-network \$6,100 out-of-pocket limit for Medicare-covered services.</p>	<p>To find out if physicians and DME suppliers participate in Medicare, visit www.medicare.gov/physician or www.medicare.gov/supplier. You can also call 1-800-MEDICARE, or ask your physician, provider, or supplier if they accept assignment.</p> <p>In-network \$3,400 out-of-pocket limit for Medicare-covered services.</p> <p>Out-of-network \$250 annual deductible. Contact plan for services that apply</p> <p>In- and Out-of-network \$5,100 out-of-pocket limit for Medicare-covered services.</p>
<p>In-network No referral required for network doctors, specialists, and hospitals.</p> <p>In- and Out-of-network You can go to doctors, specialists, and hospitals in- or out-of-network. It will cost more to get out-of-network benefits.</p> <p>Out-of-Service Area This plan covers you when you travel in the U.S. or its territories.</p>	<p>In-network No referral required for network doctors, specialists, and hospitals.</p> <p>In- and Out-of-network You can go to doctors, specialists, and hospitals in- or out-of-network. It will cost more to get out-of-network benefits.</p> <p>Out-of-Service Area This plan covers you when you travel in the U.S. or its territories.</p>	<p>In-network No referral required for network doctors, specialists, and hospitals.</p> <p>In- and Out-of-network You can go to doctors, specialists, and hospitals in- or out-of-network. It will cost more to get out-of-network benefits.</p> <p>Out-of-Service Area This plan covers you when you travel in the U.S. or its territories.</p>

Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
SUMMARY OF BENEFITS INPATIENT CARE		
<p>3 Inpatient Hospital Care (Includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2013 the amounts for each benefit period were: Days 1 - 60: \$1,184 deductible Days 61 - 90: \$296 per day Days 91 - 150: \$592 per lifetime reserve day</p> <p>These amounts may change for 2014.</p> <p>Call 1-800- MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-network This plan covers 90 days each benefit period.</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 5: \$250 copay per day after deductible. Days 6 - 90: \$0 copay per day</p> <p>This plan covers 425 lifetime reserve days.</p> <p>\$0 copay per lifetime reserve day.</p> <p>Except in an emergency, your doctor must tell us that you're being admitted to the hospital.</p> <p>Out-of-network 40% of the cost for each Medicare-covered hospital stay after deductible.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>In-network This plan covers 90 days each benefit period.</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 5: \$225 copay per day. Days 6 - 90: \$0 copay per day.</p> <p>This plan covers 425 lifetime reserve days.</p> <p>\$0 copay per lifetime reserve day.</p> <p>Except in an emergency, your doctor must tell us that you're being admitted to the hospital.</p> <p>Out-of-network 40% of the cost for each Medicare-covered hospital stay after deductible.</p>	<p>In-network This plan covers 90 days each benefit period.</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 5: \$160 copay per day. Days 6 - 90: \$0 copay per day.</p> <p>This plan covers 425 lifetime reserve days.</p> <p>\$0 copay per lifetime reserve day.</p> <p>Except in an emergency, your doctor must tell us that you're being admitted to the hospital.</p> <p>Out-of-network 40% of the cost for each Medicare-covered hospital stay after deductible.</p>	<p>In-network This plan covers 90 days each benefit period.</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 5: \$90 copay per day. Days 6 - 90: \$0 copay per day.</p> <p>This plan covers 425 lifetime reserve days.</p> <p>\$0 copay per lifetime reserve day.</p> <p>Except in an emergency, your doctor must tell us that you're being admitted to the hospital.</p> <p>Out-of-network 30% of the cost for each Medicare-covered hospital stay after deductible.</p>

Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
<p>4 Inpatient Mental Health Care</p>	<p>In 2013, the amounts for each benefit period were: Days 1 - 60: \$1184 deductible Days 61 - 90: \$296 per day Days 91 - 150: \$592 per lifetime reserve day</p> <p>These amounts may change for 2014.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime.</p> <p>Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient furnished in a general hospital.</p>	<p>In-network You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met.</p> <p>This limitation doesn't apply to inpatient psychiatric services furnished in a General hospital.</p> <p>For Medicare-covered hospital stays: Days 1 - 5: \$250 copay per day after deductible. Days 6 - 90: \$0 copay per day.</p> <p>Except in an emergency, your doctor must tell us that you're being admitted to the hospital.</p> <p>Out-of-network 40% of the cost for each hospital stay after deductible.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>In-network You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met.</p> <p>This limitation doesn't apply to inpatient psychiatric services furnished in a General hospital.</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 5: \$225 copay per day. Days 6 - 90: \$0 copay per day.</p> <p>Except in an emergency, your doctor must tell us that you're being admitted to the hospital.</p> <p>Out-of-network 40% of the cost for each hospital stay after deductible.</p>	<p>In-network You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met.</p> <p>This limitation doesn't apply to inpatient psychiatric services furnished in a General hospital.</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 5: \$160 copay per day. Days 6 - 90: \$0 copay per day.</p> <p>Except in an emergency, your doctor must tell us that you're being admitted to the hospital.</p> <p>Out-of-network 40% of the cost for each hospital stay after deductible.</p>	<p>In-network You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met.</p> <p>This limitation doesn't apply to inpatient psychiatric services furnished in a General hospital.</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 5: \$90 copay per day. Days 6 - 90: \$0 copay per day.</p> <p>Except in an emergency, your doctor must tell us that you're being admitted to the hospital.</p> <p>Out-of-network 30% of the cost for each hospital stay after deductible.</p>

Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
<p>5 Skilled Nursing Facility (Must be a Medicare-certified skilled nursing facility)</p>	<p>In 2013, the amounts for each benefit period after at least a 3-day Medicare-covered hospital stay were: Days 1 - 20: \$0 per day. Days 21 - 100: \$148 per day. These amounts may change for 2014. 100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>General Authorization rules may apply.</p> <p>In-network Plan covers up to 100 days each benefit period. No prior hospital stay is required. For SNF stays: Days 1 - 20: \$25 copay per day after deductible. Days 21 - 100: \$130 copay per day.</p> <p>Out-of-network 40% of the cost for each SNF stay after deductible.</p>
<p>6 Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay</p>	<p>In-network \$0 copay for Medicare-covered home health visits.</p> <p>Out-of-network 40% of the cost for Medicare-covered home health visits after deductible.</p>
<p>7 Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice. Call us before you select hospice and we can help you.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>General Authorization rules may apply.</p> <p>In-network Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For SNF stays: Days 1 - 20: \$25 copay per day. Days 21 - 100: \$130 copay per day.</p> <p>Out-of-network 40% of the cost for each SNF stay after deductible.</p>	<p>General Authorization rules may apply.</p> <p>In-network Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For SNF stays: Days 1 - 20: \$25 copay per day. Days 21 - 100: \$130 copay per day.</p> <p>Out-of-network 40% of the cost for each SNF stay after deductible.</p>	<p>General Authorization rules may apply.</p> <p>In-network Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For SNF stays: Days 1 - 22: \$25 copay per day. Days 21 - 100: \$130 copay per day.</p> <p>Out-of-network 30% of the cost for each SNF stay after deductible.</p>
<p>In-network \$0 copay for Medicare-covered home health visits.</p> <p>Out-of-network 40% of the cost for Medicare-covered home health visits after deductible.</p>	<p>In-network \$0 copay for Medicare-covered home health visits.</p> <p>Out-of-network 40% of the cost for Medicare-covered home health visits after deductible.</p>	<p>In-network \$0 copay for Medicare-covered home health visits.</p> <p>Out-of-network 30% of the cost for Medicare-covered home health visits after deductible.</p>
<p>General You must get care from a Medicare-certified hospice. Call us before you select hospice and we can help you.</p>	<p>General You must get care from a Medicare-certified hospice. Call us before you select hospice and we can help you.</p>	<p>General You must get care from a Medicare-certified hospice. Call us before you select hospice and we can help you.</p>

Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
OUTPATIENT CARE		
8 Doctor Office Visits	20% coinsurance	<p>In-network</p> <p>\$25 copay for each Medicare-covered primary care doctor visit, after deductible.</p> <p>\$25 copay for annual routine physical exam performed by a primary care physician or specialist.</p> <p>\$50 copay for each Medicare-covered specialist visit after deductible.</p> <p>\$50 copay for full body skin exams once per lifetime, after deductible.</p> <p>Out-of-network</p> <p>40% of the cost for each Medicare-covered primary care doctor visit after deductible.</p> <p>40% of the cost for each Medicare-covered specialist visit after deductible.</p>
9 Chiropractic Services	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).</p>	<p>In-network</p> <p>\$20 copay for Medicare-covered chiropractic visits after deductible.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor.</p> <p>Out-of-network</p> <p>40% of the cost for Medicare-covered chiropractic visits after deductible.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>In-network \$20 copay for each Medicare-covered primary care doctor visit.</p> <p>\$20 copay for annual routine physical exam performed by a primary care physician or specialist.</p> <p>\$50 copay for each Medicare-covered specialist visit.</p> <p>\$50 copay for full body skin exams once per lifetime.</p> <p>Out-of-network 40% of the cost for each Medicare-covered primary care doctor visit after deductible.</p> <p>40% of the cost for each Medicare-covered specialist visit after deductible.</p>	<p>In-network \$15 copay for each Medicare-covered primary care doctor visit.</p> <p>\$15 copay for annual routine physical exam performed by a primary care physician or specialist.</p> <p>\$45 copay for each Medicare-covered specialist visit.</p> <p>\$45 copay for full body skin exams once per lifetime.</p> <p>Out-of-network 40% of the cost for each Medicare-covered primary care doctor visit after deductible.</p> <p>40% of the cost for each Medicare-covered specialist visit after deductible.</p>	<p>In-network \$10 copay for each Medicare-covered primary care doctor visit.</p> <p>\$10 copay for annual routine physical exam performed by a primary care physician or specialist.</p> <p>\$40 copay for each Medicare-covered specialist visit.</p> <p>\$40 copay for full body skin exams once per lifetime.</p> <p>Out-of-network 30% of the cost for each Medicare-covered primary care doctor visit after deductible.</p> <p>30% of the cost for each Medicare-covered specialist visit after deductible.</p>
<p>In-network \$20 copay for Medicare-covered chiropractic visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor.</p> <p>Out-of-network 40% of the cost for Medicare-covered chiropractic visits after deductible.</p>	<p>In-network \$20 copay for Medicare-covered chiropractic visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor.</p> <p>Out-of-network 40% of the cost for Medicare-covered chiropractic visits after deductible.</p>	<p>In-network \$20 copay for Medicare-covered chiropractic visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor.</p> <p>Out-of-network 30% of the cost for Medicare-covered chiropractic visits after deductible.</p>

Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
10 Podiatry Services	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>In-network \$50 copay for each Medicare-covered podiatry visit after deductible.</p> <p>Medicare-covered podiatry visits are for medically necessary foot care.</p> <p>Out-of-network 40% of the cost for Medicare-covered podiatry visits after deductible.</p>
11 Outpatient Mental Health Care	<p>20% coinsurance for most outpatient mental health services</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>"Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.</p>	<p>General Authorization rules may apply.</p> <p>In-network \$40 copay for each Medicare-covered individual therapy visit after deductible.</p> <p>\$40 copay for each Medicare-covered individual therapy visit with a psychiatrist after deductible.</p> <p>\$40 copay for each Medicare-covered group therapy visit after deductible.</p> <p>\$40 copay for each Medicare-covered group therapy visit with a psychiatrist after deductible.</p> <p>\$50 copay for Medicare-covered partial hospitalization program services after deductible.</p> <p>Out-of-network 40% of the cost for Medicare-covered mental health visits with a psychiatrist after deductible.</p> <p>40% of the cost for Medicare-covered mental health visits after deductible.</p> <p>40% of the cost for Medicare-covered partial hospitalization program services after deductible.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>In-network \$50 copay for each Medicare-covered podiatry visit.</p> <p>Medicare-covered podiatry visits are for medically necessary foot care.</p> <p>Out-of-network 40% of the cost for Medicare-covered podiatry visits after deductible.</p>	<p>In-network \$45 copay for each Medicare-covered podiatry visit.</p> <p>Medicare-covered podiatry visits are for medically necessary foot care.</p> <p>Out-of-network 40% of the cost for Medicare-covered podiatry visits after deductible.</p>	<p>In-network \$40 copay for each Medicare-covered podiatry visit.</p> <p>Medicare-covered podiatry visits are for medically necessary foot care.</p> <p>Out-of-network 30% of the cost for Medicare-covered podiatry visits after deductible.</p>
<p>General Authorization rules may apply.</p> <p>In-network \$40 copay for each Medicare-covered individual therapy visit.</p> <p>\$40 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>\$40 copay for each Medicare-covered group therapy visit.</p> <p>\$40 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p>\$50 copay for Medicare-covered partial hospitalization program services.</p> <p>Out-of-network 40% of the cost for Medicare-covered mental health visits with a psychiatrist after deductible.</p> <p>40% of the cost for Medicare-covered mental health visits after deductible.</p> <p>40% of the cost for Medicare-covered partial hospitalization program services after deductible.</p>	<p>General Authorization rules may apply.</p> <p>In-network \$40 copay for each Medicare-covered individual therapy visit.</p> <p>\$40 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>\$40 copay for each Medicare-covered group therapy visit.</p> <p>\$40 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p>\$45 copay for Medicare-covered partial hospitalization program services.</p> <p>Out-of-network 40% of the cost for Medicare-covered mental health visits with a psychiatrist after deductible.</p> <p>40% of the cost for Medicare-covered mental health visits after deductible.</p> <p>40% of the cost for Medicare-covered partial hospitalization program services after deductible.</p>	<p>General Authorization rules may apply.</p> <p>In-network \$40 copay for each Medicare-covered individual therapy visit.</p> <p>\$40 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>\$40 copay for each Medicare-covered group therapy visit.</p> <p>\$40 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p>\$40 copay for Medicare-covered partial hospitalization program services.</p> <p>Out-of-network 30% of the cost for Medicare-covered mental health visits with a psychiatrist after deductible.</p> <p>30% of the cost for Medicare-covered mental health visits after deductible.</p> <p>30% of the cost for Medicare-covered partial hospitalization program services after deductible.</p>

Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
12 Outpatient Substance Abuse Care	20% coinsurance	<p>In-network Authorization rules may apply.</p> <p>\$50 copay for Medicare-covered individual substance abuse outpatient treatment visits after deductible.</p> <p>\$50 copay for Medicare-covered group substance abuse outpatient treatment visits after deductible.</p> <p>Out-of-network 40% of the cost for Medicare-covered substance abuse outpatient treatment visits after deductible.</p>
13 Outpatient Services	<p>20% coinsurance for the doctor's services</p> <p>Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility services</p>	<p>In-network \$100 to \$125 copay for each Medicare-covered ambulatory surgical center visit after deductible.</p> <p>\$125 to \$200 copay for each Medicare-covered outpatient hospital facility visit after deductible.</p> <p>Out-of-network 40% of the cost for Medicare-covered outpatient hospital facility visits after deductible.</p> <p>40% of the cost for Medicare-covered ambulatory surgical center visits after deductible.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>In-network Authorization rules may apply. \$50 copay for Medicare-covered individual substance abuse outpatient treatment visits. \$50 copay for Medicare-covered group substance abuse outpatient treatment visits.</p> <p>Out-of-network 40% of the cost for Medicare-covered substance abuse outpatient treatment visits after deductible.</p>	<p>In-network Authorization rules may apply. \$45 copay for Medicare-covered individual substance abuse outpatient treatment visits. \$45 copay for Medicare-covered group substance abuse outpatient treatment visits.</p> <p>Out-of-network 40% of the cost for Medicare-covered substance abuse outpatient treatment visits after deductible.</p>	<p>In-network Authorization rules may apply. \$40 copay for Medicare-covered individual substance abuse outpatient treatment visits. \$40 copay for Medicare-covered group substance abuse outpatient treatment visits.</p> <p>Out-of-network 30% of the cost for Medicare-covered substance abuse outpatient treatment visits after deductible.</p>
<p>In-network \$100 to \$125 copay for each Medicare-covered ambulatory surgical center visit. \$125 to \$175 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Out-of-network 40% of the cost for Medicare-covered outpatient hospital facility visits after deductible. 40% of the cost for Medicare-covered ambulatory surgical center visits after deductible.</p>	<p>In-network \$50 to \$75 copay for each Medicare-covered ambulatory surgical center visit. \$100 to \$150 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Out-of-network 40% of the cost for Medicare-covered outpatient hospital facility visits after deductible. 40% of the cost for Medicare-covered ambulatory surgical center visits after deductible.</p>	<p>In-network \$40 to \$50 copay for each Medicare-covered ambulatory surgical center visit. \$75 to \$100 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Out-of-network 30% of the cost for Medicare-covered outpatient hospital facility visits after deductible. 30% of the cost for Medicare-covered ambulatory surgical center visits after deductible.</p>

Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
<p>14 Ambulance Services (Medically necessary ambulance services)</p>	<p>20% coinsurance</p>	<p>In-network \$100 copay for Medicare-covered ambulance benefits after deductible.</p> <p>Out-of-network \$100 copay for Medicare-covered ambulance benefits after deductible.</p> <p>40% of the cost for non-emergency ambulance transportation after deductible</p>
<p>15 Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor's services</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>General \$65 copay for Medicare-covered emergency room visits.</p> <p>If you are admitted to the hospital within three days for the same condition, you pay \$0 for the emergency room visit.</p> <p>Outside the U.S. and its territories</p> <p>There is a 20% coinsurance after the \$250 world-wide deductible is met</p> <p>\$50,000 plan coverage limit for supplemental emergency services outside the U.S. and its territories.</p>
<p>16 Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>If you are admitted to the hospital within 3 days for the same condition, you pay \$0 for the urgently-needed-care visit.</p> <p>Not covered outside the U.S. except under limited circumstances</p>	<p>General \$45 copay for Medicare-covered urgently needed care visits after deductible.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>In-network \$100 copay for Medicare-covered ambulance benefits.</p> <p>Out-of-network \$100 copay for Medicare-covered ambulance benefits after deductible.</p> <p>40% of the cost for non-emergency ambulance transportation after deductible</p>	<p>In-network \$75 copay for Medicare-covered ambulance benefits.</p> <p>Out-of-network \$75 copay for Medicare-covered ambulance benefits after deductible.</p> <p>40% of the cost for non-emergency ambulance transportation after deductible</p>	<p>In-network \$75 copay for Medicare-covered ambulance benefits.</p> <p>Out-of-network \$75 copay for Medicare-covered ambulance benefits after deductible.</p> <p>30% of the cost for non-emergency ambulance transportation after deductible</p>
<p>General \$65 copay for Medicare-covered emergency room visits.</p> <p>If you are admitted to the hospital within three days for the same condition, you pay \$0 for the emergency room visit.</p> <p>Outside the U.S. and its territories</p> <p>There is a 20% coinsurance after the \$250 world-wide deductible is met</p> <p>\$50,000 plan coverage limit for supplemental emergency services outside the U.S. and its territories.</p>	<p>General \$65 copay for Medicare-covered emergency room visits.</p> <p>If you are admitted to the hospital within three days for the same condition, you pay \$0 for the emergency room visit.</p> <p>Outside the U.S. and its territories</p> <p>There is a 20% coinsurance after the \$250 world-wide deductible is met</p> <p>\$50,000 plan coverage limit for supplemental emergency services outside the U.S. and its territories.</p>	<p>General \$65 copay for Medicare-covered emergency room visits.</p> <p>If you are admitted to the hospital within three days for the same condition, you pay \$0 for the emergency room visit.</p> <p>Outside the U.S. and its territories</p> <p>There is a 20% coinsurance after the \$250 world-wide deductible is met</p> <p>\$50,000 plan coverage limit for supplemental emergency services outside the U.S. and its territories.</p>
<p>General \$45 copay for Medicare-covered urgently needed care visits.</p>	<p>General \$35 copay for Medicare-covered urgently needed care visits.</p>	<p>General \$35 copay for Medicare-covered urgently needed care visits.</p>

Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
<p>17 Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance</p> <p>Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p>	<p>In-network</p> <p>There may be limits and exceptions to these limits on physical therapy, occupational therapy and speech and language pathology visits.</p> <p>Medically necessary physical therapy and speech and language pathology services are covered.</p> <p>\$45 copay for Medicare-covered occupational therapy visits after deductible.</p> <p>\$45 copay for Medicare-covered physical therapy and/or speech and language pathology visits after deductible.</p> <p>Out-of-network</p> <p>40% of the cost for Medicare-covered physical therapy and/or speech and language pathology visits after deductible.</p> <p>40% of the cost for Medicare-covered occupational therapy visits after deductible.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>In-network There may be limits and exceptions to these limits on physical therapy, occupational therapy and speech and language pathology visits.</p> <p>Medically necessary physical therapy and speech and language pathology services are covered.</p> <p>\$40 copay for Medicare-covered occupational therapy visits.</p> <p>\$40 copay for Medicare-covered physical therapy and/or speech and language pathology visits.</p> <p>Out-of-network 40% of the cost for Medicare-covered physical therapy and/or speech and language pathology visits after deductible.</p> <p>40% of the cost for Medicare-covered occupational therapy visits after deductible.</p>	<p>In-network There may be limits and exceptions to these limits on physical therapy, occupational therapy and speech and language pathology visits.</p> <p>Medically necessary physical therapy and speech and language pathology services are covered.</p> <p>\$35 copay for Medicare-covered occupational therapy visits.</p> <p>\$35 copay for Medicare-covered physical therapy and/or speech and language pathology visits.</p> <p>Out-of-network 40% of the cost for Medicare-covered physical therapy and/or speech and language pathology visits after deductible.</p> <p>40% of the cost for Medicare-covered occupational therapy visits after deductible.</p>	<p>In-network There may be limits and exceptions to these limits on physical therapy, occupational therapy and speech and language pathology visits.</p> <p>Medically necessary physical therapy and speech and language pathology services are covered.</p> <p>\$30 copay for Medicare-covered occupational therapy visits.</p> <p>\$30 copay for Medicare-covered physical therapy and/or speech and language pathology visits.</p> <p>Out-of-network 30% of the cost for Medicare-covered physical therapy and/or speech and language pathology visits after deductible.</p> <p>30% of the cost for Medicare-covered occupational therapy visits after deductible.</p>

Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance	In-network 20% of the cost for Medicare-covered durable medical equipment after deductible. Out-of-network 40% of the cost for Medicare-covered durable medical equipment after deductible.
19 Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance 20% coinsurance for Medicare-covered medical supplies related to prosthetics, splints, and other devices.	In-network 20% of the cost for Medicare-covered prosthetic devices after deductible. 20% of the cost of supplies related to prosthetics, splints, and other devices after deductible. Out-of-network 40% of the cost for Medicare-covered prosthetic devices after deductible.
20 Diabetes Programs and Supplies	20% coinsurance for diabetes self-management training 20% coinsurance for diabetes supplies 20% coinsurance for diabetic therapeutic shoes or inserts	In-network \$0 copay for Medicare-covered diabetes self-management training, after deductible. \$0 copay after deductible for Medicare-covered: - Diabetes monitoring supplies - Therapeutic shoes or inserts Out-of-network \$0 copay for Medicare-covered diabetes self-management training after deductible. \$0 copay for Medicare-covered diabetes monitoring supplies after deductible. \$0 copay for Medicare-covered therapeutic shoes or inserts after deductible.

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>In-network 20% of the cost for Medicare-covered durable medical equipment.</p> <p>Out-of-network 40% of the cost for Medicare-covered durable medical equipment after deductible.</p>	<p>In-network 20% of the cost for Medicare-covered durable medical equipment.</p> <p>Out-of-network 40% of the cost for Medicare-covered durable medical equipment after deductible.</p>	<p>In-network 20% of the cost for Medicare-covered durable medical equipment.</p> <p>Out-of-network 30% of the cost for Medicare-covered durable medical equipment after deductible.</p>
<p>In-network 20% of the cost for Medicare-covered prosthetic devices.</p> <p>20% of the cost of supplies related to prosthetics, splints and other devices.</p> <p>Out-of-network 40% of the cost for Medicare-covered prosthetic devices after deductible.</p>	<p>In-network 20% of the cost for Medicare-covered prosthetic devices.</p> <p>20% of the cost of supplies related to prosthetics, splints, and other devices.</p> <p>Out-of-network 40% of the cost for Medicare-covered prosthetic devices after deductible.</p>	<p>In-network 20% of the cost for Medicare-covered prosthetic devices.</p> <p>20% of the cost of supplies related to prosthetics, splints, and other devices.</p> <p>Out-of-network 30% of the cost for Medicare-covered prosthetic devices after deductible.</p>
<p>In-network \$0 copay for Medicare-covered diabetes self-management training.</p> <p>\$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> - Diabetes monitoring supplies - Therapeutic shoes or inserts <p>Out-of-network \$0 copay for Medicare-covered diabetes self-management training after deductible.</p> <p>\$0 copay for Medicare-covered diabetes monitoring supplies after deductible.</p> <p>\$0 copay for Medicare-covered therapeutic shoes or inserts after deductible.</p>	<p>In-network \$0 copay for Medicare-covered diabetes self-management training.</p> <p>\$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> - Diabetes monitoring supplies - Therapeutic shoes or inserts <p>Out-of-network \$0 copay for Medicare-covered diabetes self-management training after deductible.</p> <p>\$0 copay for Medicare-covered diabetes monitoring supplies after deductible.</p> <p>\$0 copay for Medicare-covered therapeutic shoes or inserts after deductible.</p>	<p>In-network \$0 copay for Medicare-covered diabetes self-management training.</p> <p>\$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> - Diabetes monitoring supplies - Therapeutic shoes or inserts <p>Out-of-network \$0 copay for Medicare-covered diabetes self-management training after deductible.</p> <p>\$0 copay for Medicare-covered diabetes monitoring supplies after deductible.</p> <p>\$0 copay for Medicare-covered therapeutic shoes or inserts after deductible.</p>

Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
<p>21 Diagnostic Tests, X-rays, Lab Services, and Radiology Services</p>	<p>20% coinsurance for diagnostic tests and X-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA)- certified laboratory that participates in Medicare.</p> <p>Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition.</p> <p>Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p>	<p>General Authorization rules may apply.</p> <p>In-network \$0 to \$40 copay for Medicare-covered lab services after deductible.</p> <p>\$50 copay for Medicare-covered diagnostic procedures and tests after deductible.</p> <p>\$35 copay after deductible for Medicare-covered X-rays after deductible.</p> <p>\$100 copay low tech X-rays after deductible for Medicare-covered diagnostic radiology services (not including X-rays). This includes high-tech X-rays, including CT scans, MRIs, MRAs, PET scans and nuclear medicine after deductible.</p> <p>\$0 copay for Medicare-covered therapeutic radiology services after deductible.</p> <p>If the doctor provides services in addition to outpatient diagnostic procedures, tests and lab services, a separate cost-sharing of \$25 to \$50 may apply after deductible.</p> <p>If the doctor provides you services in addition to outpatient diagnostic and therapeutic radiology services, separate cost-sharing of \$25 to \$50 may apply after deductible.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>General Authorization rules may apply.</p> <p>In-network \$0 to \$40 copay for Medicare-covered lab services.</p> <p>\$50 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$35 copay for Medicare-covered X-rays.</p> <p>\$100 copay for Medicare-covered diagnostic radiology services (not including X-rays).</p> <p>\$0 copay for Medicare-covered therapeutic radiology services.</p> <p>If the doctor provides services in addition to outpatient diagnostic procedures, tests and lab services, a separate cost-sharing of \$20 to \$50 may apply.</p> <p>If the doctor provides you services in addition to outpatient diagnostic and therapeutic radiology services, separate cost-sharing of \$20 to \$50 may apply.</p>	<p>General Authorization rules may apply.</p> <p>In-network \$0 to \$30 copay for Medicare-covered lab services.</p> <p>\$45 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$35 copay for Medicare-covered X-rays.</p> <p>\$75 copay for Medicare-covered diagnostic radiology services (not including X-rays).</p> <p>\$0 copay for Medicare-covered therapeutic radiology services.</p> <p>If the doctor provides services in addition to outpatient diagnostic procedures, tests and lab services, a separate cost-sharing of \$15 to \$45 may apply.</p> <p>If the doctor provides you services in addition to outpatient diagnostic and therapeutic radiology services, separate cost-sharing of \$15 to \$45 may apply.</p>	<p>General Authorization rules may apply.</p> <p>In-network \$0 to \$20 copay for Medicare-covered lab services.</p> <p>\$40 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$35 copay for Medicare-covered X-rays.</p> <p>\$75 copay for Medicare-covered diagnostic radiology services (not including X-rays).</p> <p>\$0 copay for Medicare-covered therapeutic radiology services.</p> <p>If the doctor provides services in addition to outpatient diagnostic procedures, tests and lab services, a separate cost-sharing of \$10 to \$40 may apply.</p> <p>If the doctor provides you services in addition to outpatient diagnostic and therapeutic radiology services, separate cost-sharing of \$10 to \$40 may apply.</p>

Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
Diagnostic Tests, X-rays, Lab Services, and Radiology Services <i>continued</i>		<p>Out-of-network</p> <p>40% of the cost for Medicare-covered therapeutic radiology services after deductible.</p> <p>40% of the cost for Medicare-covered outpatient X-rays after deductible.</p> <p>40% of the cost for Medicare-covered diagnostic radiology services after deductible.</p> <p>40% of the cost for Medicare-covered diagnostic procedures and tests after deductible.</p> <p>40% of the cost for Medicare-covered lab services after deductible.</p>
22 Cardiac and Pulmonary Rehabilitation Services	<p>20% coinsurance cardiac rehabilitation services</p> <p>20% coinsurance for pulmonary rehabilitation services</p> <p>20% coinsurance for intensive cardiac rehabilitation services</p>	<p>In-network</p> <p>\$50 copay for Medicare-covered cardiac rehabilitation services after deductible.</p> <p>\$50 copay for Medicare-covered intensive cardiac rehabilitation services after deductible.</p> <p>\$50 copay for Medicare-covered pulmonary rehabilitation services after deductible.</p> <p>Out-of-network</p> <p>40% of the cost for Medicare-covered cardiac rehabilitation services after deductible.</p> <p>40% of the cost for Medicare-covered intensive cardiac rehabilitation services after deductible.</p> <p>40% of the cost for Medicare-covered pulmonary rehabilitation services after deductible.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>Out-of-network 40% of the cost for Medicare-covered therapeutic radiology services after deductible.</p> <p>40% of the cost for Medicare-covered outpatient X-rays after deductible.</p> <p>40% of the cost for Medicare-covered diagnostic radiology services after deductible.</p> <p>40% of the cost for Medicare-covered diagnostic procedures and tests after deductible.</p> <p>40% of the cost of Medicare-covered lab services after deductible.</p>	<p>Out-of-network 40% of the cost for Medicare-covered therapeutic radiology services after deductible.</p> <p>40% of the cost for Medicare-covered outpatient X-rays after deductible.</p> <p>40% of the cost for Medicare-covered diagnostic radiology services after deductible.</p> <p>40% of the cost for Medicare-covered diagnostic procedures and tests after deductible.</p> <p>40% of the cost of Medicare-covered lab services. after deductible</p>	<p>Out-of-network 30% of the cost for Medicare-covered therapeutic radiology services after deductible.</p> <p>30% of the cost for Medicare-covered outpatient X-rays after deductible.</p> <p>30% of the cost for Medicare-covered diagnostic radiology services after deductible.</p> <p>30% of the cost for Medicare-covered diagnostic procedures and tests after deductible.</p> <p>30% of the cost of Medicare-covered lab services after deductible.</p>
<p>In-network \$50 copay for Medicare-covered cardiac rehabilitation services.</p> <p>\$50 copay for Medicare-covered intensive cardiac rehabilitation services.</p> <p>\$50 copay for Medicare-covered pulmonary rehabilitation services.</p> <p>Out-of-network 40% of the cost for Medicare-covered cardiac rehabilitation services after deductible.</p> <p>40% of the cost for Medicare-covered intensive cardiac rehabilitation services after deductible.</p> <p>40% of the cost for Medicare-covered pulmonary rehabilitation services after deductible.</p>	<p>In-network \$45 copay for Medicare-covered cardiac rehabilitation services.</p> <p>\$45 copay for Medicare-covered intensive cardiac rehabilitation services.</p> <p>\$45 copay for Medicare-covered pulmonary rehabilitation services.</p> <p>Out-of-network 40% of the cost for Medicare-covered cardiac rehabilitation services after deductible.</p> <p>40% of the cost for Medicare-covered intensive cardiac rehabilitation services after deductible.</p> <p>40% of the cost for Medicare-covered pulmonary rehabilitation services after deductible.</p>	<p>In-network \$40 copay for Medicare-covered cardiac rehabilitation services.</p> <p>\$40 copay for Medicare-covered intensive cardiac rehabilitation services.</p> <p>\$40 copay for Medicare-covered pulmonary rehabilitation services.</p> <p>Out-of-network 30% of the cost for Medicare-covered cardiac rehabilitation services after deductible.</p> <p>30% of the cost for Medicare-covered intensive cardiac rehabilitation services after deductible.</p> <p>30% of the cost for Medicare-covered pulmonary rehabilitation services after deductible.</p>

Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
PREVENTIVE SERVICES, WELLNESS/EDUCATION AND OTHER SUPPLEMENTAL BENEFITS PROGRAMS		
23 Preventive Services, Wellness/ Education and other Supplemental Programs	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm Screening - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. - Cardiovascular Screening - Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine for people with Medicare who are at risk - HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. 	<p>General \$0 copay and zero cost-share for all preventive services covered under Original Medicare. Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> <p>In-network \$25 copay for a supplemental annual physical exam.</p> <p>Out-of-network 40% of the cost for Medicare-covered preventive services after deductible. 40% of the cost for a supplemental annual physical exam.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>General \$0 copay and zero cost-share for all preventive services covered under Original Medicare. Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> <p>In-network \$20 copay for a supplemental annual physical exam.</p> <p>Out-of-network 40% of the cost for Medicare-covered preventive services after deductible. 40% of the cost for a supplemental annual physical exam.</p>	<p>General \$0 copay and zero cost-share for all preventive services covered under Original Medicare. Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> <p>In-network \$15 copay for a supplemental annual physical exam.</p> <p>Out-of-network 40% of the cost for Medicare-covered preventive services after deductible. 40% of the cost for a supplemental annual physical exam.</p>	<p>General \$0 copay and zero cost-share for all preventive services covered under Original Medicare. Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> <p>In-network \$10 copay for a supplemental annual physical exam.</p> <p>Out-of-network 30% of the cost for Medicare-covered preventive services after deductible. 30% of the cost for an supplemental annual physical exam.</p>

Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
<p>Preventive Services, Wellness/ Education and other Supplemental Programs <i>continued</i></p>	<ul style="list-style-type: none"> - Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. - Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine. You may only need the pneumonia vaccine once in your lifetime. Call your doctor for more information. - Prostate Cancer Screening - Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. 	



MEDICARE PLUS BLUE PPO		
Vitality	Signature	Assure

Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
<p>Preventive Services, Wellness/ Education and other Supplemental Programs <i>continued</i></p>	<ul style="list-style-type: none"> - Smoking and Tobacco Use Cessation (counseling to stop smoking and tobacco use). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. - Screening and behavioral counseling interventions in primary care to reduce alcohol misuse - Screening for depression in adults - Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs - Intensive behavioral counseling for Cardiovascular Disease (bi-annual) - Intensive behavioral therapy for obesity - Welcome to Medicare Preventive Visits (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows: During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visit or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months 	



MEDICARE PLUS BLUE PPO		
Vitality	Signature	Assure

Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
24 Kidney Disease and Conditions	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for kidney disease education services</p>	<p>In-network</p> <p>\$30 copay for Medicare-covered renal dialysis after deductible.</p> <p>\$0 copay for Medicare-covered kidney disease education services after deductible.</p> <p>\$0 copay for Medicare-covered nutrition therapy for end-stage renal disease, after deductible.</p> <p>Out-of-network</p> <p>40% of the cost for Medicare-covered kidney disease education services after deductible.</p> <p>40% of the cost for Medicare-covered renal dialysis after deductible.</p>
PRESCRIPTION DRUG BENEFITS		
25 Outpatient Prescription Drugs	<p>Most drugs are not covered under Original Medicare.</p> <p>You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>In-network</p> <p>20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs after deductible.</p> <p>\$0 copay for nursing visits, durable medical equipment and supplies for home infusion therapy.</p> <p>Out-of-network</p> <p>40% of the cost for Medicare Part B drugs out-of-network after deductible.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>In-network \$30 copay for Medicare-covered renal dialysis.</p> <p>\$0 copay for Medicare-covered kidney disease education services.</p> <p>\$0 copay for Medicare-covered nutrition therapy for end-stage renal disease.</p> <p>Out-of-network 40% of the cost for Medicare-covered kidney disease education services after deductible.</p> <p>40% of the cost for Medicare-covered renal dialysis after deductible.</p>	<p>In-network \$30 copay for Medicare-covered renal dialysis.</p> <p>\$0 copay for Medicare-covered kidney disease education services.</p> <p>\$0 copay for Medicare-covered nutrition therapy for end-stage renal disease.</p> <p>Out-of-network 40% of the cost for Medicare-covered kidney disease education services after deductible.</p> <p>40% of the cost for Medicare-covered renal dialysis after deductible.</p>	<p>In-network \$30 copay for Medicare-covered renal dialysis.</p> <p>\$0 copay for Medicare-covered kidney disease education services.</p> <p>\$0 copay for Medicare-covered nutrition therapy for end-stage renal disease.</p> <p>Out-of-network 30% of the cost for Medicare-covered kidney disease education services after deductible.</p> <p>30% of the cost for Medicare-covered renal dialysis after deductible.</p>
<p>Drugs covered under Medicare Part B</p> <p>In-network 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs.</p> <p>Out-of-network 40% of the cost for Medicare Part B drugs out-of-network after deductible.</p>	<p>Drugs covered under Medicare Part B</p> <p>In-network 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs.</p> <p>Out-of-network 40% of the cost for Medicare Part B drugs out-of-network after deductible.</p>	<p>Drugs covered under Medicare Part B</p> <p>In-network 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs.</p> <p>Out-of-network 30% of the cost for Medicare Part B drugs out-of-network after deductible.</p>



Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
Outpatient Prescription Drugs <i>continued</i>		<p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. We'll send you the formulary.</p> <p>You can also see the formulary online at www.bcbsm.com/medicare/formulary.shtml.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none">- have limited incomes,- live in long-term care facilities, or- have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance, when you're traveling).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. We'll send you the formulary.</p> <p>You can also see the formulary online at www.bcbsm.com/medicare/formulary.shtml.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> - have limited incomes, - live in long-term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance, when you're traveling).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p>	<p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. We'll send you the formulary.</p> <p>You can also see the formulary online at www.bcbsm.com/medicare/formulary.shtml.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> - have limited incomes, - live in long-term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance, when you're traveling).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p>	<p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. We'll send you the formulary.</p> <p>You can also see the formulary online at www.bcbsm.com/medicare/formulary.shtml.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> - have limited incomes, - live in long-term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance, when you're traveling).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p>



Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
Outpatient Prescription Drugs <i>continued</i>		<p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Medicare Plus Blue PPO Essential for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the our website, formulary, printed materials and on the Medicare Prescription Drug Plan Finder on www.medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you'll pay the actual cost, not the higher cost-sharing amount.</p> <p>In-network \$310 annual deductible</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Medicare Plus Blue PPO Vitality for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the our website, formulary, printed materials and on the Medicare Prescription Drug Plan Finder on www.medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you'll pay the actual cost, not the higher cost-sharing amount.</p> <p>In-network \$310 annual deductible</p>	<p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Medicare Plus Blue PPO Signature for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the our website, formulary, printed materials and on the Medicare Prescription Drug Plan Finder on www.medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you'll pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Medicare Plus Blue PPO Signature approves the exception, you will pay Tier 4: Non-preferred Brand cost sharing for that drug.</p> <p>In-network \$0 deductible</p>	<p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Medicare Plus Blue PPO Assure for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the our website, formulary, printed materials and on the Medicare Prescription Drug Plan Finder on www.medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you'll pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Medicare Plus Blue PPO Assure approves the exception, you will pay Tier 4: Non-preferred Brand cost sharing for that drug.</p> <p>In-network \$0 deductible</p>



Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
Outpatient Prescription Drugs <i>continued</i>		<p>Initial Coverage</p> <p>After you pay your yearly deductible, you pay 25% until total yearly drug costs reach \$2,850.</p> <p>Retail Pharmacy</p> <p>Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs the following ways:</p> <ul style="list-style-type: none">- one-month (31-day) supply- three-month (90-day) supply <p>Not all drugs are available at this extended day supply.</p> <p>Please contact us for more information.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>Initial Coverage</p> <p>After you pay your yearly deductible, you pay 25% until total yearly drug costs reach \$2,850.</p> <p>Retail Pharmacy</p> <p>Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs the following ways:</p> <ul style="list-style-type: none"> - one-month (31-day) supply - three-month (90-day) supply <p>Not all drugs are available at this extended day supply.</p> <p>Please contact us for more information.</p>	<p>Initial Coverage</p> <p>You pay the following until total yearly drug costs reach \$2,850.</p> <p>Retail Pharmacy</p> <p>Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs from a preferred and non-preferred pharmacy in the following ways:</p> <p><i>Tier 1: Preferred Generic</i></p> <ul style="list-style-type: none"> - \$3 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy. - \$7.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy. - \$3 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy. - \$9 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy. 	<p>Initial Coverage</p> <p>You pay the following until total yearly drug costs reach \$2,850.</p> <p>Retail Pharmacy</p> <p>Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs from a preferred and non-preferred pharmacy in the following ways:</p> <p><i>Tier 1: Preferred Generic</i></p> <ul style="list-style-type: none"> - \$3 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy. - \$7.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy. - \$3 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy. - \$9 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.



Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
Outpatient Prescription Drugs <i>continued</i>		

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
	<p><i>Tier 2: Non-preferred Generic</i></p> <ul style="list-style-type: none"> - \$15 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy. - \$37.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy. - \$15 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy. - \$45 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy. <p><i>Tier 3: Preferred Brand</i></p> <ul style="list-style-type: none"> - \$45 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy. - \$112.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy. - \$45 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy. - \$135 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy. 	<p><i>Tier 2: Non-preferred Generic</i></p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy. - \$25 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy. - \$10 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy. - \$30 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy. <p><i>Tier 3: Preferred Brand</i></p> <ul style="list-style-type: none"> - \$40 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy. - \$100 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy. - \$40 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy. - \$120 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.



Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
Outpatient Prescription Drugs <i>continued</i>		<p>Long-term Care Pharmacy Long term care pharmacies must dispense brand name drugs in less than a 14- day supply at a time. They may also dispense less than a month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>Long-term Care Pharmacy Long term care pharmacies must dispense brand name drugs in less than a 14- day supply at a time. They may also dispense less than a month’s supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p>	<p><i>Tier 4: Non-preferred Brand</i></p> <ul style="list-style-type: none"> - \$95 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy. - \$237.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy. - \$95 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy. - \$285 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy. <p><i>Tier 5: Specialty Tier Drugs</i></p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy. - 33% coinsurance for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy. <p>Long-term Care Pharmacy Long term care pharmacies must dispense brand name drugs in less than a 14- day supply at a time. They may also dispense less than a month’s supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p>	<p><i>Tier 4: Non-preferred Brand</i></p> <ul style="list-style-type: none"> - \$95 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy. - \$237.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy. - \$95 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy. - \$285 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy. <p><i>Tier 5: Specialty Tier Drugs</i></p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy. - 33% coinsurance for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy. <p>Long-term Care Pharmacy Long term care pharmacies must dispense brand name drugs in less than a 14- day supply at a time. They may also dispense less than a month’s supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p>



Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
Outpatient Prescription Drugs <i>continued</i>		<p>You can get drugs the following way:</p> <ul style="list-style-type: none">- One month (31-day) supply of generic drugs- 31-day supply of brand drugs. <p>Mail Order Contact us if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>You can get drugs the following way:</p> <ul style="list-style-type: none"> - One month (31-day) supply of generic drugs - 31-day supply of brand drugs. 	<p><i>Tier 1: Preferred Generic</i></p> <ul style="list-style-type: none"> - \$3 copay for a one-month (31-day) supply of generic drugs in this tier. <p><i>Tier 2: Non-preferred Generic</i></p> <ul style="list-style-type: none"> - \$15 copay for a one-month (31-day) supply of generic drugs in this tier. <p><i>Tier 3: Preferred Brand</i></p> <ul style="list-style-type: none"> - \$45 copay for a one-month (31-day) supply of brand drugs in this tier. <p><i>Tier 4: Non-preferred Brand</i></p> <ul style="list-style-type: none"> - \$95 copay for a one-month (31-day) supply of brand drugs in this tier. <p><i>Tier 5: Specialty Tier</i></p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (31-day) supply of drugs generic drugs in this tier 	<p><i>Tier 1: Preferred Generic</i></p> <ul style="list-style-type: none"> - \$3 copay for a one-month (31-day) supply of generic drugs in this tier. <p><i>Tier 2: Non-preferred Generic</i></p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31-day) supply of generic drugs in this tier <p><i>Tier 3: Preferred Brand</i></p> <ul style="list-style-type: none"> - \$40 copay for a one-month (31-day) supply of brand drugs in this tier. <p><i>Tier 4: Non-preferred Brand</i></p> <ul style="list-style-type: none"> - \$95 copay for a one-month (31-day) supply of brand drugs in this tier. <p><i>Tier 5: Specialty Tier</i></p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (31-day) supply of generic drugs in this tier
<p>Mail Order Contact us if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p>	<p>Mail Order Contact us if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p>	<p>Mail Order Contact us if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p>



Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
Outpatient Prescription Drugs <i>continued</i>		<p>You can get drugs the following ways:</p> <ul style="list-style-type: none">- one-month (31-day) supply- three-month (90-day) supply <p>Not all drugs are available in a three-month supply. Please contact the plan for more information.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>You can get drugs the following ways:</p> <ul style="list-style-type: none"> - one-month (31-day) supply - three-month (90-day) supply <p>Not all drugs are available at this three-month supply. Please contact the plan for more information.</p>	<p>You can get drugs the following ways:</p> <p><i>Tier 1: Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> - \$3 copay for a one-month (31-day) supply of drugs in this tier. - \$7.50 copay for a three-month (90-day) supply of drugs in this tier. <p><i>Tier 2: Non-preferred Generic</i></p> <ul style="list-style-type: none"> - \$15 copay for a one-month (31-day) supply of drugs in this tier. - \$37.50 copay for a three-month (90-day) supply of drugs in this tier. <p><i>Tier 3: Preferred Brand</i></p> <ul style="list-style-type: none"> - \$45 copay for a one-month (31-day) supply of drugs in this tier. - \$112.50 copay for a three-month (90-day) supply of drugs in this tier. <p><i>Tier 4: Non-preferred Brand</i></p> <ul style="list-style-type: none"> - \$95 copay for a one-month (31-day) supply of drugs in this tier. - \$237.50 copay for a three-month (90-day) supply of drugs in this tier. <p><i>Tier 5: Specialty Tier Drugs</i></p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (31-day) supply of drugs in this tier. 	<p>You can get drugs the following ways:</p> <p><i>Tier 1: Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> - \$3 copay for a one-month (31-day) supply of drugs in this tier. - \$7.50 copay for a three-month (90-day) supply of drugs in this tier. <p><i>Tier 2: Non-preferred Generic</i></p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31-day) supply of drugs in this tier. - \$25 copay for a three-month (90-day) supply of drugs in this tier. <p><i>Tier 3: Preferred Brand</i></p> <ul style="list-style-type: none"> - \$40 copay for a one-month (31-day) supply of drugs in this tier. - \$100 copay for a three-month (90-day) supply of drugs in this tier. <p><i>Tier 4: Non-preferred Brand</i></p> <ul style="list-style-type: none"> - \$95 copay for a one-month (31 day) supply of drugs in this tier - \$237.50 copay for a three-month (90-day) supply of drugs in this tier. <p><i>Tier 5: Specialty Tier Drugs</i></p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (31-day) supply of drugs in this tier.



Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
Outpatient Prescription Drugs <i>continued</i>		Coverage Gap After your total yearly drug costs reach \$2,850, you receive limited coverage on certain drugs. You'll also receive a discount on brand-name drugs and Generally pay no more than 47.5% for the plan's costs for brand drugs and 72% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,550.

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>Coverage Gap After your total yearly drug costs reach \$2,850, you receive limited coverage on certain drugs. You'll also receive a discount on brand-name drugs and Generally pay no more than 47.5% for the plan's costs for brand drugs and 72% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p>Coverage Gap After your total yearly drug costs reach \$2,850, you receive limited coverage on certain drugs. You'll also receive a discount on brand-name drugs and Generally pay no more than 47.5% for the plan's costs for brand drugs and 72% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p>Coverage Gap After your total yearly drug costs reach \$2,850, you receive limited coverage on certain drugs. You'll also receive a discount on brand-name drugs and Generally pay no more than 47.5% for the plan's costs for brand drugs and 72% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Additional Coverage Gap The plan offers additional coverage in the gap for the following tiers. You pay the following:</p> <p>Retail Pharmacy Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p><i>Tier 1: Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> - \$3 copay for a one-month (31-day) supply of all drugs covered in this tier from a preferred pharmacy. - \$7.50 copay for a three-month (90-day) supply of all drugs in this tier from a preferred pharmacy. - \$3 copay for a one-month (31-day) supply of all drugs covered in this tier from a non-preferred pharmacy. - \$9 copay for a three-month (90-day) supply of all drugs in this tier from a non-preferred pharmacy.



Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
Outpatient Prescription Drugs <i>continued</i>		

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
		<p>Long-term Care Pharmacy Long term care pharmacies must dispense brand name drugs in amounts less than a 14-day supply at a time. They may also dispense less than a month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p><i>Tier 1: Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> - \$3 copay for a one-month (31-day) supply of all drugs covered in this tier. <p>Mail Order Contact us if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p><i>Tier 1: Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> - \$3 copay for a one-month (31-day) supply of all drugs covered in this tier. - \$7.50 copay for a three-month (90-day) supply of all drugs covered in this tier.

Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
Outpatient Prescription Drugs <i>continued</i>		<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or - \$2.55 copay for generic (including brand drugs treated as generic) and a - \$6.35 copay for all other drugs. <p>Out-of-network Plan drugs may be covered in special circumstances, for instance, if you become ill while traveling outside of our service area where there's no network pharmacy.</p> <p>You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Medicare Plus Blue PPO Essential.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or - \$2.55 copay for generic (including brand drugs treated as generic) and a - \$6.35 copay for all other drugs. <p>Out-of-network Plan drugs may be covered in special circumstances, for instance, if you become ill while traveling outside of our service area where there's no network pharmacy.</p> <p>You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Medicare Plus Blue PPO Vitality.</p>	<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or - \$2.55 copay for generic (including brand drugs treated as generic) and a - \$6.35 copay for all other drugs. <p>Out-of-network Plan drugs may be covered in special circumstances, for instance if you become ill while traveling outside of our service area where there's no network pharmacy.</p> <p>You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Medicare Plus Blue PPO Signature.</p>	<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or - \$2.55 copay for generic (including brand drugs treated as generic) and a - \$6.35 copay for all other drugs. <p>Out-of-network Plan drugs may be covered in special circumstances, for instance, if you become ill while traveling outside of our service area where there's no network pharmacy.</p> <p>You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Medicare Plus Blue PPO Assure.</p>



Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
Outpatient Prescription Drugs <i>continued</i>		<p>You can get out-of-network drugs the following way:</p> <ul style="list-style-type: none">- One-month (31-day) supply <p>Out-of-network Initial Coverage After you pay your yearly deductible, you will be reimbursed up to 75% of the actual cost for drugs purchased out-of-network until your total yearly drug costs reach \$2,850.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>You can get out-of-network drugs the following way:</p> <ul style="list-style-type: none"> - One-month (31-day) supply <p>Out-of-network Initial Coverage After you pay your yearly deductible, you will be reimbursed up to 75% of the actual cost for drugs purchased out-of-network until your total yearly drug costs reach \$2,850.</p>	<p>You can get out-of-network drugs the following way:</p> <ul style="list-style-type: none"> - One-month (31-day) supply <p>Out-of-network Initial Coverage You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until your total yearly drug costs reach \$2,850:</p> <p><i>Tier 1: Preferred Generic</i></p> <ul style="list-style-type: none"> - \$3 copay for a one-month (31-day) supply of drugs in this tier. <p><i>Tier 2: Non-preferred Generic</i></p> <ul style="list-style-type: none"> - \$15 copay for a one-month (31-day) supply of drugs in this tier. <p><i>Tier 3: Preferred Brand</i></p> <ul style="list-style-type: none"> - \$45 copay for a one-month (31-day) supply of drugs in this tier. <p><i>Tier 4: Non-preferred Brand</i></p> <ul style="list-style-type: none"> - \$95 copay for a one-month (31-day) supply of drugs in this tier. <p><i>Tier 5: Specialty Tier</i></p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (31-day) supply of drugs in this tier. <p>You will not be reimbursed for the difference between the out-of-network pharmacy charge and the plan's in-network allowable amount.</p>	<p>You can get out-of-network drugs the following way:</p> <p>Out-of-network Initial Coverage You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until your total yearly drug costs reach \$2,850:</p> <p><i>Tier 1: Preferred Generic</i></p> <ul style="list-style-type: none"> - \$3 copay for a one-month (31-day) supply of drugs in this tier. <p><i>Tier 2: Non-preferred Generic</i></p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31-day) supply of drugs in this tier. <p><i>Tier 3: Preferred Brand</i></p> <ul style="list-style-type: none"> - \$40 copay for a one-month (31-day) supply of drugs in this tier. <p><i>Tier 4: Non-preferred Brand</i></p> <ul style="list-style-type: none"> - \$95 copay for a one-month (31-day) supply of drugs in this tier. <p><i>Tier 5: Specialty Tier</i></p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (31-day) supply of drugs in this tier. <p>You will not be reimbursed for the difference between the out-of-network pharmacy charge and the plan's in-network allowable amount.</p>



Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
Outpatient Prescription Drugs <i>continued</i>		Out-of-network Coverage Gap You will be reimbursed up to 28% of the plan allowable cost for generic drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,550. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s). You will be reimbursed up to 52.5% of the plan allowable cost for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,550. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>Out-of-network Coverage Gap You will be reimbursed up to 28% of the plan allowable cost for generic drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,550. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p>You will be reimbursed up to 52.5% of the plan allowable cost for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,550. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p>You will not be reimbursed for the difference between the out-of-network pharmacy charge and the plans in-network allowed amount.</p>	<p>Out-of-network Coverage Gap You will be reimbursed up to 28% of the plan allowable cost for generic drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,550. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p>You will be reimbursed up to 52.5% of the plan allowable cost for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,550. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p>Additional Out-of-network Coverage Gap You will not be reimbursed for the difference between the out-of-network pharmacy charge and the plan's in-network allowable amount.</p>	<p>Out-of-network Coverage Gap You will be reimbursed up to 28% of the plan allowable cost for generic drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,550. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p>You will be reimbursed up to 52.5% of the plan allowable cost for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,550. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p>Additional Out-of-network Coverage Gap You will be reimbursed for these drugs purchased out-of-network up to the plan's cost of the drug minus the following:</p> <p><i>Tier 1: Preferred Generic</i></p> <ul style="list-style-type: none"> - \$3 copay for a one-month (31-day) supply of all drugs covered in this tier. <p>You will not be reimbursed for the difference between the out-of-network pharmacy charge and the plans in-network allowed amount.</p>

Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
Outpatient Prescription Drugs <i>continued</i>		<p>Out-of-network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or - \$2.55 copay for generic (including brand drugs treated as generic) and a - \$6.35 copay for all other drugs.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
26 Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-network</p> <p>Preventive dental benefits (such as cleaning) aren't covered.</p> <p>\$25 to \$200 copay for Medicare-covered dental benefits after deductible.</p> <p>Out-of-network</p> <p>40% of the cost for Medicare-covered comprehensive dental benefits after deductible.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>Out-of-network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out- of-network up to the plan’s cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or - \$2.55 copay for generic (including brand drugs treated as generic) and a - \$6.35 copay for all other drugs. 	<p>Out-of-network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out- of-network up to the plan’s cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or - \$2.55 copay for generic (including brand drugs treated as generic) and a - \$6.35 copay for all other drugs. <p>You will not be reimbursed for the difference between the out-of-network pharmacy charge and the plan’s in-network allowable amount.</p>	<p>Out-of-network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out- of-network up to the plan’s cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or - \$2.55 copay for generic (including brand drugs treated as generic) and a - \$6.35 copay for all other drugs. <p>You will not be reimbursed for the difference between the out-of-network pharmacy charge and the plan’s in-network allowable amount.</p>
<p>In-network \$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - up to two oral exams every year - up to two cleanings every year - up to one dental X-ray every two years <p>\$20 to \$175 copay for Medicare-covered dental benefits.</p> <p>Out-of-network 40% of the cost for Medicare-covered comprehensive dental benefits after deductible.</p> <p>50% of the cost for supplemental preventive dental benefits.</p>	<p>In-network \$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - up to two oral exams every year - up to two cleanings every year - up to one dental X-ray every two years <p>\$15 to \$150 copay for Medicare-covered dental benefits.</p> <p>Out-of-network 40% of the cost for Medicare-covered comprehensive dental benefits after deductible.</p> <p>50% of the cost for supplemental preventive dental benefits.</p>	<p>In-network \$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - up to two oral exams every year - up to two cleanings every year - up to one dental X-ray every two years <p>\$10 to \$100 copay for Medicare-covered dental benefits.</p> <p>Out-of-network 30% of the cost for Medicare-covered comprehensive dental benefits after deductible.</p> <p>50% of the cost for supplemental preventive dental benefits.</p>



Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
27 Hearing Services	Supplemental routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	In-network Supplemental routine hearing exams and hearing aids aren't covered. \$25 to \$50 copay for Medicare-covered diagnostic hearing exams after deductible. Out-of-network 50% of the cost for Medicare-covered diagnostic hearing exams after deductible.

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>In-network \$0 copay for up to two hearing aids every three years.</p> <p>\$20 to \$50 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$20 to \$50 copay for up to one supplemental routine hearing exam every year.</p> <p>\$0 copay for up to one hearing aid fitting-evaluation every three years.</p> <p>Out-of-network 50% of the cost for Medicare-covered diagnostic hearing exams after deductible.</p> <p>50% of the cost for supplemental hearing exams.</p> <p>50% of the cost for supplemental hearing aids.</p> <p>In- and Out-of-network \$1,000 plan coverage limit (\$500 per ear) for supplemental routine hearing aids every three years. This limit applies to both in-network and out-of-network benefits.</p>	<p>In-network \$0 copay for up to two hearing aids every three years.</p> <p>\$15 to \$45 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$15 to \$45 copay for up to one supplemental routine hearing exam every year.</p> <p>\$0 copay for up to one hearing aid fitting-evaluation every three years.</p> <p>Out-of-network 50% of the cost for Medicare-covered diagnostic hearing exams after deductible.</p> <p>50% of the cost for supplemental hearing exams.</p> <p>50% of the cost for supplemental hearing aids.</p> <p>In- and Out-of-network \$1,000 plan coverage limit (\$500 per ear) for supplemental routine hearing aids every three years. This limit applies to both in-network and out-of-network benefits.</p>	<p>In-network \$0 copay for up to two hearing aids every three years.</p> <p>\$10 to \$40 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$10 to \$40 copay for up to one supplemental routine hearing exam every year.</p> <p>\$0 copay for up to one hearing aid fitting-evaluation every three years.</p> <p>Out-of-network 50% of the cost for Medicare-covered diagnostic hearing exams after deductible.</p> <p>50% of the cost for supplemental hearing exams.</p> <p>50% of the cost for supplemental hearing aids.</p> <p>In- and Out-of-network \$1,000 plan coverage limit (\$500 per ear) for supplemental routine hearing aids every three years. This limit applies to both in-network and out-of-network benefits.</p>



Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
28 Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk</p> <p>Supplemental routine eye exams and eyeglasses (lenses and frames) not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p>	<p>In-network</p> <p>This plan offers only Medicare-covered eye care and eye wear.</p> <p>\$25 to \$50 copay for Medicare-covered exams to diagnose and treat diseases and conditions of the eye after deductible.</p> <p>\$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery after deductible.</p> <p>\$50 copay for Lasik or RK surgery.</p> <p>If the doctor provides services in addition to eye exams, separate cost-sharing of \$25 to \$50 may apply after deductible.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>In-network \$20 to \$50 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 copay for up to one supplemental routine eye exam every year.</p> <p>\$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery</p> <p>\$10 copay for up to one pair of glasses (lenses and frames) every two years.</p> <p>\$10 copay for up to one pair of contact lenses every two years.</p> <p>\$10 copay for up to one pair of eyeglass lenses every two years.</p> <p>\$10 copay for up to one frame every two years.</p> <p>\$50 copay for Lasik or RK surgery.</p> <p>\$100 plan coverage limit for supplemental eyewear every two years.</p> <p>If the doctor provides services in addition to eye exams, separate cost-sharing of \$20 to \$50 may apply.</p>	<p>In-network \$15 to \$45 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 copay for up to one supplemental routine eye exam every year.</p> <p>\$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery</p> <p>\$10 copay for up to one pair of glasses (lenses and frames) every two years.</p> <p>\$10 copay for up to one pair of contact lenses every two years.</p> <p>\$10 copay for up to one pair of lenses every two years.</p> <p>\$10 copay for up to one frame every two years</p> <p>\$45 copay for Lasik or RK surgery.</p> <p>\$100 plan coverage limit for supplemental eyewear every two years.</p> <p>If the doctor provides services in addition to eye exams, separate cost-sharing of \$15 to \$45 may apply.</p>	<p>In-network \$10 to \$40 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 copay for up to one supplemental routine eye exam every year.</p> <p>\$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.</p> <p>\$10 copay for up to one pair of glasses (lenses and frames) every two years.</p> <p>\$10 copay for up to one pair of contact lenses every two years.</p> <p>\$10 copay for up to one pair of lenses every two years.</p> <p>\$10 copay for up to one frame every two years.</p> <p>\$40 copay for Lasik or RK surgery.</p> <p>\$100 plan coverage limit for supplemental eyewear every two years.</p> <p>If the doctor provides services in addition to eye exams, separate cost-sharing of \$10 to \$40 may apply.</p>

Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
Vision Services <i>continued</i>		Out-of-network 40% of the cost for Medicare-covered eye exams after deductible. 40% copay for Medicare-covered eyewear after deductible. 40% of the cost for LASIK and radial keratotomy.
Wellness/Education and Other Supplemental Benefits & Services	Not covered.	In-network The plan covers the following supplemental education/wellness programs: <ul style="list-style-type: none"> - Additional smoking and tobacco use cessation visits - Nursing hotline Out-of-network 40% of the cost for supplemental education/wellness programs.

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>Out-of-network 40% of the cost for Medicare-covered eye exams, after deductible.</p> <p>40% copay for Medicare-covered eyewear, after deductible.</p> <p>\$0 to \$10 copay for supplemental routine eye exams.</p> <p>\$0 to \$10 copay for supplemental eyewear.</p> <p>\$40% of the cost for LASIK and radial keratotomy.</p>	<p>Out-of-network 40% of the cost for Medicare-covered eye exams, after deductible.</p> <p>40% of the cost for Medicare-covered eyewear, after deductible.</p> <p>\$0 to \$10 copay for supplemental routine eye exams.</p> <p>\$0 to \$10 copay for supplemental eyewear.</p> <p>\$40% of the cost for LASIK and radial keratotomy.</p>	<p>Out-of-network 30% of the cost for Medicare-covered eye exams, after deductible.</p> <p>30% copay for Medicare-covered eyewear, after deductible.</p> <p>\$0 to \$10 copay for supplemental routine eye exams.</p> <p>\$0 to \$10 copay for supplemental eyewear.</p> <p>\$30% of the cost for LASIK and radial keratotomy.</p>
<p>In-network The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> - Additional smoking and tobacco use cessation visits - Health club membership/fitness classes - Nursing hotline <p>Out-of-network 40% of the cost for supplemental education/wellness programs.</p>	<p>In-network The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> - Additional smoking and tobacco use cessation visits - Health club membership/fitness classes - Nursing hotline <p>Out-of-network 40% of the cost for supplemental education/wellness programs.</p>	<p>In-network The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> - Additional smoking and tobacco use cessation visits - Health club membership/fitness classes - Nursing hotline <p>Out-of-network 30% of the cost for supplemental education/wellness programs.</p>

Benefit	Original Medicare	MEDICARE PLUS BLUE PPO
		Essential
Over-the-counter Items	Not covered	<p>General Please visit our website to see our list of covered over-the-counter items. OTC items may be purchased only for the enrollee. Please contact us for specific instructions for using this benefit.</p> <p>The plan will pay up to \$100 for all of the following services combined:</p> <p>Supplemental - OTC items include the following:</p> <p>Shower/bathtub grab bar and bench, and commode rails and elevated toilet seats. Installation isn't covered.</p>
Transportation (Routine)	Not covered	<p>In-network This plan doesn't cover supplemental routine transportation.</p>
Acupuncture and Other Alternative Therapies	Not covered	<p>In-network This plan doesn't cover acupuncture.</p>

MEDICARE PLUS BLUE PPO

Vitality	Signature	Assure
<p>General Please visit our website to see our list of covered over-the-counter items. OTC items may be purchased only for the enrollee. Please contact us for specific instructions for using this benefit.</p> <p>The plan will pay up to \$100 for all of the following services combined:</p> <p>Supplemental - OTC items include the following:</p> <p>Shower/bathtub grab bar and bench, and commode rails and elevated toilet seats. Installation isn't covered.</p>	<p>General Please visit our website to see our list of covered over-the-counter items. OTC items may be purchased only for the enrollee. Please contact us for specific instructions for using this benefit.</p> <p>The plan will pay up to \$100 for all of the following services combined:</p> <p>Supplemental - OTC items include the following:</p> <p>Shower/bathtub grab bar and bench, and commode rails and elevated toilet seats. Installation isn't covered.</p>	<p>General Please visit our website to see our list of covered over-the-counter items. OTC items may be purchased only for the enrollee. Please contact us for specific instructions for using this benefit.</p> <p>The plan will pay up to \$100 for all of the following services combined:</p> <p>Supplemental - OTC items include the following:</p> <p>Shower/bathtub grab bar and bench, and commode rails and elevated toilet seats. Installation isn't covered.</p>
<p>In-network This plan doesn't cover supplemental routine transportation.</p>	<p>In-network This plan doesn't cover supplemental routine transportation.</p>	<p>In-network This plan doesn't cover supplemental routine transportation.</p>
<p>In-network This plan does not cover acupuncture.</p>	<p>In-network This plan doesn't cover acupuncture.</p>	<p>In-network This plan doesn't cover acupuncture.</p>

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