

Summary of Benefits

**Medicare Plus Blue GroupSM Option E
(Traditional)**

**Medicare Plus Blue GroupSM Option F
(Community Blue)**

**Medicare Plus Blue GroupSM Option G
(Comprehensive Major Medical)**

July 1, 2007 – December 31, 2007, revised edition

Medicare **PLUS Blue** GroupSM



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

Medicare Plus Blue Group is a private fee-for-service plan with a Medicare contract. Medicare Plus Blue Group is issued by Blue Cross Blue Shield of Michigan, a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.



CITY OF DETROIT

**Please call Blue Cross Blue Shield of Michigan
for more information about this plan.**

Visit us at www.bcbsm.com

or, call us: Customer Service Hours: 8:30 a.m. to 5:00 p.m. EST, Monday through Friday
1-866-684-8216 (TTY/TDD users call 1-800-579-0235)

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.

If you have special needs, this document may be available in other formats.

SECTION 1

Introduction to the Summary of Benefits for Medicare Plus Blue Group Options

July 1, 2007 – December 31, 2007

Medicare Plus Blue Group Options are administered by BLUE CROSS BLUE SHIELD OF MICHIGAN, a Medicare Advantage Private Fee-for-Service organization. This Summary of Benefits tells you some features of the plans. Under Medicare Plus Blue Group your coverage under Original Medicare Parts A and B will be combined with your group's supplemental hospital and medical coverage. Upon enrollment you will receive an "Evidence of Coverage" for the option you have selected.

You may join or leave a plan only at certain times. Please call **Medicare Plus Blue Group** at the telephone number listed on the inside front cover of this booklet for more information.

You will receive all of the benefits that the Original Medicare Plan offers. Your group health plan also offers more benefits, which may change from year to year.

WHO IS ELIGIBLE TO JOIN MEDICARE PLUS BLUE GROUP?

You can join **Medicare Plus Blue Group** if you are enrolled in Medicare Part A and Part B.

CAN I CHOOSE MY DOCTORS?

As a member of **Medicare Plus Blue Group**, you can use any Medicare doctor, specialist, or hospital that accepts Medicare payment and accepts the terms, conditions and payment rate of the Blue Cross Blue Shield of Michigan plan. Blue Cross Blue Shield of Michigan has the right to determine if the service or treatment ordered by your health care provider is covered under the Blue Cross Blue Shield of Michigan plan.

You must present your **Medicare Plus Blue Group** member identification card to providers before you receive services. This will give the provider the opportunity to contact us for our payment terms and conditions. If the provider you choose refuses to accept **Medicare Plus Blue Group** because he/she is not familiar with the plan, he/she may call our Provider Services representatives at 1-866-309-1719 or visit www.bcbsm.com for more information.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

Each year, Medicare Advantage Plans decide whether to continue for another year. If Blue Cross Blue Shield of Michigan leaves the program, you will not lose Medicare coverage. You will receive 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 Group**, you have the right to file a grievance.

If you have any questions regarding your coverage in Medicare Plus Blue Group or disagree with your eligibility for coverage in this plan and wish to file a grievance, call Customer Service at 1-866-684-8216 (TTY/TDD users call 1-800-579-0235) 8:30 a.m. to 5 p.m., Monday through Friday or write: Blue Cross Blue Shield of Michigan, P.O. Box 440, Southfield, Michigan 48037.

If you're not satisfied with the outcome of your grievance, you have a guaranteed right to complain or appeal a decision about your coverage by calling 1-800-545-7100 (TTY/TDD 1-877-924-2583) 8 a.m. to 6 p.m., Monday through Friday. If the situation requires an urgent response, we can expedite your request.

SECTION 2 — Summary of Benefits

Medicare PLUS Blue Group™



Your services must be medically necessary with the exception of those listed as preventive care.

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

Benefit	Original Medicare	Medicare Plus Blue Group Option E (Traditional)	Medicare Plus Blue Group Option F (Community Blue)	Medicare Plus Blue Group Option G (Comprehensive Master Medical)
IMPORTANT INFORMATION				
<p>1 Premium and Other Important Information</p>	<p>You pay the Medicare Part B premium of \$93.50 each month. The Medicare Part B deductible may change each year.</p> <p>Most people will pay the standard monthly Part B premium. However, starting January 1, 2007, some people will have to pay a higher premium because of their yearly income (over \$80,000 for singles, \$160,000 for married couples). For more information on Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users call 1-800-325-0778.</p>	<p>In addition to Medicare Parts A and B premiums, you may also be required to pay a premium contribution as defined by your employer group.</p> <p>Services are subject to an Annual Deductible of \$175(i) and an \$825 coinsurance maximum. Once the 20% coinsurance equals \$825, all covered services paid at 80% will be paid at 100%. For dates of service of July 1, 2007 through December 31, 2007, the annual deductible is waived.</p>	<p>In addition to Medicare Parts A and B premiums, you may also be required to pay a premium contribution as defined by your employer group.</p> <p>Services are subject to an Annual Deductible of \$175(i) and an \$825 coinsurance maximum. Once the 10% coinsurance equals \$825, all covered services paid at 90% will be paid at 100%. For dates of service of July 1, 2007 through December 31, 2007, the annual deductible is waived.</p>	<p>In addition to Medicare Parts A and B premiums, you may also be required to pay a premium contribution as defined by your employer group.</p> <p>Services are subject to an Annual Deductible of \$175(i) and an \$825 coinsurance maximum. Once the 10% coinsurance equals \$825, all covered services paid at 90% will be paid at 100%. For dates of service of July 1, 2007 through December 31, 2007, the annual deductible is waived.</p>
<p>2 Doctor and Hospital Choice (For more information, see Emergency 15 and Urgently Needed Care 16)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare assignments.</p> <p>If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.</p> <p>No coverage outside the U.S. except under limited circumstances.</p>	<p>You may go to any doctor, specialist, or hospital that accepts BCBSM's terms and conditions.</p>	<p>You may go to any doctor, specialist, or hospital that accepts BCBSM's terms and conditions.</p>	<p>You may go to any doctor, specialist, or hospital that accepts BCBSM's terms and conditions.</p>

(i). The \$175 annual deductible is waived for dates of service of July 1, 2007 to December 31, 2007.

Benefit	Original Medicare	Medicare Plus Blue Group Option E (Traditional)	Medicare Plus Blue Group Option F (Community Blue)	Medicare Plus Blue Group Option G (Comprehensive Master Medical)
INPATIENT CARE				
<p>3 Inpatient Hospital Care (includes rehabilitation services)</p>	<p>You pay for each benefit period:</p> <p>A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. 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>Days 1-60: an initial deductible of \$992</p> <p>Days 61 – 90: \$248 each day</p> <p>Days 91-150: \$496 each lifetime reserve day.</p> <p>Lifetime reserve days can only be used once.</p> <p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p>	<p>There is no deductible or coinsurance for inpatient hospital services received at a hospital.</p> <p>Doctor inpatient visits are covered in full.</p> <p>Residential substance abuse care is covered in full.</p> <p>Unlimited days for inpatient care.</p>	<p>There is no deductible or coinsurance for inpatient hospital services received at a hospital.</p> <p>Doctor inpatient visits are covered in full.</p> <p>Residential substance abuse care is covered in full.</p> <p>Unlimited days for inpatient care.</p>	<p>There is no deductible or coinsurance for inpatient hospital services received at a hospital.</p> <p>Doctor inpatient visits are covered in full.</p> <p>Residential substance abuse care is covered in full.</p> <p>Unlimited days for inpatient care.</p>

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Benefit	Original Medicare	Medicare Plus Blue Group Option E (Traditional)	Medicare Plus Blue Group Option F (Community Blue)	Medicare Plus Blue Group Option G (Comprehensive Master Medical)
<p>4 Inpatient Mental Health Care (includes substance abuse)</p>	<p>You pay the same deductible and copayments as inpatient hospital care (above) except Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.</p>	<p>Unlimited days for inpatient care coverage includes inpatient mental health care, substance abuse and residential care.</p> <p>There is no deductible or coinsurance for inpatient mental health care.</p>	<p>Unlimited days for inpatient care coverage includes inpatient mental health care, substance abuse and residential care.</p> <p>There is no deductible or coinsurance for inpatient mental health care.</p>	<p>Unlimited days for inpatient care coverage includes inpatient mental health care, substance abuse and residential care.</p> <p>There is no deductible or coinsurance for inpatient mental health care.</p>
<p>5 Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>You pay for each benefit period, following at least a 3-day covered hospital stay:</p> <p>A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. 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>Days 1 – 20: \$0 for each day Days 21-100: \$119 for each day</p> <p>There is a limit of 100 days for each benefit period.</p>	<p>There is no deductible or coinsurance for skilled nursing facility services.</p> <p>You are covered up to 730 days. The days renew when you have been out of a hospital or skilled nursing facility for 60 days in a row.</p>	<p>There is no deductible or coinsurance for skilled nursing facility services.</p> <p>You are covered up to 120 days. The days renew when you have been out of a hospital or skilled nursing facility for 60 days in a row.</p>	<p>There is no deductible or coinsurance for skilled nursing facility services, unlimited days.</p>

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Benefit	Original Medicare	Medicare Plus Blue Group Option E (Traditional)	Medicare Plus Blue Group Option F (Community Blue)	Medicare Plus Blue Group Option G (Comprehensive Master Medical)
6 Home Health Care (includes intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	There is no copayment for all covered home health visits.	There is no deductible or coinsurance for home health care, including visiting nurse services.	There is no deductible or coinsurance for home health care, including visiting nurse services.	There is no deductible or coinsurance for home health care, including visiting nurse services.
7 Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must receive care from a Medicare-certified hospice.	There is no deductible or coinsurance for hospice services. You must receive care from a Medicare-certified hospice.	There is no deductible or coinsurance for hospice services. You must receive care from a Medicare-certified hospice.	There is no deductible or coinsurance for hospice services. You must receive care from a Medicare-certified hospice.
OUTPATIENT CARE				
8 Doctor Office Visits	You pay the \$131 annual deductible plus 20% of Medicare-approved amounts.	You pay the \$175(i) annual deductible plus a 20% coinsurance. See 32 Physical Exams for more information.	You pay a \$10 copayment. See 32 Physical Exams for more information.	You pay a \$10 copayment. See 32 Physical Exams for more information.
9 Chiropractic Services	You pay the \$131 annual deductible plus 20% of Medicare-approved amounts. You are covered for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers. X-rays are not a covered benefit. You pay 100% for routine care.	You pay the \$175(i) annual deductible plus a 20% coinsurance. You are covered for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers. Spine X-rays are covered in full. You pay 100% for routine care.	You pay a \$10 copayment. You are covered for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers. You pay the \$175(i) annual deductible plus 10% coinsurance for spine X-rays. You pay 100% for routine care.	You pay a \$10 copayment. You are covered for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers. You pay the \$175(i) annual deductible plus 10% coinsurance for spine X-rays. You pay 100% for routine care.

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Benefit	Original Medicare	Medicare Plus Blue Group Option E (Traditional)	Medicare Plus Blue Group Option F (Community Blue)	Medicare Plus Blue Group Option G (Comprehensive Master Medical)
10 Podiatry Services	<p>You pay the \$131 annual deductible plus 20% of Medicare-approved amounts.</p> <p>You are covered for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p> <p>You pay 100% for routine care.</p>	<p>You pay the \$175(i) annual deductible plus a 20% coinsurance.</p> <p>You are covered for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p> <p>You pay 100% for routine care.</p>	<p>You pay a \$10 copayment.</p> <p>You are covered for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p> <p>You pay 100% for routine care.</p>	<p>You pay a \$10 copayment.</p> <p>You are covered for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p> <p>You pay 100% for routine care.</p>
11 Outpatient Mental Health Care	<p>You pay the \$131 annual deductible plus 50% of Medicare-approved amounts with the exception of certain situations and services.</p>	<p>You pay the \$175(i) annual deductible plus 50% coinsurance for services at a mental health facility or a physician's office.</p> <p>Does not apply against out-of-pocket maximum.</p>	<p>You pay the \$175(i) annual deductible plus 50% coinsurance for services at a mental health facility or a physician's office.</p> <p>Does not apply against out-of-pocket maximum.</p>	<p>You pay the \$175(i) annual deductible plus 10% coinsurance for services at a mental health facility or a physician's office.</p> <p>Does not apply against out-of-pocket maximum.</p>
12 Outpatient Substance Abuse Care	<p>You pay the \$131 annual deductible plus 50% of Medicare-approved amounts.</p>	<p>You pay the \$175(i) annual deductible plus 50% coinsurance.</p> <p>Does not apply against out-of-pocket maximum.</p>	<p>You pay the \$175(i) annual deductible plus 50% coinsurance.</p> <p>Does not apply against out-of-pocket maximum.</p>	<p>You pay the \$175(i) annual deductible plus 10% coinsurance.</p> <p>Does not apply against out-of-pocket maximum.</p>
13 Outpatient Services/Surgery	<p>You pay the \$131 annual deductible plus 20% of Medicare-approved amounts.</p> <p>You pay the \$131 annual deductible plus 20% of outpatient facility charges.</p>	<p>Covered in full.</p> <p>Voluntary sterilization is not covered.</p>	<p>Covered in full.</p> <p>Voluntary sterilization is subject to the \$175(i) annual deductible plus a 10% coinsurance.</p>	<p>Covered in full.</p> <p>Voluntary sterilization is covered in full.</p>
14 Ambulance Services	<p>You pay the \$131 annual deductible plus 20% of Medicare-approved amounts or applicable fee schedule charge.</p>	<p>Covered in full.</p>	<p>Covered in full.</p>	<p>Covered in full.</p>

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Benefit	Original Medicare	Medicare Plus Blue Group Option E (Traditional)	Medicare Plus Blue Group Option F (Community Blue)	Medicare Plus Blue Group Option G (Comprehensive Master Medical)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES				
18 Durable Medical Equipment (Wheelchairs, oxygen, etc.)	You pay the \$131 annual deductible plus 20% of Medicare-approved amounts.	You pay the \$175(i) annual deductible plus a 20%(ii) coinsurance	You pay the \$175(i) annual deductible plus a 10%(ii) coinsurance.	You pay the \$175(i) annual deductible plus a 10%(ii) coinsurance.
19 Prosthetic Devices (Braces, artificial limbs and eyes, etc.)	You pay the \$131 annual deductible plus 20% of Medicare-approved amounts.	You pay the \$175(i) annual deductible plus a 20%(ii) coinsurance.	You pay the \$175(i) annual deductible plus a 10%(ii) coinsurance.	You pay the \$175(i) annual deductible plus a 10%(ii) coinsurance
20 Diabetes Self-Monitoring Training and Medical Supplies (Glucose monitors, test strips, lancets, screening tests, and self-management training, etc.)	Diabetes screenings are covered in full. You pay the \$131 annual deductible plus 20% of Medicare-approved amounts.	Diabetes screenings are covered in full. You pay the \$175(i) annual deductible plus a 20% coinsurance for self-monitoring training. You pay the \$175(i) annual deductible plus a 20%(ii) coinsurance for medical supplies (test strips, lancets, etc.).	Diabetes screenings are covered in full. You pay a \$10 copayment for self-monitoring training. You pay the \$175(i) annual deductible plus a 10%(ii) coinsurance for medical supplies (test strips, lancets, etc.).	Diabetes screenings are covered in full. You pay a \$10 copayment for self-monitoring training. You pay the \$175(i) annual deductible plus a 10%(ii) coinsurance for medical supplies (test strips, lancets, etc.).
21 Diagnostic Tests, X-Rays, and Lab Services	You pay the \$131 annual deductible plus 20% of Medicare-approved amounts, except for approved clinical lab services. There is no copayment for Medicare-approved clinical lab services.	Covered in full.	You pay the \$175(i) annual deductible plus a 10% coinsurance except for approved lab services. There is no coinsurance for Medicare-approved clinical lab services.	You pay the \$175(i) annual deductible plus a 10% coinsurance except for approved lab services. There is no coinsurance for Medicare-approved clinical lab services.

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(ii). Coinsurance is waived for Durable Medical Equipment, Prosthetic/Orthotic Devices, and Medical Supplies for dates of service of July 1, 2007 through December 31, 2007.

Benefit	Original Medicare	Medicare Plus Blue Group Option E (Traditional)	Medicare Plus Blue Group Option F (Community Blue)	Medicare Plus Blue Group Option G (Comprehensive Master Medical)
PREVENTIVE SERVICES				
22 Bone Mass Measurement (for people who are at risk)	You pay the \$131 annual deductible plus 20% of Medicare-approved amounts.	Bone mass measurements are covered in full once annually.	Bone mass measurements are covered in full once annually.	Bone mass measurements are covered in full once annually.
23 Colorectal Screening Exams	You pay the \$131 annual deductible plus 20% of Medicare-approved amounts.	You pay the \$175(i) annual deductible plus a 20% coinsurance for barium enema, colonoscopy, flexible sigmoidoscopy. Fecal occult blood test covered in full.	Barium enema, colonoscopy, flexible sigmoidoscopy and fecal occult blood test are covered in full.	Barium enema, colonoscopy, flexible sigmoidoscopy and fecal occult blood test are covered in full.
24 Immunizations (Flu and Pneumonia shots for all people; Hepatitis B for people who are at risk.)	Flu shots covered in full once each flu season. Pneumococcal shot covered in full once in a lifetime unless medically necessary. You pay the \$131 annual deductible plus 20% of Medicare-approved amounts for the Hepatitis B shots.	Flu shots covered in full once each flu season. Pneumococcal shot covered in full once in a lifetime unless medically necessary. You pay the \$175(i) annual deductible plus a 20% coinsurance for Hepatitis B shots and Medicare-approved immunizations.	Flu shots covered in full once each flu season. Pneumococcal shot covered in full once in a lifetime unless medically necessary. You pay the \$175(i) annual deductible plus a 10% coinsurance for Hepatitis B shots and Medicare-approved immunizations.	Flu shots covered in full once each flu season. Pneumococcal shot covered in full once in a lifetime unless medically necessary. You pay the \$175(i) annual deductible plus a 10% coinsurance for Hepatitis B shots and Medicare-approved immunizations.
25 Mammograms (Annual Screening)	You pay 20% of Medicare-approved amounts.	Screening mammogram covered in full once annually.	Screening mammogram covered in full once annually.	Screening mammogram covered in full once annually.
26 Pap Smears and Pelvic Exams (for women with Medicare)	There is no copayment for a Pap Smear once every 2 years, annually for beneficiaries at high risk. You pay 20% of Medicare-approved amounts for Pelvic Exams.	Pap smear covered in full once annually. You pay the \$175(i) annual deductible plus a 20% coinsurance for an annual pelvic exam.	Pap smear and pelvic exam covered in full once annually.	Pap smear and pelvic exam covered in full once annually.

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Benefit	Original Medicare	Medicare Plus Blue Group Option E (Traditional)	Medicare Plus Blue Group Option F (Community Blue)	Medicare Plus Blue Group Option G (Comprehensive Master Medical)
<p>27 Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<p>There is no copayment for approved lab services. You pay the \$131 annual deductible plus 20% coinsurance for other related services.</p>	<p>There is no copayment for approved lab services. Prostate Screening Antigen test covered in full once annually. Digital rectal exam covered in full once annually.</p>	<p>There is no copayment for approved lab services. Prostate Screening Antigen test covered in full once annually. Digital rectal exam covered in full once annually.</p>	<p>There is no copayment for approved lab services. Prostate Screening Antigen test covered in full once annually. Digital rectal exam covered in full once annually.</p>
<p>28 Prescription Drugs</p>	<p>You pay 100% for most prescription drugs.</p>	<p>Refer to your City of Detroit Retiree Health Care Plan Options booklet for detailed prescription drug information.</p>	<p>Refer to your City of Detroit Retiree Health Care Plan Options booklet for detailed prescription drug information.</p>	<p>Refer to your City of Detroit Retiree Health Care Plan Options booklet for detailed prescription drug information.</p>
<p>29 Dental Services</p>	<p>In general, you pay 100% for preventive dental services.</p>	<p>You pay the \$175(i) annual deductible plus a 20% coinsurance for dental services due to injuries. For additional dental services, see your City of Detroit Retiree Health Care Plan Options booklet.</p>	<p>Dental services due to injuries are covered in full. For additional dental services, see your City of Detroit Retiree Health Care Plan Options booklet.</p>	<p>Dental services due to injuries are covered in full. For additional dental services, see your City of Detroit Retiree Health Care Plan Options booklet.</p>
<p>30 Hearing Services</p>	<p>You pay 100% for routine hearing exams and hearing aids You pay the \$131 annual deductible plus 20% of Medicare-approved amounts for diagnostic hearing exams.</p>	<p>Routine hearing care and hearing aids are not covered. You pay the \$175(i) annual deductible plus a 20% coinsurance for a diagnostic hearing office visit. Diagnostic testing is covered in full.</p>	<p>Routine hearing care and hearing aids are not covered. You pay a \$10 copayment for a diagnostic hearing office visit. You pay the \$175(i) annual deductible plus a 10% coinsurance for diagnostic testing.</p>	<p>Routine hearing care and one hearing aid is covered once every 36 months at a BCBSM-approved provider. You pay a \$10 copayment for a diagnostic hearing office visit. You pay the \$175(i) annual deductible plus a 10% coinsurance for diagnostic testing.</p>

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Benefit	Original Medicare	Medicare Plus Blue Group Option E (Traditional)	Medicare Plus Blue Group Option F (Community Blue)	Medicare Plus Blue Group Option G (Comprehensive Master Medical)
31 Vision Services	<p>You pay the \$131 annual deductible plus 20% of Medicare-approved amounts for one pair of eyeglasses or contact lenses after each cataract surgery.</p> <p>People who are at risk are covered for annual glaucoma screenings.</p> <p>You pay the \$131 annual deductible plus 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye.</p> <p>You pay 100% for routine eye exams and glasses.</p>	<p>You pay the \$175(i) annual deductible plus a 20% coinsurance for glaucoma tests.</p> <p>You pay the \$175(i) annual deductible plus a 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>For corrective lenses following cataract surgery you pay \$175(i) annual deductible plus a 20%(ii) coinsurance.</p> <p>Refractive surgery (i.e. LASIK) is not covered.</p> <p>Refer to your City of Detroit Retiree Health Care Plan Options booklet for routine eye exams and glasses.</p>	<p>You pay the \$175(i) annual deductible plus a 10% coinsurance for glaucoma tests.</p> <p>You pay the \$175(i) annual deductible plus a 10% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>For corrective lenses following cataract surgery you pay \$175(i) annual deductible plus a 10%(ii) coinsurance.</p> <p>Refractive surgery (i.e. LASIK) is not covered.</p> <p>Refer to your City of Detroit Retiree Health Care Plan Options booklet for routine eye exams and glasses.</p>	<p>You pay the \$175(i) annual deductible plus a 10% coinsurance for glaucoma tests.</p> <p>You pay the \$175(i) annual deductible plus a 10% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>For corrective lenses following cataract surgery you pay \$175(i) annual deductible plus a 10%(ii) coinsurance.</p> <p>Refractive surgery (i.e. LASIK) is covered in full.</p> <p>Refer to your City of Detroit Retiree Health Care Plan Options booklet for routine eye exams and glasses.</p>

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(ii). Coinsurance is waived for Durable Medical Equipment, Prosthetic/Orthotic Devices, and Medical Supplies for dates of service of July 1, 2007 through December 31, 2007.



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Benefit	Original Medicare	Medicare Plus Blue Group Option E (Traditional)	Medicare Plus Blue Group Option F (Community Blue)	Medicare Plus Blue Group Option G (Comprehensive Master Medical)
<p>32 Physical Exams (Initial preventive physical exam)</p> <p>Routine Physical</p>	<p>“Welcome Physical” exam covered once within the first six months of your new Part B coverage.</p> <p>This will not include laboratory tests.</p> <p>You pay the \$131 annual deductible plus 20% of the Medicare-approved amount.</p> <p>Within the first six months you have Part B, you may have an abdominal aortic aneurysm screening subject to a 20% coinsurance.</p> <p>Routine physical not covered.</p>	<p>“Welcome Physical” exam covered once within the first six months after you have your Medicare Part B coverage.</p> <p>You pay the \$175(i) annual deductible plus a 20% coinsurance.</p> <p>Within the first six months you have Part B, you may have an abdominal aortic aneurysm screening covered in full.</p> <p>Routine physical not covered.</p>	<p>“Welcome Physical” exam covered once within the first six months after you have your Medicare Part B coverage.</p> <p>Within the first six months you have Part B, you may have an abdominal aortic aneurysm screening subject to the \$175 annual deductible plus a 10% coinsurance.</p> <p>Physical exams are covered in full once annually.</p>	<p>“Welcome Physical” exam covered once within the first six months after you have your Medicare Part B coverage.</p> <p>Within the first six months you have Part B, you may have an abdominal aortic aneurysm screening subject to the \$175 annual deductible plus a 10% coinsurance.</p> <p>Physical exams are covered in full once annually.</p>
<p>33 Cardiovascular Screening</p>	<p>Covered in full once every five years.</p>	<p>Covered in full once every five years.</p>	<p>Covered in full once every five years.</p>	<p>Covered in full once every five years.</p>
<p>34 Tobacco Use Cessation</p>	<p>You pay the \$131 annual deductible plus 20% of Medicare-approved amounts.</p>	<p>You pay the \$175(i) annual deductible plus a 20% coinsurance.</p>	<p>You pay a \$10 copayment.</p>	<p>You pay a \$10 copayment.</p>
<p>35 Allergy Testing and Treatment</p>	<p>You pay the \$131 annual deductible plus 20% of Medicare-approved amounts.</p>	<p>You pay the \$175(i) annual deductible plus a 20% coinsurance.</p>	<p>You pay a \$10 copayment.</p>	<p>You pay a \$10 copayment.</p>

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Benefit	Original Medicare	Medicare Plus Blue Group Option E (Traditional)	Medicare Plus Blue Group Option F (Community Blue)	Medicare Plus Blue Group Option G (Comprehensive Master Medical)
36 Private Duty Nursing	Private duty nursing is not covered.	You pay the \$175(i) annual deductible plus a 50% coinsurance for private duty nursing from a Blue Cross-approved provider. Does not apply against out-of-pocket maximum.	You pay the \$175(i) annual deductible plus a 50% coinsurance for private duty nursing from a Blue Cross-approved provider. Does not apply against out-of-pocket maximum.	You pay the \$175(i) annual deductible plus a 50% coinsurance for private duty nursing from a Blue Cross-approved provider. Does not apply against out-of-pocket maximum.
37 Chemotherapy Services	You pay the \$131 annual deductible plus 20% of Medicare-approved amounts.	Covered in full.	Covered in full.	Covered in full.
38 Radiation Therapy	You pay the \$131 annual deductible plus 20% of Medicare-approved amounts.	Covered in full.	You pay the \$175(i) annual deductible plus a 10% coinsurance.	You pay the \$175(i) annual deductible plus a 10% coinsurance.
39 Contraceptive Devices	Not covered.	Not covered.	Not covered.	You pay the \$175(i) annual deductible plus a 10% coinsurance.
40 Care Management	Not applicable.	BlueHealthConnection®, a collection of health management programs, offers information, assistance and resources to help you take charge of your health.	BlueHealthConnection®, a collection of health management programs, offers information, assistance and resources to help you take charge of your health.	BlueHealthConnection®, a collection of health management programs, offers information, assistance and resources to help you take charge of your health.

(i). The \$175 annual deductible is waived for dates of service of July 1, 2007 to December 31, 2007.

