

Medicare Plus BlueSM PPO
Prescription BlueSM PDP
600 E. Lafayette Blvd.
Detroit, MI 48226-2998
bcbsm.com/medicare



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

Dear Blue Cross Member:

Thank you for your continued interest in Blue Cross Blue Shield of Michigan. Blue Cross offers six Medicare Plus Blue PPO health plans (Essential, Vitality, Signature, Assure, Medicare Plus Blue Part B Credit and Medicare Plus Blue + Meijer). They each provide the same coverage as Original Medicare, plus more. You can also add optional supplemental dental and vision coverage to your base Medicare Plus Blue PPO plan.

We offer two levels of Part D prescription drug coverage through our Prescription Blue PDP plans. You can pair this coverage with Original Medicare, a Medicare supplement plan or a group Medicare plan that doesn't have drug coverage.

To change your current Blue Cross Medicare Advantage health plan, fill out the enclosed *Plan Selection Form*. Select the plan you want, sign the form and mail the completed form back to us in the postage-paid envelope by December 7.

You can change health plans only at certain times during the year. From October 15 through December 7, you can join, switch or drop a Medicare health or drug plan for the following year. In addition, from January 1 through March 31, anyone enrolled in a Medicare Advantage plan (except an MSA plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare Prescription Drug Plan). Generally, you can't make changes at other times except in certain situations, such as if you move out of your plan's service area, want to join a plan in your area with a five-star rating, or qualify for (or lose) Extra Help paying for prescription drug coverage.

If you join our plan when you first enroll in Medicare, you can switch to another plan or get Original Medicare (and join a stand-alone Medicare Prescription Drug Plan). If you're not happy with your choice in our plan, you can make a change during the first three months you have Medicare.

If you select another plan and we receive your completed selection form by December 7, your new benefit plan will begin in January 2025. Your monthly plan premium can be found in the premium chart on the form. You may continue to see any Medicare Plus Blue primary care doctors and specialists.

Complete the attached form only if you wish to change plans.

To help you decide, we included the *2025 Summary of Benefits* for the available plan options. If you have questions, please call customer service for Medicare Plus Blue PPO at **1-877-241-2583** or Prescription Blue PDP at **1-800-565-1770**. TTY users should call **711**. We're open from 8 a.m. to 9 p.m. Eastern time, seven days a week from October 1 through March 31, and 8 a.m. to 9 p.m. Eastern time, Monday through Friday from April 1 through September 30.

Thank you,



Terrie Carlisle-Brant
Manager
Medicare Advantage Enrollment Operations

Plan Selection Form

Blue Cross Blue Shield of Michigan Medicare Plus Blue PPO plans

Date: _____

Member name: _____ Member number: _____

Monthly premiums

Your county	Part B Credit	+ Meijer	Essential	Vitality	Signature	Assure
Region 1 Allegan, Barry, Ionia, Kalamazoo, Mason, Muskegon, Newaygo, Oceana, Ottawa	\$0 premium \$102 Part B giveback	\$0 premium \$3 Part B giveback	\$0 premium \$3 Part B giveback	\$29 premium	\$91 premium	\$187 premium
Region 2 Berrien, Branch, Calhoun, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Monroe, Montcalm, St. Joseph, Van Buren	\$0 premium \$102 Part B giveback	\$0 \$3 Part B giveback	\$0 \$3 Part B giveback	\$64	\$113	\$248
Region 3 Alcona, Alger, Alpena, Arenac, Baraga, Bay, Charlevoix, Cheboygan, Chippewa, Clare, Crawford, Gladwin, Huron, Iosco, Kalkaska, Keweenaw, Luce, Mackinac, Montmorency, Ogemaw, Ontonagon, Oscoda, Presque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee, Tuscola	\$0 premium \$102 Part B giveback	\$0 \$3 Part B giveback	\$0 \$3.50 Part B giveback	\$75	\$141	\$281
Region 4 Antrim, Benzie, Cass, Clinton, Delta, Dickinson, Emmet, Genesee, Gogebic, Grand Traverse, Houghton, Iron, Isabella, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Manistee, Marquette, Mecosta, Menominee, Midland, Missaukee, Osceola, Otsego, St. Clair, Wexford	\$0 premium \$102 Part B Credit	\$0 \$3 Part B giveback	\$0 \$3 Part B giveback	\$67	\$112	\$213
Region 6 Macomb, Oakland, Washtenaw, Wayne	\$0 premium \$102 Part B giveback	\$0 \$4 Part B giveback	\$0 \$2 Part B giveback	\$72	\$129	\$284

Member name: _____ Member number: _____

I want to transfer from my current plan to the plan I selected below. I understand that if this form is received by the end of any month, my new plan will generally be effective the first of the following month.

Check the box by your plan selection below:

Medicare Plus Blue Essential

\$0 copay primary care provider office visit in-network/\$25 out-of-network; \$45 specialist office visit copay in-network/\$50 out-of-network; \$125 emergency room copay/\$0-\$50 urgent care; \$6,250 in-network maximum out of pocket; \$6,250 combined in- and out-of-network maximum out of pocket; \$0 medical deductible; \$0 pharmacy deductible. Our network pharmacies offer standard cost-sharing and preferred cost-sharing. Your cost-sharing will be less at pharmacies with preferred cost-sharing. \$1,500 dental annual maximum; \$150 eyewear allowance; up to \$750 hearing allowance per ear for hearing aids every three years; \$95/quarter OTC allowance, no allowance rollover.

Medicare Plus Blue Vitality

\$0 copay primary care provider office visit in-network/40% coinsurance out-of-network; \$30 specialist office visit copay in-network/40% coinsurance out-of-network; \$125 emergency room copay/\$0-\$50 urgent care; \$5,000 in-network maximum out of pocket; \$6,700 combined in- and out-of-network maximum out of pocket; \$0 medical deductible; \$0 pharmacy deductible. Our network pharmacies offer standard cost-sharing and preferred cost-sharing. Your cost-sharing will be less at pharmacies with preferred cost-sharing. \$1,500 annual dental maximum; \$150 eyewear allowance; up to \$750 hearing allowance per ear for hearing aids every three years; \$50/quarter OTC allowance, no allowance rollover.

Medicare Plus Blue Signature

\$0 primary care provider office visit copay in-network/40% coinsurance out-of-network; \$30 specialist office visit copay in-network/40% coinsurance out-of-network; \$125 emergency room copay/\$0-\$50 urgent care; \$4,700 in-network maximum out of pocket; \$6,500 combined in- and out-of-network maximum out of pocket; \$0 medical deductible; \$0 pharmacy deductible. Our network pharmacies offer standard cost-sharing and preferred cost-sharing. Your cost-sharing will be less at pharmacies with preferred cost-sharing. \$1,500 annual dental maximum; \$150 eyewear allowance; up to \$750 hearing allowance per ear for hearing aids every three years; \$65/quarter OTC allowance, no allowance rollover.

Medicare Plus Blue Assure

\$0 primary care provider office visit copay in-network/30% coinsurance out-of-network; \$0 specialist office visit copay in-network/30% coinsurance out-of-network; \$125 emergency room copay/\$0-\$40 urgent care; \$3,425 in-network maximum out of pocket; \$5,150 combined in- and out-of-network maximum out of pocket; \$0 medical deductible; \$0 pharmacy deductible. Our network pharmacies offer standard cost-sharing and preferred cost-sharing. Your cost-sharing will be less at pharmacies with preferred cost-sharing; \$1,500 annual dental maximum; \$150 eyewear allowance; up to \$750 hearing allowance per ear for hearing aids every three years; Advantage Dollars Flex Card: \$195/quarter allowance (\$75/quarter for dental, vision and hearing items and services in and out of network and \$120/quarter for OTC items), no allowance rollover.

Part B Credit

\$0 primary care provider office visit copay in-network/\$25 copay out-of-network; \$55 specialist office visit copay in-network/\$55 out-of-network; \$110 emergency room copay/\$0-\$45 urgent care; \$8,850 in-network maximum out of pocket; \$13,300 combined in- and out-of-network maximum out of pocket; \$600 medical deductible; \$0 pharmacy deductible. Our network pharmacies offer standard cost-sharing and preferred cost-sharing. Your cost-sharing will be less at pharmacies with preferred cost-sharing. \$1,000 annual dental maximum; \$100 eyewear allowance; up to \$600 hearing allowance per ear for hearing aids every three years.

Medicare Plus Blue + Meijer

\$0 primary care provider office visit copay in-network/\$0 out-of-network; \$50 specialist office visit copay in-network/\$55 specialist copay out-of-network; \$125 emergency room copay/\$0-\$55 urgent care; \$6,750 in-network maximum out of pocket; \$6,750 combined in- and out-of-network maximum out of pocket; \$0 medical deductible; \$0 pharmacy deductible. Our network pharmacies offer standard cost-sharing and preferred cost-sharing. Your cost-sharing will be less at pharmacies with preferred cost-sharing. \$1,500 dental annual maximum; \$150 eyewear allowance; up to \$750 hearing allowance per ear for hearing aids every three years; \$160/quarter OTC allowance, no allowance rollover.

Prescription Blue PDP plans

Note: Prescription Blue PDP is a stand-alone Part D prescription drug plan. If you change from a PPO plan to a PDP plan, you will no longer have any medical coverage under our plan.

Prescription Blue PDP Select — Monthly premium: \$122.80

Prescription Blue PDP Premium — Monthly premium: \$138.90

Optional Supplemental Plan for Medicare Plus Blue PPO members

Available to **Essential, Vitality, Signature, Assure, Part B Credit and + Meijer** members for an *additional* monthly premium of **\$21.80**.

Medicare Plus Blue optional supplemental dental and vision plan:

Dental – \$1,500 annual maximum combined in- and out-of-network, in addition to the \$1,500 base plan annual maximum, giving members a \$3,000 annual total dental maximum.* No waiting period, no deductible. Comprehensive dental services have a 25% in-network coinsurance and 50% out-of-network coinsurance.

Vision – \$0 copay up to a \$250 combined in- and out-of-network maximum benefit in addition to \$150 mandatory benefit, giving members \$400 total annual vision allowance* per calendar year for glasses (lenses and frames), frames or contacts.

**Part B Credit has \$2,500 total dental annual maximum and \$350 total annual vision allowance.*

Paying your plan premium

You can pay your monthly plan premium (including any late enrollment penalty you have or may owe) by mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board check each month.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could help pay for our drug costs including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about Extra Help, contact your local Social Security office or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours per day, seven days per week. TTY users should call **1-877-486-2048**.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover. If you don't select a payment option, you will receive a bill each month.

Select a premium payment option:

Receive a monthly bill. You may choose from the following payment methods:

Pay online: To learn how to pay your premium online, go to www.bcbsm.com/paymedicare.

Pay by phone: Call customer service at the corresponding plan phone number listed below. We're open from 8 a.m. to 9 p.m. Eastern time, Monday through Friday, with weekend hours from October 1 through March 31. TTY users should call **711**.

Medicare Plus Blue PPO

1-877-241-2583

Prescription Blue PDP

1-800-565-1770

Pay by mail: Mail your check, cashier's check or money order made payable to *Blue Cross Blue Shield of Michigan* directly to the remittance address that appears on your premium bill statement.

Automatic deduction from your monthly Social Security or Railroad Retirement Board benefit check.

I get monthly benefits from: Social Security Railroad Retirement Board

The Social Security or Railroad Retirement Board deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins.

If Social Security or RRB does not approve your request for automatic deduction, we'll send you a paper bill for your monthly premiums.

All fields in this section are optional.

Answering these questions is your choice. You can't be denied coverage because you don't answer.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino/a, or Spanish origin
- I choose not to answer

What's your race? Select all that apply.

- American Indian or Alaska Native
- Black or African American
- Asian:
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian
- Native Hawaiian and Pacific Islander:
 - Guamanian or Chamorro
 - Native Hawaiian
 - Samoan
 - Other Pacific Islander
- White
- I choose not to answer

What is your gender? Select one:

- Woman
- I use a different term: _____
- Man
- I choose not to answer
- Non-binary

Which of the following best represents how you think of yourself? Select one:

- Lesbian or gay
- I use a different term: _____
- Straight, that is, not gay or lesbian
- I don't know
- Bisexual
- I choose not to answer

Select one if you want us to send you information in a language other than English.

- English (default)
- Spanish
- Other (language other than English)

Select one if you want us to send you information in an accessible format.

- Large print
- Audio CD
- Data CD

Please contact Medicare Plus Blue PPO at **1-877-241-2583** (TTY users call **711**) or call Prescription Blue PDP at **1-800-565-1770** (TTY users, call **711**) if you need information in an accessible format or language other than what's listed above. Our office hours are from 8 a.m. to 9 p.m. Monday through Friday, with weekend hours from October 1 through March 31.

Do you work? Yes No Does your spouse work? Yes No

Please list your primary care physician (PCP), clinic or health center:

Signature:	Today's date:
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For individuals helping enrollee with completing this form only
Complete this section if you're an individual helping an enrollee fill out this form. Agent: 1; Broker: 2; SHIP counselor: 3; Authorized representative: 4; Other (third parties): 5
Name _____ Relationship to enrollee (enter code from above) _____
Signature _____
National Producer Number (Agents/Brokers only) _____

Please mail this form to:

Medicare Plus Blue PPO Enrollment
P.O. Box 44256
Detroit, MI 48244-0256

OR

Prescription Blue PDP Enrollment
PO Box 44828
Detroit, MI 48244-0828

Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue or Prescription Blue members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Medicare beneficiaries may also enroll in Medicare Plus Blue or Prescription Blue through the CMS Medicare Online Enrollment Center located at www.medicare.gov.