

Ready to Help: A guide to Blue Cross[®] Medicare plans



2025

**READY
TO HELP**



**Blue Cross Blue Shield of Michigan
and Blue Care Network**

www.bcbsm.com/medicare

The right Medicare coverage matters — you're on the right track!

Let your health speak for itself with a Medicare plan that best fits your needs.

Our licensed Medicare experts, experienced sales agents and comprehensive website will guide you to a plan that fits your lifestyle.



It's easy to enroll:



Call **1-866-891-4220** from 8 a.m. to 9 p.m. Eastern time
Monday through Friday, with weekend hours Oct. 1 through March 31.
TTY users, call **711**.



Contact your Blue Cross-authorized, independent agent.

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Enroll online bcbsm.com/medicare.



Scan the QR code to start your application.

The ins and outs of Medicare

Figuring out Medicare can be tiring — we'll show you the way.



Part A and Part B = Original Medicare

Original Medicare is managed by the federal government, made up of Part A and Part B and doesn't include most prescription drugs or supplemental benefits, such as routine dental and vision care. Health care providers are paid for each service provided to patients.

PART **A** hospital insurance

Medicare Part A acts as hospital insurance. Part A helps pay for inpatient care in hospitals, hospice care, home health care and care provided in a skilled nursing facility. Most people don't pay a premium for Part A.

PART **B** medical insurance

Medicare Part B provides medical insurance. Part B helps cover doctor visits, procedures that don't require an overnight hospital stay and some preventive care services, such as flu and pneumonia shots. Most people pay a monthly premium for Part B, which is based on income. The monthly premium for Part B is typically taken out of your Social Security benefit.

Medicare supplement

Medicare supplement is a state-approved offering also known as Medigap. These plans help bridge the gap between Original Medicare and the total cost of medical services.

Medicare supplement plans cover all or a portion of Medicare out-of-pocket costs, are accepted throughout the United States and, as long as you pay your premium, are guaranteed renewable.



When enrolled in a **Medicare Advantage** plan you receive the same benefits and services as Original Medicare, plus additional health care benefits through a private insurer, such as Blue Cross.

PART C Medicare Advantage

Medicare Part C, known as Medicare Advantage, integrates Medicare Part A and Part B, and often Part D, with additional medical benefits not covered by Original Medicare. Medicare Advantage plans are available through private health insurers and provide extras, such as:

Dental care

Hearing aids and eyewear

Health assessments

Resources for managing chronic conditions

Wellness and fitness programs

Preventive services and annual wellness exams at no additional cost

PART D prescription drug coverage

Medicare Part D helps cover your cost for prescription drugs if you have Original Medicare. Part D plans are managed by private insurers.

A Part D drug plan can be added to your Medicare benefits as a stand-alone plan if you've chosen Original Medicare and a Medicare supplement plan. Another cost-effective way to buy Part D drug benefits is to get them through a Medicare Advantage plan with hospital and medical coverage.

You'll know when it's a good fit

With so many Medicare plan options, finding the right one can seem daunting. Once you consider your preferences, health needs and budget, you're sure to find the one that suits you best.

Answer these questions to discover your personal preferences and needs.

1. Would I rather pay for health care only when I use it at the risk of not knowing how much it will cost each time?
2. Do I want coverage for health, dental, vision and prescription drugs in one plan from one company?
3. Would I benefit from support to manage chronic conditions? Use of no-cost fitness facilities? Coverage for over-the-counter items such as an air purifier or home safety products?
4. Do I plan for the care I need today and for the health situations that could arise later?
5. Do I budget for monthly expenses and stay within my budget so I don't overspend?
6. Am I most comfortable when I know my out-of-pocket costs for health care won't change no matter how often I see doctors, which doctors I see or the type of care I need?

A Medicare Advantage (Part C) plan may fit if you answer yes to at least two of the **first** three questions. Our Medicare Advantage plans start on Page 10.

A Medicare Supplement plan may fit if you answer yes to at least two of the **last** three questions. Those plans can be found on Page 18.






It's fine if you answer yes to both sets; you may want to revisit your health care priorities.

Consider speaking with your preferred agent or call **1-866-891-4220** to reach an independent agent licensed to sell Blue Cross Medicare plans.



What you'll like about Blue Cross

Original Medicare includes the basics, but check out what you'll get with a **Medicare Advantage** plan from BCBSM or BCN.

-  **Access** to nearly 70,000 network providers*
-  **Prescription drug coverage** included in all but one plan option
-  **All-in-one dental services** including cleanings, fillings, root canals and crowns
-  **During travel**, access our nationwide network of Blue plan doctors and hospitals with Medicare Advantage PPO and HMO-POS plans
-  **24/7 member account** connects you to your virtual member ID card, claim documents and the status of prior authorization and referral requests

The most common types of Medicare Advantage plans are preferred provider organization, or PPO, plans and health maintenance organization, or HMO, plans.

There's also another type of Medicare Advantage plan called an HMO point-of-service, or HMO-POS, plan.

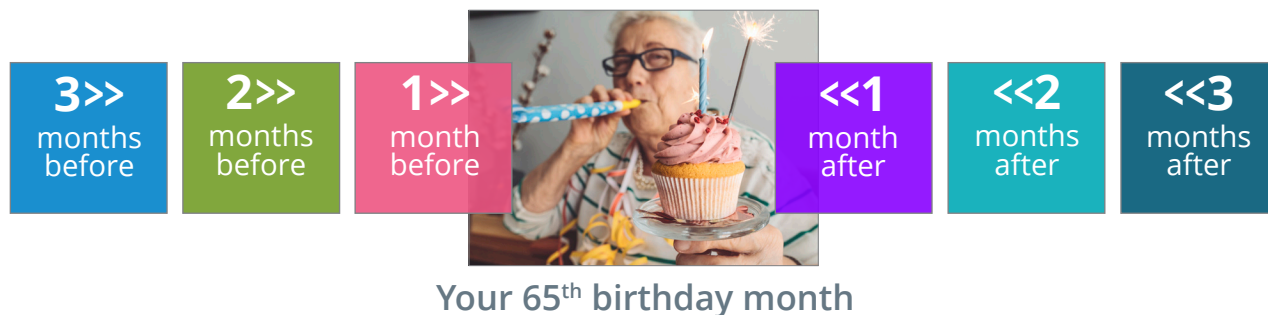


**Blue Cross Blue Shield of Michigan Provider Counts report, August 2024.*

This is it — Medicare Advantage enrollment time

You have three opportunities to join a Medicare Advantage plan.

1. Enroll during your **initial enrollment period**, the seven-month window around your 65th birthday.



2. Join or change plans during the **annual election period**
Oct. 15 through Dec. 7.
3. Sign up during a **special enrollment period**
(for certain situations).

To be eligible for a Medicare Advantage plan, you must:

- Be a U.S. citizen
- Live in the plan's service area at least six months of the year
- Be entitled to Medicare Part A
- Have enrolled in Medicare Part B
- Continue to pay your Part B premium



Your Medicare supplement enrollment timeline

Enroll during your Medigap open enrollment period. It lasts six months and begins on the first day of the month in which you're 65 or older and enrolled in Medicare Part B or eligible for Medicare due to disability or end stage renal disease.



1
month
after

2
months
after

3
months
after

4
months
after

5
months
after

Your 65th birthday month

During this period, you can't be denied a Medicare supplement policy or charged more due to past or present health conditions. You're also able to enroll outside of your Medigap open enrollment period, but may be subject to medical underwriting.

To be eligible for a Medicare supplement plan, you must:

- Be enrolled in Medicare Part A and Part B
- Live in Michigan at least six months of the year



Medicare Advantage where you live

Some plans may not be available in your region.

Blue Cross covers seniors throughout Michigan.

A plan's monthly premium is determined by region. Find your region by locating your county below.

Our Medicare Advantage plan offerings are listed on the following pages.



REGION 1

Allegan, Barry, Ionia, Kalamazoo, Kent (HMO-POS),
Mason, Muskegon, Newaygo, Oceana, Ottawa

REGION 2

Berrien, Branch, Calhoun, Eaton, Gratiot, Hillsdale, Ingham,
Jackson, Monroe, Montcalm, St. Joseph, Van Buren

REGION 3

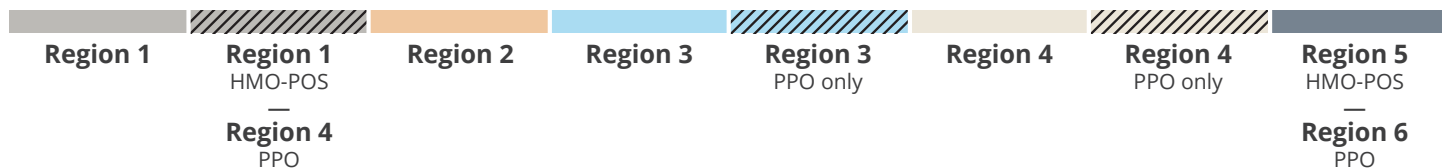
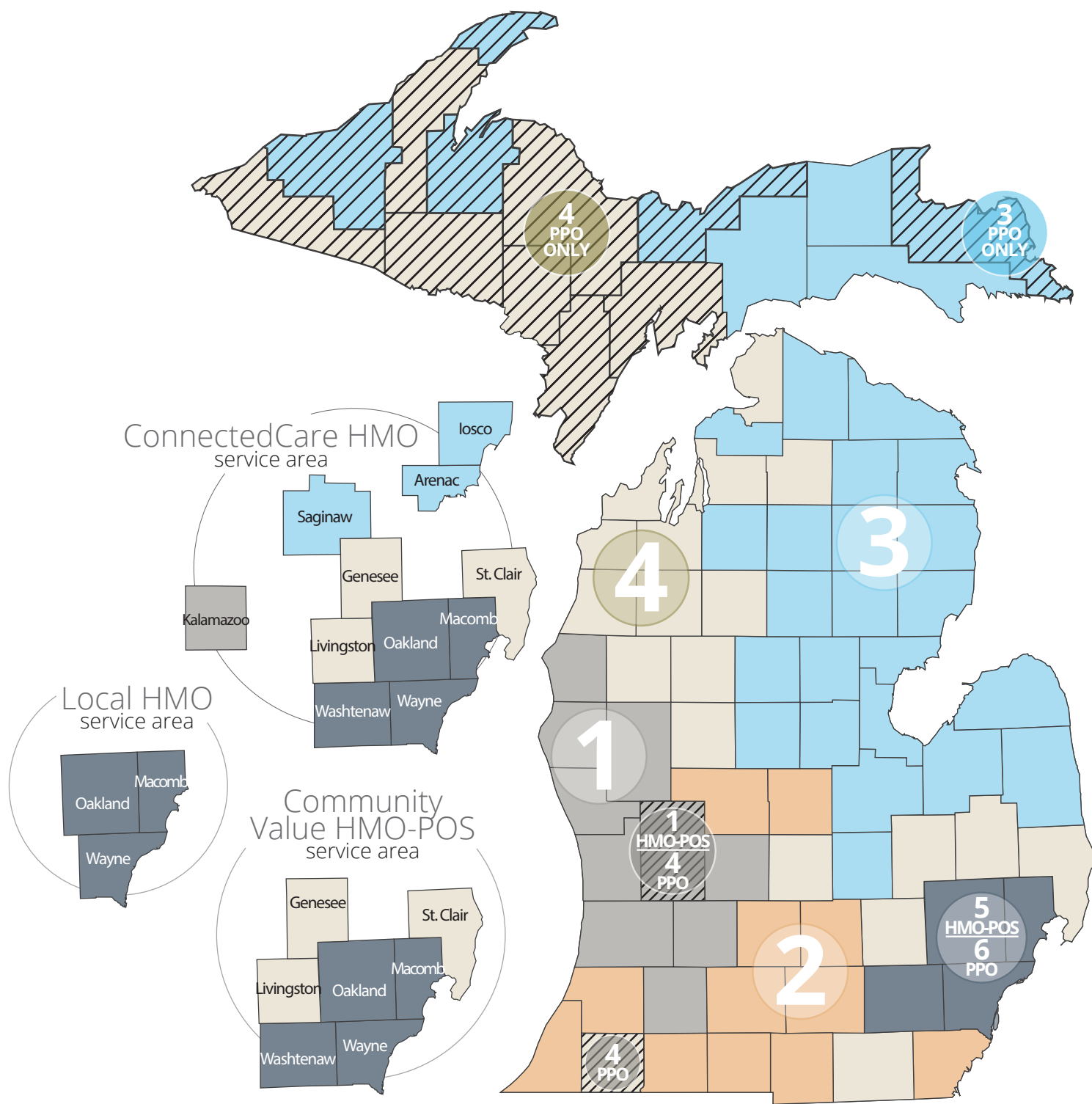
Alcona, Alger, Alpena, Arenac, Baraga, Bay, Charlevoix, Cheboygan,
Chippewa, Clare, Crawford, Gladwin, Huron, Iosco, Kalkaska, Keweenaw,
Luce, Mackinac, Montmorency, Ogemaw, Ontonagon, Oscoda, Presque
Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee, Tuscola

REGION 4

Antrim, Benzie, Cass, Clinton, Delta, Dickinson, Emmet, Genesee,
Gogebic, Grand Traverse, Houghton, Iron, Isabella, Kent (PPO), Lake,
Lapeer, Leelanau, Lenawee, Livingston, Manistee, Marquette, Mecosta,
Menominee, Midland, Missaukee, Osceola, Otsego, St. Clair, Wexford

REGIONS 5/6

Macomb, Oakland, Washtenaw, Wayne



Top Medicare Advantage picks for Michiganians

		MEDICARE PLUS BLUE SM PPO +Meijer	
2025 monthly premium	Region 1	Available in all regions \$0	
	Region 2		
	Region 3		
	Region 4		
	Regions 5/6		
In-network medical deductible		\$0	
Primary care office visit copay		\$0	
Specialist copay		\$50	
Inpatient acute hospital copay per day (days 1 to 7)		\$425	
Maximum out of pocket (MOOP), in network		\$6,750	
Over-the-counter allowance		\$160 per quarter no rollover	
Emergency care copay		\$125	
Urgent care copay (depending on place of service)		\$0-\$55	
Dental services annual maximum		\$1,500	
Eyewear allowance		\$150/calendar year	
Hearing aids		\$750/ear every three years	
Prescription drug deductible		\$0	
1- to 31-day supply copays/coinsurance			
Prescription drug tiers		Preferred	Standard
Tier 1 preferred generic		\$0	\$5
Tier 2 generic		\$11	\$20
Tier 3 preferred brand		\$42	\$47
Tier 4 nonpreferred drug		50%	50%
Tier 5 specialty tier		33%	33%
Catastrophic period (after your drug costs reach \$2,000)		\$0	

Note: All costs are in network; out-of-network costs may vary.

The most you'll pay is \$35 for a one-month supply of each covered insulin product, no matter the cost-sharing tier.

BCN ADVANTAGE SM HMO-POS Prime Value		BCN ADVANTAGE SM HMO-POS Classic		MEDICARE PLUS BLUE SM PPO Vitality	
Available in all regions \$0		\$75		\$29	
		\$106		\$64	
		\$115		\$75	
		\$95		\$67	
		\$122		\$72	
\$0		\$0		\$0	
\$0		\$0		\$0	
\$35		\$30		\$30	
\$300		\$225		\$250	
\$4,200		\$3,800		\$5,000	
\$60 per quarter regions 1 and 5 \$95 per quarter regions 2, 3 and 4 No rollover		\$65 per quarter no rollover		\$50 per quarter no rollover	
\$125		\$125		\$125	
\$0-\$45		\$0-\$40		\$0-\$50	
\$1,500		\$1,500		\$1,500	
\$150/calendar year		\$150/calendar year		\$150/calendar year	
\$600/ear every three years		\$600/ear every three years		\$750/ear every three years	
\$0		\$0		\$0	
Preferred	Standard	Preferred	Standard	Preferred	Standard
\$0	\$5	\$0	\$5	\$0	\$5
\$11	\$20	\$7	\$12	\$11	\$20
\$42	\$47	\$38	\$43	\$42	\$47
50%	50%	50%	50%	50%	50%
33%	33%	33%	33%	33%	33%
\$0					

Medicare Advantage plans best for low maintenance

		MEDICARE PLUS BLUE PPO Part B Credit		MEDICARE PLUS BLUE PPO Essential	
2025 monthly premium	Region 1	Available in all regions \$0 Receive \$102 credit toward Part B premium		Available in all regions \$0	
	Region 2				
	Region 3				
	Region 4				
	Regions 5/6				
In-network medical deductible		\$600		\$0	
Primary care office visit copay		\$0		\$0	
Specialist copay		\$55		\$45	
Inpatient acute hospital copay per day (days 1 to 7)		\$375		\$420	
Maximum out of pocket (MOOP), in network		\$6,550		\$6,250	
Over-the-counter allowance		N/A		\$95 per quarter, no rollover	
Emergency care copay		\$110		\$125	
Urgent care copay (depending on place of service)		\$0-\$45		\$0-\$50	
Dental services annual maximum		\$1,000		\$1,500	
Eyewear allowance		\$100/calendar year		\$150/calendar year	
Hearing aids		\$600/ear every three years		\$750/ear every three years	
Prescription drug deductible		\$0		\$0	
1- to 31-day supply copays/coinsurance					
Prescription drug tiers		Preferred	Standard	Preferred	Standard
Tier 1 preferred generic		\$0	\$5	\$0	\$5
Tier 2 generic		\$10	\$20	\$11	\$20
Tier 3 preferred brand		\$45	\$47	\$42	\$47
Tier 4 nonpreferred drug		50%	50%	50%	50%
Tier 5 specialty tier		33%	33%	33%	33%
Catastrophic period (after your drug costs reach \$2,000)		\$0			

Note: All costs are in network; out-of-network costs may vary.

The most you'll pay is \$35 for a one-month supply of each covered insulin product, no matter the cost-sharing tier.

health needs

BCN ADVANTAGE Local HMO		BCN ADVANTAGE HMO-POS Community Value		BCN ADVANTAGE HMO-POS Elements	
\$0 Available in Macomb, Oakland and Wayne counties		\$12 Available in Genesee, Livingston, Macomb, Oakland, St. Clair, Washtenaw, Wayne counties		Available in all regions \$0	
\$0		\$0		\$0	
\$0		\$0		\$0	
\$35		\$40		\$35	
\$325		\$300		\$205	
\$4,175		\$4,300		\$4,500	
\$75 per quarter, no rollover		\$50 per quarter, no rollover		\$50 per quarter, no rollover	
\$125		\$125		\$125	
\$0-\$45		\$0-\$45		\$0-\$45	
\$1,500		\$1,500		\$1,500	
\$150/calendar year		\$150/calendar year		\$150/calendar year	
\$600/ear every three years		\$750/ear every three years		\$600/ear every three years	
\$0		\$0		Not covered	
Preferred	Standard	Preferred	Standard	Preferred	Standard
\$0	\$5	\$0	\$5	No prescription drug coverage	
\$10	\$20	\$10	\$20		
\$45	\$47	\$45	\$47		
50%	50%	50%	50%		
33%	33%	33%	33%		
\$0					

Medicare Advantage plans best for managing more

		MEDICARE PLUS BLUE PPO Assure	
2025 monthly premium	Region 1	\$187	
	Region 2	\$248	
	Region 3	\$281	
	Region 4	\$213	
	Regions 5/6	\$284	
In-network medical deductible		\$0	
Primary care office visit copay		\$0	
Specialist copay		\$0	
Inpatient acute hospital copay (days 1 to 7)		\$100	
Maximum out of pocket (MOOP), in network		\$3,425	
Over-the-counter allowance		\$120 per quarter, no rollover	
Emergency care copay		\$125	
Urgent care copay (depending on place of service)		\$0-\$40	
Dental services annual maximum		\$1,500	
Eyewear allowance		\$150/calendar year	
Hearing aids		\$750/ear every three years	
Prescription drug deductible		\$0	
1- to 31-day supply copays/coinsurance			
Prescription drug tiers		Preferred	Standard
Tier 1 preferred generic		\$0	\$5
Tier 2 generic		\$7	\$12
Tier 3 preferred brand		\$37	\$42
Tier 4 nonpreferred drug		50%	50%
Tier 5 specialty tier		33%	33%
Catastrophic period (after your drug costs reach \$2,000)		\$0	

Note: All costs are in network; out-of-network costs may vary.

The most you'll pay is \$35 for a one-month supply of each covered insulin product, no matter the cost-sharing tier.

complex health needs

MEDICARE PLUS BLUE PPO Signature	BCN ADVANTAGE HMO-POS Prestige	BCN ADVANTAGE ConnectedCare HMO
\$91	\$174	\$46 Available in Arenac, Genesee, Iosco, Kalamazoo, Livingston, Macomb, Oakland, Saginaw, St. Clair, Washtenaw and Wayne counties
\$113	\$237	
\$141	\$228	
\$112	\$221	
\$129	\$257	
\$0	\$0	\$0
\$0	\$0	\$0
\$30	\$20	\$35
\$175	\$125	\$225
\$4,700	\$3,400	\$3,800
\$65 per quarter, no rollover	\$90 per quarter, no rollover	\$75 per quarter, no rollover
\$125	\$125	\$125
\$0-\$50	\$0-\$35	\$0-\$45
\$1,500	\$1,500	\$1,500
\$150/calendar year	\$150/calendar year	Not covered
\$750/ear every three years	\$600/ear every three years	Not covered

\$0		\$0		\$0	
Preferred	Standard	Preferred	Standard	Preferred	Standard
\$0	\$5	\$0	\$5	\$0	\$5
\$10	\$18	\$7	\$12	\$10	\$18
\$42	\$47	\$38	\$43	\$42	\$47
50%	50%	50%	50%	50%	50%
33%	33%	33%	33%	33%	33%
\$0					

We're in tune with your health —

Everyday wellness

Annual wellness visits

Your wellness visit is time for you to address concerns with your doctor before they grow into problems. The appointment is provided at no cost to you, although there could be out-of-pocket charges if other services are performed at that visit. The annual wellness visit can occur anytime throughout the calendar year, regardless of the date of your previous annual wellness visit.

Transportation services

You can get transportation for one round trip per calendar year to attend your annual physical exam within Michigan. No referral is needed.

Health assessment

Complete a health assessment from your member account and receive a customized plan to discuss with your primary care provider at your next visit.

Vaccines

Most adult Part D vaccines are included at no cost to you.

Free SilverSneakers® fitness

Use your Blue Cross member ID to access your fitness center membership with SilverSneakers. Participate in person at participating locations across the U.S. or have a fitness kit mailed to you for at home workouts. The fitness kit includes a pedometer, a toning ball, a resistance band and a yoga strap.

Blue Cross Virtual Well-BeingSM

Attend our virtual well-being webinars each week from your computer, tablet or mobile phone. Topics include home fitness, social isolation, healthy cooking and gardening.

Advantage Dollars

Most plans offer Advantage Dollars to purchase over-the-counter items, such as cold and flu supplies and home safety items. Advantage Dollar amounts range from \$50 to \$160 each quarter with no rollover. The amounts vary by plan.

Advantage Dollars Flex card

Medicare Plus Blue PPO Assure members receive \$120 each quarter, with no rollover, for over-the-counter items. The Assure Flex card also includes an additional \$75 quarterly allowance to use toward dental, vision and hearing items or services.

Blue365® Discounts

Find discounts on fitness, healthy eating and personal care with Blue365 in your Blue Cross member account.



it's just the way we are.



All-in-one dental benefits

Our Medicare Advantage plans are sure to make you smile with all that's included no matter which plan you have.

\$1,500 annual maximum* | **No deductible** | **No waiting period**

Preventive services included per calendar year:

Two oral exams | Two cleanings | One fluoride treatment

Plus diagnostic services:

- X-rays (every two years)
- Fillings (once per tooth every 48 months)
- Root canal (once per lifetime per tooth)
- Deep cleaning (one per 24 months per quadrant)
- Extractions (once per tooth per lifetime)
- Crown (permanent teeth, once per tooth every 84 months)
- Crown repairs (three per permanent tooth per year)
- Oral surgery (two per tooth per lifetime)
- Brush biopsy (two per year)

**Annual maximum is \$1,000 for Part B Credit PPO plan*

Get care your way

Virtual care

Get safe and secure online urgent medical and behavioral health services using your phone, tablet or computer from anywhere in the United States.

Virtual Care offered through Teladoc Health® is available 24/7/365 for urgent, medical appointments for non-emergency illnesses. Mental health services are available by appointment seven days a week.

24-Hour Nurse Line

Talk to a registered nurse about a minor illness or injury. Call the nurse line to discuss a procedure, symptoms or your health status.

Ambulance services with no transport

On-site ambulance service for times when treatment is administered by an ambulance service without transporting you to a facility.

Home-delivered prescription drugs

Get free standard shipping, 90-day medication supply and 24/7 access to registered pharmacists.

Blue Cross Coordinated CareSM

With Blue Cross Coordinated Care, a nurse care manager oversees and assists members with chronic conditions. Additional services include, nutrition education, telemonitoring services, tobacco cessation coaching and caregiver support for caregivers of high risk Medicare Advantage members who require at-home care.

Medicare supplement plans



Medicare supplement coverage is a health policy that **works together with Original Medicare** Part A (hospital) and Part B (medical) to help cover certain costs Original Medicare doesn't. When your Medicare supplement plan pays the bill, you save.

In fact, depending on the plan you're eligible for, it may cover all or a portion of your Medicare deductibles and coinsurances.

Here are some outstanding reasons to choose a **Blue Cross Medicare Supplement plan**:

- Upgrade your coverage with a Dental, Vision Hearing Package. It's convenient, affordable and essential to your best health.
- Lower your premium by 10% if you live with another Blue Cross Medicare Supplement or Legacy Medigap member.
- Get the exclusive Blue Cross Medicare SupplementSM Well-Being Program at no additional cost. Enjoy the convenience of treating minor issues at home, obtaining virtual wellness guidance and support and gain access to healthy deals and discounts.
- Break free of networks and referrals — see health providers you know and trust who accept Original Medicare.
- Have peace of mind knowing there's a plan to meet your needs and budget.
- Travel freely with coverage throughout the United States.
- Be protected from unexpected medical costs not included with Original Medicare.

Like Medicare, Blue Cross Medicare Supplement coverage is accepted nationwide and the plan is easy to use. There are no provider networks or referrals — just use any health care provider who accepts Original Medicare. Simply present your Blue Cross Medicare Supplement member ID card with your red, white and blue Medicare health insurance card whenever you receive health care services. We'll coordinate payment with Medicare and your health care providers. In most cases, you'll never have to bother with claim filing or paperwork.

Blue Cross Medicare SupplementSM Well-Being Program

Our well-being program helps you experience life's adventures with Blue Cross confidence. You choose the Medicare supplement plan you want and we supply the support you need to fulfill your personal health goals and life's journeys.

24-Hour Nurse Line

Talk to a registered nurse about a minor illness or injury. Call the nurse line to discuss a procedure, symptoms or your health status.

Blue Cross Virtual Well-Being

Begin a personal journey by attending our virtual well-being webinars. Access a new high-energy presentation each week from your computer, tablet or mobile phone. Topics include home fitness, social isolation, healthy cooking and gardening. Plus, you can download session materials to save and share with your family and caregivers.



You may qualify for a household discount

If you're a Blue Cross Medicare Supplement member, you may be eligible for a household discount and save 10% on your monthly premium. To learn more about the household discount, visit bcbsm.com/medicare/plans/supplement/.

Note: There doesn't need to be a spousal or familial relationship between the policy holders to be eligible for the discount; however, you must live in the same household. A household is defined as a single family home, a condominium or an apartment. Assisted living facilities, group homes, adult day care facilities, nursing homes or any other health residential facilities aren't included in the definition of household.

Don't worry about a thing with one of our supplement plans.



Plans are guaranteed renewable, so there's no need to reapply each year. As long as you pay your premium, you'll stay enrolled in the plan. Although supplement plans can be sold in 10 standard plan options, plus two high-deductible plan options throughout the country, **Blue Cross offers Blue Cross Medicare Supplement Plans A, C, D, F, High-Deductible F, G, High-Deductible G and N.**¹

SERVICE	What you pay	
	Plan A ¹	Plan C ^{1,2}
Medicare Part A hospital coverage — Semi-private room, general nursing care, miscellaneous services and supplies ⁵		
Deductible	\$1,632	\$0
First 60 days of care	\$0	\$0
Days 61 to 91	\$0	\$0
Days 91 to 150 (lifetime reserve days)	\$0	\$0
Days 151 and beyond (additional 365 days after lifetime reserve days used)	\$0	\$0
Blood benefit	\$0	\$0
Skilled nursing facility care — including having been in a hospital for at least three days		
First 20 days of care	\$0 (Medicare covers in full)	
Days 21 to 100	\$204 daily copay	\$0
Hospice care	\$0	\$0
Emergency care outside the U.S. (with a lifetime maximum of \$50,000)	All costs ⁵ for services	\$250 deductible, plus 20% coinsurance
Medicare Part B physician and outpatient services — In- or out-of-the-hospital and outpatient hospital physician's services (such as tests) and durable medical equipment, per calendar year		
Deductible (annual) ⁶	\$240	\$0
Coinsurance	\$0	\$0
Blood benefit	\$0	\$0
Clinical laboratory services — tests for diagnostic services	\$0 (Medicare covers in full)	
Durable medical equipment	\$0	\$0
Excess charges	All costs	All costs

¹See the 2024 Blue Cross Medicare Supplement Outline of Coverage booklet for eligibility criteria.

²Plans C, F and HD-F are only available for those who have a Medicare eligibility date prior to Jan. 1, 2020.

³There are two high-deductible plans, HD-F and HD-G. If you are eligible for either plan and decide to enroll, this means you must pay for Medicare-covered costs up to the deductible amount of \$2,800 for 2024 before your supplement plan pays anything.

Some of our most popular plans are ...

Plan G

- This is our most popular plan.
- This comprehensive plan offers robust coverage. You'll pay nothing for services covered by Original Medicare, except for a \$240 Medicare Part B deductible.

Plan High-Deductible G

- This high-deductible plan offers the same benefits as Plan G, with a lower monthly premium but a \$2,800 annual deductible.
- This plan may be good for those who are relatively healthy and want to lower their costs.

Plan N

- With slightly leaner benefits, Plan N is a great option for someone looking for an alternative to Plan G.

What you pay			
Plan D ¹	Plans F and HD-F ^{1,2,3}	Plans G and HD-G ^{1,3}	Plan N ^{1,4}
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$0 (Medicare covers in full)			
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$250 deductible, plus 20% coinsurance	\$250 deductible, plus 20% coinsurance	\$250 deductible, plus 20% coinsurance	\$250 deductible, plus 20% coinsurance
\$240	\$0	\$240	\$240
\$0	\$0	\$0	Up to \$20 per office visit and up to \$50 per emergency room visit
\$0	\$0	\$0	\$0
\$0 (Medicare covers in full)			
\$0	\$0	\$0	\$0
All costs	\$0	\$0	All costs

⁴ Plan N pays 100% of the Part B coinsurance, except for a copay of up to \$20 for some office visits and up to a \$50 copay for emergency room visits that don't result in an inpatient admission.

⁵ Per benefit period. A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you've been out of the hospital and haven't received skilled nursing care in any other facility for 60 consecutive days.

⁶ The Part B deductible needs to be met only once each calendar year (Jan. 1 through Dec. 31). After, Medicare makes payments up to the limiting charge established by law and shown on your Medicare explanation of benefits.

Blue Cross Medicare Supplement

Dental Vision Hearing Package

- Add the Dental Vision Hearing Package to your base coverage premium for \$29.50¹ each month and get:²
- \$0 in-network dental exams, cleanings, X-rays and fluoride treatment
 - In-network vision coverage that includes standard lenses every 12 months
 - One \$0 hearing exam every 12 months and savings of up to 60% off average retail hearing aid prices at a TruHearing[®] provider

Dental services		
	In network ⁵	Out of network
Deductible	\$0	\$0
Exams: Two per calendar year Cleanings: Two per calendar year Fluoride: Once per calendar year Brush biopsy: Once per calendar year X-rays: Once every two calendar years EITHER – One set of up to four bitewings or – Six periapical films	0% coinsurance	0% coinsurance
Annual maximum Combined in/out of network. Applies to services below.	\$1,500	
Amalgam and resin fillings: Once per tooth every 48 months Root canals: Once per tooth, per lifetime Simple extractions Crowns: For permanent teeth, once per tooth every 84 months Crown repairs	50% coinsurance	50% coinsurance

Check out the Blue DentalSM resource center for additional dental information

The Blue Dental resource center allows you to:

- Get dental procedure cost estimates by ZIP code
- Take an oral health assessment to help identify dental risk factors
- Ask a dentist a question

To access the Blue Dental resource center, go to bcbsm.com to log in to your member account. Click *My Coverage* at the top and click *Dental*. The Blue Dental resource center can be found on the right-hand side.

¹Premium for the Dental Vision Hearing Package will be reevaluated each year and is subject to change.

²Dental, vision or hearing benefits aren't sold separately.

³ Existing members may add the Dental Vision Hearing Package to their existing plan electronically. Enrollment applications for new members must be received within the first 30 days of a member's policy start date. Coverage will begin on the first of the month following receipt.

⁴ Enrollment application for existing members must be received between February 1 and April 30. Reach out to your agent or apply electronically. Coverage will begin on the first of the month following receipt.

⁵To check which dentists are in the network, go to MIBlueDentist.com and choose Medicare Supplement as your plan.

Available for new and existing members

- **New members** have the ability to add the Dental Vision Hearing Package to their Blue Cross Medicare Supplement plan at the time of initial enrollment or within the first 30 days following the policy start date.³
- **Existing** Blue Cross Medicare Supplement and Legacy Medigap members have the ability to add the Dental Vision Hearing Package from Feb. 1 through April 30 each year.⁴

Eligibility

- Individuals must have an active Blue Cross Medicare Supplement or Legacy Medigap plan.
- Individuals may not have dental, vision or hearing coverage through another plan or coverage.

Vision services				
	In network ⁶		Out of network	
Frames or elective contact lenses	\$300 allowance for frames or elective contact lenses every 12 months		Frames reimbursed up to \$70 or elective contact lenses reimbursed up to \$105 every 12 months	
Lenses	Standard lenses ⁷ are covered in full every 12 months		Reimbursement, every 12 months, up to: Single vision lenses: \$30 Bifocal lenses: \$50 Trifocal lenses: \$65 Lenticular lenses: \$100	
Exams	\$20 copayment offered every 12 months		Reimbursed up to \$45 every 12 months	
Hearing services				
	In network only ⁸			
Hearing exam	Included			
Frequency	One hearing aid per ear every 12 months			
Network	TruHearing			
Hearing aids				
	Basic	Standard	Advanced	Premium
You pay	\$495 per ear	\$895 per ear	\$1,295 per ear	\$1,695 per ear
Preferred listening environment	Best for quiet or mild environments, such as one-on-one conversations	Best for predictable environments, such as home	Best for more challenging environments, such as offices or when in motion	Best for challenging environments, such as restaurants or when in large groups of people
Features	Limited noise reduction Basic feedback cancellation	Noise reduction Adjustable speech enhancement	Noise reduction Adjustable speech enhancement Artificial intelligence technology	Automatic noise reduction Adjustable speech enhancement Adaptive directional microphone Impulse sound management

⁶Visit [vsp.com](https://www.vsp.com) to find a VSP network eye doctor or to see if your eye care provider participates.

⁷ Standard lenses include: single vision lenses, bifocal lenses and trifocal lenses. VSP is an independent company contracted to provide vision services on behalf of Blue Cross Blue Shield of Michigan and Blue Care Network.

⁸ Call TruHearing or visit truhearing.com/BCBSMI to find the five-minute hearing assessment located on their home page. TruHearing is an independent company contracted to provide hearing services on behalf of Blue Cross Blue Shield of Michigan.

Prescription BlueSM

prescription drug plans



Get complete coverage when you add Prescription Blue PDP to your Original Medicare and Medicare supplement plan. Our stand-alone prescription drug plans provide the confidence of coverage and cost savings for brand-name and generic drugs.

If you need prescription drug coverage, see what our Part D drug plans have for you.

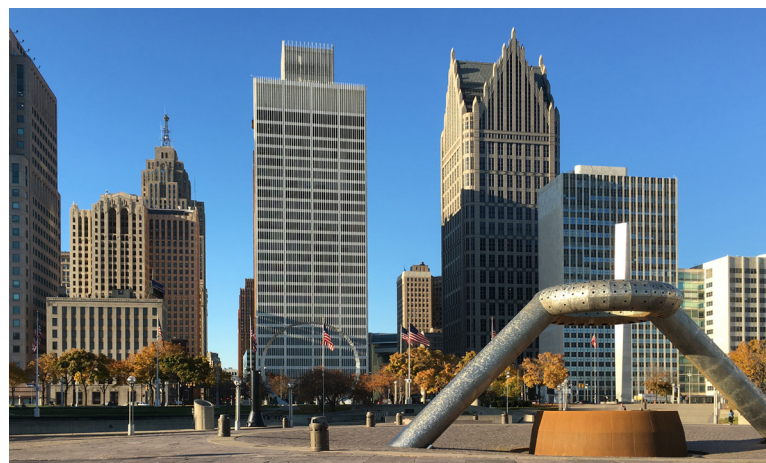
Prescription Blue PDP offers:

- Access to 23,000 in-network pharmacies and 44,000 standard pharmacies across the country
- Major pharmacy chains found near home and while traveling
- An online *Find a Pharmacy* tool at bcbsm.com/pharmaciesmedicare
- An expansive preferred pharmacy network to save you money
- Safeguards that protect against possible harmful drug interactions

Save time and money with deliveries to your doorstep.

Take advantage of free and convenient home delivery.

- Free standard shipping
- 24/7 access to registered pharmacists
- 90-day supply of medication



	Prescription Blue PDP Select		Prescription Blue PDP Premium	
Premium	\$122.80		\$138.90	
Deductible	\$0 for tier 1; \$590 for tiers 2 through 5		\$0	
Up to 31-day supply	Preferred pharmacies	Standard pharmacies	Preferred pharmacies	Standard pharmacies
Tier 1 preferred generic	\$1	\$6	\$1	\$6
Tier 2 generic	\$6	\$11	\$5	\$10
Tier 3 preferred brand	23%	23%	\$40	\$45
Tier 4 nonpreferred drug	25%	25%	45%	45%
Tier 5 specialty tier	25%	25%	33%	33%
32+ day supply	Preferred pharmacies	Standard pharmacies	Preferred pharmacies	Standard pharmacies
Tier 1 preferred generic	\$3	\$18	\$0	\$18
Tier 2 generic	\$18	\$33	\$0	\$30
Tier 3 preferred brand	23%	23%	\$120	\$135
Tier 4 nonpreferred drug	25%	25%	45%	45%

The most you'll pay is \$35 for a one-month supply of each covered insulin product, no matter the cost-sharing tier.

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, call the number on the back of your member ID card. Someone who speaks English 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 de medicamentos. Para hablar con un intérprete, por favor llame al número que figura en el reverso de su tarjeta de identificación de miembro. 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，请致电会员ID卡后的电话号码。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，請致電會員ID卡後的電話號碼。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 ang numero sa likod ng iyong ID kard ng miyembro. 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, appelez le numéro au dos de votre carte d'identité de membre. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi cung cấp dịch vụ thông dịch viên miễn phí để trả lời mọi thắc mắc về chương trình sức khỏe và thuốc điều trị của chúng tôi. Nếu quý vị cần dịch vụ thông dịch viên, vui lòng gọi đến số điện thoại ở mặt sau thẻ ID hội viên của quý vị. Sẽ có nhân viên nói Tiếng Việt có thể hỗ trợ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Um einen Dolmetscherdienst zu erhalten, rufen Sie die Nummer auf der Rückseite Ihres Mitgliedsausweises an. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 회원 ID 카드 뒷면의 숫자로 전화를 걸어 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 по номеру, указанному на обратной стороне вашей идентификационной карты участника. 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، اتصل بالرقم المكتوب على ظهر بطاقة هوية العضو الخاصة بك. 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, अपने सदस्य आईडी कार्ड के पीछे दिए गए नंबर 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, chiama il numero sul retro della tua carta d'identità. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: 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, ligue para o número no verso do seu cartão de identificação de membro. 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 ka genyen konsènan plan sante ouwa plan medikaman nou an. Pou jwenn yon entèprèt, rele nimero ki nan do kat ID manm ou a. 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, zadzwoń pod numer podany na odwrocie legitymacji członkowskiej. 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ございます。通訳をご用命になるには、会員IDカードの後部に記載されている電話番号にお電話ください。日本語を話す者が対応いたします。これは無料のサービスです。

Discrimination is against the law

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Blue Cross Blue Shield of Michigan and Blue Care Network do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue Cross Blue Shield of Michigan and Blue Care Network:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provide free language services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call the Customer Service number on the back of your card. If you aren't already a member, call 1-877-469-2583 or, if you're 65 or older, call 1-888-563-3307, TTY: 711.

Here's how you can file a civil rights complaint

If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with:

Office of Civil Rights Coordinator
600 E. Lafayette Blvd., MC 1302
Detroit, MI 48226
Phone: 1-888-605-6461, TTY: 711
Fax: 1-866-559-0578
Email: CivilRights@bcbsm.com

If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal website at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone, or email at:

U.S. Department of Health & Human Services
200 Independence Ave, SW, Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019, TTD: 1-800-537-7697
Email: OCRComplaint@hhs.gov

Complaint forms are available on the U.S. Department of Health & Human Services Office for Civil Rights website at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at Blue Cross Blue Shield of Michigan and Blue Care Network's website: <https://www.bcbsm.com/important-information/policies-practices/nondiscrimination-notice/>.

*Blue365 is brought to you by the Blue Cross Blue Shield Association, an association of independent, locally operated Blue Cross and Blue Shield plans. Value-added items and services are not a part of your insurance benefits and are not covered under contracts with Medicare or any other applicable federal health care program. For complete terms and conditions see **www.blue365deals.com/terms-use**.*

Teladoc Health® is an independent company that provides Virtual Care Solutions for Blue Cross Blue Shield of Michigan and Blue Care Network.

Out-of-network/noncontracted providers are under no obligation to treat Medicare Plus Blue PPO and BCN Advantage HMO-POS and HMO 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.

SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved. Tivity Health is an independent corporation retained by Blue Cross Blue Shield of Michigan and Blue Care Network to provide health and fitness services to their Medicare Plus Blue and BCN Advantage members.

We're ready to help you choose from our Medicare Advantage, Medicare supplement and Part D prescription drug plans

Blue Cross Blue Shield of Michigan and Blue Care Network
have great plans with all of the extras you like.



Call **1-866-891-4220** from 8 a.m. to 9 p.m. Eastern time, Monday through Friday, with weekend hours Oct. 1 through March 31. TTY users call **711**.



Contact your Blue Cross authorized, independent agent.



Enroll online bcbsm.com/medicare.



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

This is a solicitation of insurance. We may contact you about buying insurance. Blue Cross Medicare Supplement plans aren't connected with or endorsed by the U.S. government or the federal Medicare program.

Blue Cross Blue Shield of Michigan and Blue Care Network are PPO, HMO-POS, HMO and PDP plans with Medicare contracts. Enrollment in Blue Cross Blue Shield of Michigan and Blue Care Network depends on contract renewal.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.