2026

READY TO HELP

Medicare Plus Blue[SM] PPO

Secure, Vitality, Signature and Assure

Summary of Benefits

To get a complete list of services we cover, call Customer Service and ask for the *Evidence of Coverage* (phone numbers are printed on the back cover of this booklet).

To join Medicare Plus Blue PPO Secure, Vitality, Signature or Assure, you must have both Medicare Part A and Medicare Part B, be a United States citizen or lawfully present in the United States and live in our geographic service area. Incarcerated individuals are not considered living in the geographic service area even if they are physically located in it. Our service area for Secure includes certain counties in Michigan. Our service area for Vitality, Signature and Assure includes the state of Michigan.

Medicare Plus Blue PPO has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network. For more detailed information about our providers, you can call Customer Service (phone numbers are printed on the back cover of this booklet) or visit our website at **www.bcbsm.com/medicare**.

Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue PPO Secure, Vitality, Signature or Assure 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.

Premium/Cost-sharing Table for Medicare Plus Blue PPO

Secure

You must continue to pay your Medicare Part B premium. **A Medicare Part B premium reduction of $2 is provided. Your monthly premium rate for Medicare Plus Blue Secure is $0.**

Counties	Secure
Allegan, Barry, Berrien, Branch, Calhoun, Cass, Genesee, Gratiot, Hillsdale, Ionia, Jackson, Kalamazoo, Kent, Lenawee, Livingston, Macomb, Monroe, Montcalm, Muskegon, Oakland, Ottawa, Shiawassee, St. Clair, St. Joseph, Van Buren, Washtenaw and Wayne counties	$0
Optional Supplemental Dental and Vision	$30.50 (additional monthly premium)

Vitality, Signature and Assure

Premiums vary by county in which you permanently reside (rates are based on the use and cost of health care services in each regional segment). You must continue to pay your Medicare Part B premium.

1) Find the county and region that you live in.

2) Look across the plan option columns to find your monthly premium rate.

	Medicare Plus Blue premium rates per month		
Regions with counties	**Vitality**	**Signature**	**Assure**
Region 1 Allegan, Barry, Ionia, Kalamazoo, Mason, Muskegon, Newaygo, Oceana and Ottawa counties	$38.50	$106.60	$191.60
Region 2 Berrien, Branch, Calhoun, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Monroe, Montcalm, St. Joseph and Van Buren counties	$66.80	$117.50	$247.40
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 and Tuscola counties	$81.70	$154.20	$291.30
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 and Wexford counties	$72.40	$119.10	$209.50
Region 6 Macomb, Oakland, Washtenaw and Wayne counties	$84.70	$145.20	$298.60
Optional Supplemental Dental and Vision	$30.50 (additional monthly premium)		

Region 5 is not being used at this time.

Benefits	Secure	Vitality	Signature	Assure
Deductible	This plan does not have a deductible for hospital and medical services. There is a $150 deductible for Tiers 3, 4 and 5 for Part D prescription drugs.	This plan does not have a deductible for hospital and medical services. This plan does not have a deductible for Part D prescription drugs.		
Deductible - Optional Supplemental Dental and Vision	There is no deductible.			
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	$6,750 for services from any provider	$5,000 for services from in-network providers $6,700 for services from any provider	$4,300 for services from in-network providers $6,500 for services from any providers	$4,000 for services from in-network providers $6,200 for services from any provider
Note: Services with a [1] may require prior authorization				
Inpatient Hospital Coverage[1] Our plan covers an unlimited number of days for an inpatient stay.	**In-network:** $375 copay per day for days 1-7, per admission $0 copay for days 8 and beyond **Out-of-network:** 50% of approved amount	**In-network:** $250 copay per day for days 1-7, per admission $0 copay for days 8 and beyond **Out-of-network:** 40% of approved amount	**In-network:** $175 copay per day for days 1-7, per admission $0 copay for days 8 and beyond **Out-of-network:** 40% of approved amount	**In-network:** $100 copay per day for days 1-7, per admission $0 copay for days 8 and beyond **Out-of-network:** 30% of approved amount
Outpatient Hospital Coverage[1]	**In-network:** $400 copay for outpatient hospital services **Out-of-network:** 50% of approved amount	**In-network:** $150 copay for non-surgical services $220 copay for surgical services **Out-of-network:** 40% of approved amount	**In-network:** $125 copay for non-surgical services $205 copay for surgical services **Out-of-network:** 40% of approved amount	**In-network:** $75 copay for non-surgical services $150 copay for surgical services **Out-of-network:** 30% of approved amount

Benefits	Secure	Vitality	Signature	Assure
Ambulatory Surgical Center (ASC) Services[1]	**In-network** $50 copay for Medicare-covered arthroplasty knee and hip services in an ASC	**In-network** $0 copay for Medicare-covered arthroplasty knee and hip services in an ASC		
	$100 for Medicare-covered non-surgical services $300 for Medicare-covered surgical services **Out-of-network:** 50% of approved amount	$100 for Medicare-covered non-surgical services $125 for Medicare-covered surgical services **Out-of-network:** 40% of approved amount	$75 for Medicare-covered non-surgical services $100 for Medicare-covered surgical services **Out-of-network:** 40% of approved amount	$50 for Medicare-covered non-surgical services $75 for Medicare-covered surgical services **Out-of-network:** 30% of approved amount
Doctor Visits				
• Primary	**In-network:** $0 copay **Out-of-network:** $25 copay	**In-network:** $0 copay **Out-of-network:** 40% of approved amount	**In-network:** $0 copay **Out-of-network:** 40% of approved amount	**In-network:** $0 copay **Out-of-network:** 30% of approved amount
• Specialist	**In-network:** $45 copay	**In-network:** $30 copay	**In-network:** $30 copay	**In-network:** $10 copay
• Telehealth	**Out-of-network:** 50% of approved amount	**Out-of-network:** 40% of approved amount	**Out-of-network:** 40% of approved amount	**Out-of-network:** 30% of approved amount
	$0 copay for each telehealth primary care physician medical visit through Teladoc Health $0 copay for each telehealth mental health visit through Teladoc Health			

Benefits	Secure	Vitality	Signature	Assure
Preventive Care (Any additional preventive services approved by Medicare during the contract year will be covered.)	**In- and Out-of-network:** $0 Our plan covers many preventive services, including			
	• Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual physical exam • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings • Depression screening • Diabetes screenings • Diabetes self-management training • Glaucoma screening • HIV screening		• Immunizations, including COVID-19, flu, hepatitis B, and pneumococcal vaccines • Medical nutrition therapy services • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and counseling • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screenings (PSA) • Screening for lung cancer with low-dose computed tomography (LDCT) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • “Welcome to Medicare” preventive visit (one-time)	
Emergency Care	**In-network:** $130 copay **Note:** The copay is waived if you are admitted to the hospital within three days for the same condition. You are covered for emergency medical care worldwide.			

Benefits	Secure	Vitality	Signature	Assure
Urgently Needed Services You are covered for urgently needed services worldwide.	$40 copay at urgent care center $0 copay at primary care physician's office	$50 copay at urgent care center $0 copay at primary care physician's office	$50 copay at urgent care center $0 copay at primary care physician's office	$40 copay at urgent care center $0 copay at primary care physician's office
Diagnostic Services/ Labs/Imaging[1]				
• Diagnostic radiology services	**In-network:** $120-$175 copay	**In-network:** $100-$150 copay	**In-network:** $100-$125 copay	**In-network:** $75 copay
• Lab services	**In-network:** $40 copay	**In-network:** $0-$40 copay	**In-network:** $0-$30 copay	**In-network:** $0-$20 copay
• Diagnostic tests and procedures including COVID-19 testing	**In-network:** $0-$155 copay	**In-network:** $0-$150 copay	**In-network:** $0-$125 copay	**In-network:** $0-$75 copay
• Outpatient X-rays	**In-network:** $45-$155 copay	**In-network:** $35-$150 copay	**In-network:** $35-$125 copay	**In-network:** $35-$75 copay
• Therapeutic radiology services	**In-network:** $80 copay	**In-network:** $35 copay	**In-network:** $35 copay	**In-network:** $35 copay
	Out-of-network: 50% of approved amount	**Out-of-network:** 40% of approved amount	**Out-of-network:** 40% of approved amount	**Out-of-network:** 30% of approved amount

Benefits	Secure	Vitality	Signature	Assure
Hearing Services **Medicare-covered hearing services** • Hearing exam to diagnose and treat hearing and balance issues	**In-network:** $0-$45 copay **Out-of-network:** 50% of approved amount	**In-network:** $0-$30 copay **Out-of-network:** 50% of approved amount	**In-network:** $0-$30 copay **Out-of-network:** 50% of approved amount	**In-network:** $0-$10 copay **Out-of-network:** 30% of approved amount
Non-Medicare-covered hearing services Must be received from a TruHearing® provider. • Routine hearing exam (1 every year) • Hearing aid fitting/ evaluation (1 every year) • Hearing aids (1 per ear, per year) All content ©2026 TruHearing, Inc. All Rights Reserved. TruHearing® is a registered trademark of TruHearing, Inc.	**In-network:** $0 copay $0 Copay $495 copay per aid for Basic Aids $895 copay per aid for Standard Aids $1,295 copay per aid for Advanced Aids $1,695 copay per aid for Premium Aids **Out-of-Network** Not offered			
Dental Services (Medicare-covered)	**In-network:** $0-$45 copay **Out-of-network:** 50% of approved amount	**In-network:** $0-$30 copay **Out-of-network:** 40% of approved amount	**In-network:** $0-$30 copay **Out-of-network:** 40% of approved amount	**In-network:** $0-$10 copay **Out-of-network:** 30% of approved amount

Benefits	Secure	Vitality	Signature	Assure
Enhanced dental services (Preventive and Comprehensive) • Preventive Services include oral exams, routine cleanings, certain dental X-rays and fluoride treatment • Comprehensive Services include brush biopsies, resin and amalgam fillings, crowns for permanent teeth only, crown repairs, root canals, deep cleaning, extractions and oral surgery	This benefit provides a $1,000 annual maximum (combined in- and out-of-network) for preventive and comprehensive dental services. **In-network:** 0% of approved amount **Out-of-network:** 50% of approved amount	This benefit provides a $1,500 annual maximum (combined in- and out-of-network) for preventive and comprehensive dental services. **In-network:** 0% of approved amount **Out-of-network:** 50% of approved amount		
Optional Supplemental Dental (available for additional monthly premium) Includes, but not limited to, dentures, bridges, onlays and implants	The benefit provides a $1,500 combined in- and out-of-network annual maximum (in addition to the enhanced dental annual maximum) for comprehensive dental services. No deductible. **In-network:** 25% of approved amount **Out-of-network:** 50% of approved amount			

Benefits	Secure	Vitality	Signature	Assure
Vision Services (Medicare-covered) • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening). • Screening for diabetic retinopathy is covered once per year for those at risk.	**In-network:** $0-$45 copay **Out-of-network:** 50% of approved amount	**In-network:** $0-$30 copay **Out-of-network:** 40% of approved amount	**In-network:** $0-$30 copay **Out-of-network:** 40% of approved amount	**In-network:** $0-$10 copay **Out-of-network:** 30% of approved amount
• Eyeglasses or contact lenses after cataract surgery	**In-network:** $0 copay **Out-of-network:** 50% of approved amount	**In-network:** $0 copay **Out-of-network:** 40% of approved amount	**In-network:** $0 copay **Out-of-network:** 40% of approved amount	**In-network:** $0 copay **Out-of-network:** 30% of approved amount

<table>
<tr><th>Benefits</th><th>Secure</th><th>Vitality</th><th>Signature</th><th>Assure</th></tr>
<tr><td rowspan="2">Enhanced Vision Services
Routine eye exam through VSP Choice Network, one per calendar year
Eligible for one each calendar year:
Elective contacts, OR
One pair standard lenses, OR
One frame OR
One complete pair of eyeglasses
For a complete pair of eyeglasses, the allowance can be used for the frame only.</td><td colspan="4">In-network: $0 copay
Out-of-network: 50% of approved amount</td></tr>
<tr><td>In-network:
Eyewear benefit provides a combined in- and out-of-network maximum up to $100 every calendar year and may be used for either (a) elective contact lenses or, (b) one frame.
Out-of-network:
Eyewear benefit provides a combined in- and out-of-network maximum with 50% coinsurance up to $100 every calendar year and may be used for either (a) elective contact lenses or, (b) one frame. Standard eyeglass lenses are reimbursed up to 50% of the allowed amount.</td><td>Not offered.</td><td colspan="2">In-network:
Eyewear benefit provides a combined in- and out-of-network maximum up to $150 every calendar year and may be used for either (a) elective contact lenses or, (b) one frame.
Out-of-network:
Eyewear benefit provides a combined in- and out-of-network maximum with 50% coinsurance up to $150 every calendar year and may be used for either (a) elective contact lenses or, (b) one frame. Standard eyeglass lenses are reimbursed up to 50% of the allowed amount.</td></tr>
</table>

Benefits	Secure	Vitality	Signature	Assure
Optional Supplemental Vision (available for additional monthly premium) You are eligible for ONE of the following, every calendar year: • Elective contact lenses OR • One pair of standard eyeglass lenses OR • One frame OR • One complete pair of eyeglasses For a complete pair of eyeglasses, the allowance can be used for the frame only.	The benefit provides a $250 combined in- and out-of-network annual maximum (in addition to the enhanced vision benefit) once every calendar year and may be used for either (a) elective contact lenses or (b) one frame. Includes lens options: polycarbonate lenses and antireflective coating.			
Inpatient Mental Health Care[1] Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.	**In-network:** $290 copay per day for days 1-7, per admission $0 copay for days 8-90 **Out-of-network:** 50% of approved amount	**In-network:** $250 copay per day for days 1-7, per admission $0 copay for days 8-90 **Out-of-network:** 40% of approved amount	**In-network:** $175 copay per day for days 1-7, per admission $0 copay for days 8-90 **Out-of-network:** 40% of approved amount	**In-network:** $100 copay per day for days 1-7, per admission $0 copay for days 8-90 **Out-of-network:** 30% of approved amount
Outpatient Mental Health Care Individual and group therapy	**In-network:** $45 copay **Out-of-network:** 50% of approved amount	**In-network:** $20 copay **Out-of-network:** 40% of approved amount	**In-network:** $20 copay **Out-of-network:** 40% of approved amount	**In-network:** $20 copay **Out-of-network:** 30% of approved amount

Benefits	Secure	Vitality	Signature	Assure
Skilled Nursing Facility (SNF)[1] Our plan covers up to 100 days in a SNF. No prior hospital stay is required for a skilled nursing facility stay.	**In-network:** $0 copay for days 1-20 $218 for days 21-100 **Out-of-network:** 50% of approved amount	**In-network:** $0 copay for days 1-20 $218 for days 21-100 **Out-of-network:** 40% of approved amount	**In-network:** $0 copay for days 1-20 $218 for days 21-100 **Out-of-network:** 40% of approved amount	**In-network:** $0 copay for days 1-20 $218 for days 21-100 **Out-of-network:** 30% of approved amount
Outpatient Rehabilitation Physical/Speech/ Occupational therapy	**In-network:** $50 copay **Out-of-network:** 50% of approved amount	**In-network:** $40 copay **Out-of-network:** 40% of approved amount	**In-network:** $35 copay **Out-of-network:** 40% of approved amount	**In-network:** $30 copay **Out-of-network:** 30% of approved amount
Ambulance Services • Ground or air transportation	**In- or Out-of-network:** $400 copay	**In- or Out-of-network:** $325 copay	**In- or Out-of-network:** $285 copay	**In- or Out-of-network:** $250 copay
• Ambulance services without transportation	Not offered.	**In-network:** $90 copay **Out-of-network:** 40% of approved amount	**In-network:** $90 copay **Out-of-network:** 40% of approved amount	**In-network:** $90 copay **Out-of-network:** 30% of approved amount
Transportation Services	Not offered.			
Medicare Part B Drugs[1] • Medicare Part B Insulin Drugs (one month's supply)	**In-Network:** 0%-20% of approved amount **Out-of-Network:** 0%-50% of approved amount	**In-Network:** 0%-20% of approved amount **Out-of-Network:** 0%-40% of approved amount		**In-Network:** 0%-20% of approved amount **Out-of-Network:** 0%-30% of approved amount
	In- and Out-of-network: Not more than $35 per month			

Benefits	Secure	Vitality	Signature	Assure
Medicare Part B Drugs[1] (continued) • Chemotherapy drugs and other Part B drugs	**In-Network:** 0%-20% of approved amount **Out-of-Network:** 0%-50% of approved amount	**In-Network:** 0%-20% of approved amount **Out-of-Network:** 0%-40% of approved amount		**In-Network:** 0%-20% of approved amount **Out-of-Network:** 0%-30% of approved amount
Medical Equipment/ Supplies[1] • Durable Medical Equipment and Prosthetics and Orthotics	**In-network:** 20% of approved amount **Out-of-network:** 50% of approved amount	**In-network:** 20% of approved amount **Out-of-network:** 40% of approved amount		**In-network:** 20% of approved amount **Out-of-network:** 30% of approved amount
• Diabetes supplies	**In- network:** 0%-20% of approved amount **Out-of-network:** 0%-40% of approved amount	**In-network:** 0%-20% of approved amount **Out-of-network:** 0%-40% of approved amount		**In-network:** 0%-20% of approved amount **Out-of-network:** 0%-40% of approved amount
Health fitness program (SilverSneakers®)	**In-network:** You pay $0 for the health fitness program. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2025 Tivity Health, Inc. All rights reserved.			

Benefits	Secure	Vitality	Signature	Assure
Over-the-Counter (OTC) Allowance: Advantage Dollars Over-the-Counter (OTC) items are drugs and health related products that do not need a prescription. This benefit covers certain approved non-prescription over-the-counter drugs and health-related items.	**Allowance Amount**			
	You receive $40 per quarter.	You receive $50 per quarter.	You receive $65 per quarter.	You receive $50 per quarter.
	An allowance is added each quarter (January 1, April 1, July 1, October 1). Unused amounts will not carry forward into the next quarter or the next calendar year. Note: All purchases must be made through plan-approved retailers			

Benefits	Secure	Vitality	Signature	Assure
Special supplemental benefits for the chronically ill **Food and Produce Allowance** This benefit will be available to plan-identified members with a history of one or more specified chronic conditions. • Autoimmune disorders including polyarteritis nodosa, polymyalgia rheumatica, polymyositis, dermatomyositis, rheumatoid arthritis, systemic lupus erythematosus, psoriatic arthritis and scleroderma • Cancer • Cardiovascular disorders including cardiac arrhythmias, coronary artery disease, peripheral vascular disease and valvular heart disease • Chronic alcohol use disorder and other substance use disorders (SUDs)				
	Allowance Amount			
	You receive $40 per quarter	You receive $50 per quarter	You receive $65 per quarter	You receive $50 per quarter
	Your OTC account will be loaded automatically with the above amount on January 1, April 1, July 1 and October 1. Unused amounts will not carry over quarter to quarter or year to year.			

Benefits	Secure	Vitality	Signature	Assure
Special supplemental benefits for the chronically ill (continued) • Chronic and disabling mental health conditions including bipolar disorders, major depressive disorders, paranoid disorder, schizophrenia, schizoaffective disorder, post-traumatic stress disorder (PTSD), eating disorders and anxiety disorders • Chronic gastrointestinal disease including chronic liver disease, (non-alcoholic fatty liver disease (NAFLD), hepatitis B, hepatitis C, pancreatitis, irritable bowel syndrome, inflammatory bowel disease • Chronic heart failure • Chronic hypertension • Chronic kidney disease (CKD) including CKD requiring dialysis/End-stage renal disease (ESRD) and CKD not requiring dialysis				

Benefits	Secure	Vitality	Signature	Assure
Special supplemental benefits for the chronically ill (continued) • Chronic lung disorders including cystic fibrosis, emphysema, pulmonary fibrosis, pulmonary hypertension and chronic obstructive pulmonary disease (COPD) • Conditions with functional challenges including spinal cord injuries, paralysis, limb loss, stroke and arthritis • Dementia • Diabetes Mellitus • HIV/AIDS • Neurologic disorders including amyotrophic lateral sclerosis (ALS), epilepsy, extensive paralysis (that is, hemiplegia, quadriplegia, paraplegia, monoplegia), Huntington's disease, multiple sclerosis, Parkinson's disease, polyneuropathy, fibromyalgia, chronic fatigue syndrome, spinal cord injuries, spinal stenosis and stroke-related neurologic deficit				

Benefits	Secure	Vitality	Signature	Assure
Special supplemental benefits for the chronically ill (continued) • Pre-diabetes • Severe hematologic disorders including aplastic anemia, hemophilia, immune thrombocytopenic purpura, myelodysplastic syndrome, sickle-cell disease (excluding sickle-cell trait) and chronic venous thromboembolic disorder **Note:** This benefit works with the over-the-counter (OTC) Advantage Dollars allowance and is limited to the maximum OTC allowance amount. See Chapter 4, Section 2.1 Over-the-Counter Allowance (OTC): Advantage Dollars for more information.				

Medicare Part D: Prescription Drugs Costs may differ based on pharmacy type (standard, preferred or mail-order). Your provider may need to obtain prior authorization.				
Stage 1: Annual Deductible No deductible for Tiers 1 and 2. $150 total deductible per year for Tiers 3, 4 and 5. Deductible does not apply to insulins.				
Phase 2: The Initial Coverage Stage You pay the amounts listed in the table below until your out-of-pocket costs reach $2,100.				
	Standard retail and standard mail-order cost sharing (in-network)-31-day supply	**Preferred retail and preferred mail-order cost sharing (in-network) 31-day supply**	**Standard retail and standard mail-order cost sharing (in-network) 32- to 90-day supply**	**Preferred retail and preferred mail-order cost sharing (in-network) 32- to 90-day supply**
Tier 1: Preferred Generic	$5	$0	$15	$0
Tier 2: Generic	$12	$7	$36	$0
Tier 3: Preferred Brand	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	30%	30%	30%	30%
Tier 5: Specialty	31%	31%	Not offered	Not offered
Phase 3: Catastrophic Coverage Stage	You won't pay more than $35 for a 31-day supply and no more than $105 for up to a 3-month supply of each covered insulin product regardless of the cost-sharing tier. You have coverage for generic and brand-name drugs in the Catastrophic Coverage stage. During this stage, you will pay $0. Most members do not reach this stage. For detailed cost information, look at Chapter 6 in your *Evidence of Coverage*. You can also see our plan's pharmacy directory at our website **www.bcbsm.com/pharmaciesmedicare**. For the most current information about covered drugs visit (**www.bcbsm.com/formularymedicare**).			

Medicare Part D: Prescription Drugs
Costs may differ based on pharmacy type (standard, preferred or mail-order).
Your provider may need to obtain prior authorization.

Stage 1: Annual Deductible
Since you have no deductible for Part D drugs, this payment stage doesn't apply.

Phase 2: The Initial Coverage Stage
You pay the amounts listed in the table below until your out-of-pocket costs reach $2,100.

	Standard retail and standard mail-order cost sharing (in-network)-31-day supply	Preferred retail and preferred mail-order cost sharing (in-network) 31-day supply	Standard retail and standard mail-order cost sharing (in-network) 32- to 90-day supply	Preferred retail and mail-order cost sharing (in-network) 32- to 90-day supply
Tier 1: Preferred Generic	$5	$0	$15	$0
Tier 2: Generic	$16	$11	$48	$0
Tier 3: Preferred Brand	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	25%	25%	25%	25%
Tier 5: Specialty	33%	33%	Not offered	Not offered

Phase 3: Catastrophic Coverage Stage	You won't pay more than $35 for a 31-day supply and no more than $105 for up to a 3-month supply of each covered insulin product regardless of the cost-sharing tier. You have coverage for generic and brand-name drugs in the Catastrophic Coverage stage. During this stage, you will pay $0. Most members do not reach this stage. For detailed cost information, look at Chapter 6 in your *Evidence of Coverage*. You can also see our plan's pharmacy directory at our website **www.bcbsm.com/pharmaciesmedicare**. For the most current information about covered drugs visit (**www.bcbsm.com/formularymedicare**).

Signature

Medicare Part D: Prescription Drugs
Costs may differ based on pharmacy type (standard, preferred or mail-order).
Your provider may need to obtain prior authorization.

Stage 1: Annual Deductible
Since you have no deductible for Part D drugs, this payment stage doesn't apply.

Phase 2: The Initial Coverage Stage
You pay the amounts listed in the table below until your out-of-pocket costs reach $2,100.

	Standard retail and standard mail-order cost sharing (in-network)-31-day supply	**Preferred retail and preferred mail-order cost sharing (in-network) 31-day supply**	**Standard retail and standard mail-order cost sharing (in-network) 32- to 90-day supply**	**Preferred retail and mail-order cost sharing (in-network) 32- to 90-day supply**
Tier 1: Preferred Generic	$5	$0	$15	$0
Tier 2: Generic	$18	$10	$54	$0
Tier 3: Preferred Brand	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	25%	25%	25%	25%
Tier 5: Specialty	33%	33%	Not offered	Not offered

Phase 3: Catastrophic Coverage Stage	You won't pay more than $35 for a 31-day supply and no more than $105 for up to a 3-month supply of each covered insulin product regardless of the cost-sharing tier. You have coverage for generic and brand-name drugs in the Catastrophic Coverage stage. During this stage, you will pay $0. Most members do not reach this stage. For detailed cost information, look at Chapter 6 in your *Evidence of Coverage*. You can also see our plan's pharmacy directory at our website **www.bcbsm.com/pharmaciesmedicare**. For the most current information about covered drugs visit (**www.bcbsm.com/formularymedicare**).

Assure

Medicare Part D: Prescription Drugs
Costs may differ based on pharmacy type (standard, preferred or mail-order).
Your provider may need to obtain prior authorization

Stage 1: Annual Deductible
Since you have no deductible for Part D drugs, this payment stage doesn't apply.

Phase 2: The Initial Coverage Stage
You pay the amounts listed in the table below until your out-of-pocket costs reach $2,100.

	Standard retail and standard mail-order cost sharing (in-network)-31-day supply	**Preferred retail and preferred mail-order cost sharing (in-network) 31-day supply**	**Standard retail and standard mail-order cost sharing (in-network) 32- to 90-day supply**	**Preferred retail and mail-order cost sharing (in-network) 32- to 90-day supply**
Tier 1: Preferred Generic	$5	$0	$15	$0
Tier 2: Generic	$12	$7	$36	$0
Tier 3: Preferred Brand	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	25%	25%	25%	25%
Tier 5: Specialty	33%	33%	Not offered	Not offered

Phase 3: Catastrophic Coverage Stage	You won't pay more than $35 for a 31-day supply and no more than $105 for up to a 3-month supply of each covered insulin product regardless of the cost-sharing tier. You have coverage for generic and brand-name drugs in the Catastrophic Coverage stage. During this stage, you will pay $0. Most members do not reach this stage. For detailed cost information, look at Chapter 6 in your *Evidence of Coverage*. You can also see our plan's pharmacy directory at our website **www.bcbsm.com/pharmaciesmedicare**. For the most current information about covered drugs visit (**www.bcbsm.com/formularymedicare**).

For more information, please call us at the phone number below or visit us at **www.bcbsm.com/medicare**.

If you are not a member of this plan, call toll-free 1-888-563-3307. TTY users should call 711.

If you are a member of this plan, call toll-free 1-877-241-2583. TTY users should call 711. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 9 p.m. Eastern time. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 9 p.m. Eastern time.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at **www.medicare.gov** or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as audio CD and large print. This document may be available in a non-English language. For additional information, call us at 1-800-450-3680. TTY users should call 711.