

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



Dear Blue Cross Member:

Thank you for your continued interest in Blue Cross Blue Shield of Michigan. Blue Cross offers eight Medicare Plus Blue PPO health plans (Secure, Value, Giveback, Essential, +Meijer, Assure, Signature and Vitality). 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, 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 you 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) 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 on January 1, 2027. Your monthly plan premium can be found in the premium chart on the plan selection form. You may continue to see any Medicare Plus Blue PPO primary care doctors and specialists.

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

To help you decide, we included an overview of the available plan options and benefits. 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, call **711**. Our office hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week from October 1 through March 31, and from 8 a.m. to 9 p.m. Eastern time, Monday through Friday from April 1 through September 30.

Thank you,
Medicare Advantage Enrollment Operations

Blue Cross Blue Shield of Michigan
Medicare Plus Blue PPO plans
Plan Selection Form

Date: _____

Member name: _____ Member number: _____

Service areas and monthly premiums

A plan's monthly premium is determined by the county where you live. Check the listing below for plans available in your county and their monthly premiums. To help you with your decision, we've included an overview of benefits on the pages that follow.

Medicare Plus Blue Secure - \$0 per month Serving: 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, Wayne counties
Medicare Plus Blue Value - \$0 per month Serving: Alcona, Alger, Alpena, Antrim, Arenac, Baraga, Bay, Benzie, Charlevoix, Cheboygan, Chippewa, Clare, Clinton, Crawford, Delta, Dickinson, Eaton, Emmet, Gladwin, Gogebic, Grand Traverse, Houghton, Huron, Ingham, Iosco, Iron, Isabella, Kalkaska, Keweenaw, Lake, Lapeer, Leelanau, Luce, Mackinac, Manistee, Marquette, Mason, Mecosta, Menominee, Midland, Missaukee, Montmorency, Newaygo, Oceana, Ogemaw, Ontonagon, Osceola, Oscoda, Otsego, Presque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Tuscola, Wexford counties
Medicare Plus Blue Giveback - \$0 per month Serving: 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, Wayne counties
Medicare Plus Blue Essential - \$41 per month Serving: Allegan, Barry, Ionia, Kalamazoo, Muskegon, Ottawa counties
Medicare Plus Blue Essential - \$38.20 per month Serving: Berrien, Branch, Calhoun, Gratiot, Hillsdale, Jackson, Monroe, Montcalm, St. Joseph, Van Buren counties
Medicare Plus Blue Essential - \$35.80 per month Serving: Cass, Genesee, Kent, Lenawee, Livingston, St. Clair counties
Medicare Plus Blue Essential - \$40 per month Serving: Macomb, Oakland, Washtenaw, Wayne counties

Medicare Plus Blue +Meijer - \$45 per month

Serving: Allegan, Alpena, Bay, Berrien, Branch, Calhoun, Chippewa, Clinton, Delta, Eaton, Emmet, Genesee, Grand Traverse, Gratiot, Hillsdale, Ingham, Ionia, Isabella, Jackson, Kalamazoo, Kent, Lenawee, Livingston, Macomb, Manistee, Marquette, Mason, Mecosta, Midland, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Ogemaw, Otsego, Ottawa, Saginaw, Shiawassee, St. Clair, St. Joseph, Van Buren, Washtenaw, Wayne and Wexford counties

Medicare Plus Blue Assure - \$199.60 per month**Medicare Plus Blue Signature - \$120 per month****Medicare Plus Blue Vitality - \$74.30 per month**

Serving: Allegan, Barry, Ionia, Kalamazoo, Mason, Muskegon, Newaygo, Oceana and Ottawa counties

Medicare Plus Blue Assure - \$255.40 per month**Medicare Plus Blue Signature - \$131 per month****Medicare Plus Blue Vitality - \$101.80 per month**

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

Medicare Plus Blue Assure - \$299.30 per month**Medicare Plus Blue Signature - \$168 per month****Medicare Plus Blue Vitality - \$100.00 per month**

Serving: 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

Medicare Plus Blue Assure - \$217.50 per month**Medicare Plus Blue Signature - \$132 per month****Medicare Plus Blue Vitality - \$91 per month**

Serving: 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

Medicare Plus Blue Assure - \$305.60 per month**Medicare Plus Blue Signature - \$158 per month****Medicare Plus Blue Vitality - \$111 per month**

Serving: Macomb, Oakland, Washtenaw and Wayne counties

Plan Selection Form and Benefits Overview

Check the appropriate box below to join a Medicare Plus BlueSM PPO or Prescription BlueSM PDP plan:

I wish to transfer from my current Medicare Plus Blue plan to the plan I have selected below. I understand that if this form is received by the end of any month, my new plan will generally be effective on the first day of the following month. If I enroll during the annual enrollment period, my coverage will be effective January 1 of the next year.

☐ **Medicare Plus Blue Secure**

\$100 in-network deductible; \$7,000 out-of-pocket maximum; \$0 copay primary care provider office visit; \$45 specialist office visit copay; \$375 inpatient acute hospital copay per day (days 1 to 7); \$25 every three months Advantage Dollars OTC allowance, no rollover; \$130 emergency room copay; \$0-40 urgent care copay; \$1,000 annual maximum for dental services; \$0 routine eye exam; \$100/calendar year eyewear allowance; \$495-\$1,695 copay per ear per year for hearing aids (through TruHearing®); \$435 pharmacy deductible (tiers 3, 4 and 5); \$0 tier 1 copay/\$7 tier 2 copay for 31-day preferred retail/mail pharmacy.

☐ **Medicare Plus Blue Value**

\$525 in-network deductible; \$6,750 out-of-pocket maximum; \$0 copay primary care provider office visit; \$50 specialist office visit copay; \$430 inpatient acute hospital copay per day (days 1 to 7); \$25 every three months Advantage Dollars OTC allowance, no rollover; \$130 emergency room copay; \$0-50 urgent care copay; \$750 annual maximum for dental services; \$0 routine eye exam; \$100/calendar year eyewear allowance; \$495-\$1,695 copay per ear per year for hearing aids (through TruHearing); \$700 pharmacy deductible (tiers 2, 3, 4 and 5); \$2 tier 1 copay/\$7 tier 2 copay for 31-day preferred retail/mail pharmacy.

☐ **Medicare Plus Blue Giveback**

\$50 giveback amount; \$650 in-network deductible; \$9,250 out-of-pocket maximum; \$0 copay primary care provider office visit; \$55 specialist office visit copay; \$385 inpatient acute hospital copay per day (days 1 to 7); \$115 emergency room copay; \$0-40 urgent care copay; \$0 copay preventive dental services; \$0 routine eye exam; \$495-\$1,695 copay per ear per year for hearing aids (through TruHearing); \$600 pharmacy deductible tiers (3, 4 and 5); \$0 tier 1 copay/\$0 tier 2 copay for 31-day preferred retail/mail pharmacy.

☐ **Medicare Plus Blue Essential**

\$0 in-network deductible; \$7,150 out-of-pocket maximum; \$0 copay primary care provider office visit; \$45 specialist office visit copay; \$350 inpatient acute hospital copay per day (days 1 to 7); \$130 emergency room copay; \$0-50 urgent care copay; \$950 annual maximum for dental services; \$0 copay routine eye exam; \$400 pharmacy deductible (tiers 3, 4 and 5); \$0 tier 1 copay/\$5 tier 2 copay for 31-day preferred retail/mail pharmacy.

❑ Medicare Plus Blue +Meijer

\$0 in-network deductible; \$6,750 out-of-pocket maximum; \$0 copay primary care provider office visit; \$50 specialist office visit copay; \$360 inpatient acute hospital copay per day (days 1 to 7); \$75 every three months Advantage Dollars OTC allowance, no rollover; \$130 emergency room copay; \$0-50 urgent care copay; \$1,000 annual maximum for dental services; \$0 routine eye exam; \$100/calendar year eyewear allowance; \$495-\$1,695 copay per ear per year for hearing aids (through TruHearing); \$400 pharmacy deductible (tiers 3, 4 and 5); \$0 tier 1 copay/\$7 tier 2 copay for 31-day preferred retail/mail pharmacy.

❑ Medicare Plus Blue Assure

\$0 in-network deductible; \$4,000 out-of-pocket maximum; \$0 copay primary care provider office visit; \$10 specialist office visit copay; \$225 inpatient acute hospital copay per day (days 1 to 7); \$50 every three months Advantage Dollars OTC allowance, no rollover; \$130 emergency room copay; \$0-40 urgent care copay; \$1,500 annual maximum for dental services; \$0 routine eye exam; \$150/calendar year eyewear allowance; \$495-\$1,695 copay per ear per year for hearing aids (through TruHearing); \$100 pharmacy deductible (tiers 3,4, and 5); \$0 tier 1 copay/\$5 tier 2 copay for 31-day preferred retail/mail pharmacy.

❑ Medicare Plus Blue Signature

\$0 in-network deductible; \$4,300 out-of-pocket maximum; \$0 copay primary care provider office visit; \$30 specialist office visit copay; \$250 inpatient acute hospital copay per day (days 1 to 7); \$50 every three months Advantage Dollars OTC allowance, no rollover; \$130 emergency room copay; \$0-50 urgent care copay; \$0 routine eye exam; \$1,500 annual maximum for dental services; \$150/calendar year eyewear allowance; \$495-\$1,695 copay per ear per year for hearing aids (through TruHearing); \$200 pharmacy deductible (tiers 3, 4 and 5); \$0 tier 1 copay/\$5 tier 2 copay for 31-day preferred retail/mail pharmacy.

❑ Medicare Plus Blue Vitality

\$0 in-network deductible; \$5,000 out-of-pocket maximum; \$0 copay primary care provider office visit; \$30 specialist office visit copay; \$250 inpatient acute hospital copay per day (days 1 to 7); \$40 every three months Advantage Dollars OTC allowance, no rollover; \$130 emergency room copay; \$0-50 urgent care copay; \$1,500 annual maximum for dental services; \$0 routine eye exam; \$150/calendar year eyewear allowance; \$495-\$1,695 copay per ear per year for hearing aids (through TruHearing); \$250 pharmacy deductible (tiers 3, 4 and 5); \$0 tier 1 copay/\$5 tier 2 copay for 31-day preferred retail/mail pharmacy.

Optional Supplemental Dental Vision Plan for Medicare Plus Blue PPO members

Available to **Secure, Value, Giveback, Essential, +Meijer, Assure, Signature and Vitality** plan members for an **additional monthly premium of \$27.10** plus your monthly plan and Medicare Part B premiums and any late enrollment penalty you may owe. This optional supplemental package includes **extra coverage** to offset costs for dental procedures and eyewear not covered in your base PPO plan.

☐ **Medicare Plus Blue optional supplemental dental and vision plan:**

Dental – \$1,500 annual maximum per calendar year

This is in addition to your base plan benefit. No waiting period, no deductible.

Vision – \$250 combined in- and out-of-network benefit maximum (in addition to the enhanced vision benefit) once every calendar year. May be used for either elective contact lenses or one frame, but not both. If standard eyeglass lenses or one complete pair of eyeglasses are chosen, lenses have the options of polycarbonate lenses and anti-reflective coating. Visit vsp.com¹ to find a VSP Vision network eye doctor or to see if your eye doctor participates.

¹Blue Cross Blue Shield of Michigan doesn't own or control this website.

VSP is an independent company contracted to provide vision services on behalf of Blue Cross Blue Shield of Michigan and Blue Care Network.

TruHearing is an independent company contracted to provide hearing services on behalf of Blue Cross Blue Shield of Michigan and Blue Care Network.

Prescription BlueSM PDP plans

We offer two Part D prescription drug plans for prescription medication coverage. Members have a choice of brand-name or generic prescriptions from about 19,000 preferred pharmacies and 43,000 standard pharmacies nationwide.

☐ **Prescription Blue PDP Select – \$49.80 per month**

☐ **Prescription Blue PDP Premium – \$80.30 per month**

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 each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board check each month. If you don't select a payment option, you'll receive a bill 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 your drug costs including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to 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 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'll bill you for the amount that Medicare doesn't cover.

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 **bcbsm.com/paymedicare**. Members can make one-time payments or set up automatic withdrawals from a bank account or credit/debit card.
- **Pay by phone:** To make a one-time payment or set up an automatic withdrawal from a bank account or credit/debit card, call Customer Service at the corresponding plan phone number listed below. Our office hours are from 8 a.m. to 9 p.m. Eastern time, Monday through Friday, with weekend hours from October 1 through March 31. TTY users, call **711**.

Medicare Plus Blue PPO 1-877-241-2583

Prescription Blue PDP 1-800-565-1770

- **Pay by mail:** Mail your payment coupon along with 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/RRB deduction may take two or more months to begin after Social Security or the RRB approves the deduction. Please pay any premium bills prior to your Social Security/Railroad Retirement Board deduction effective date. If Social Security/the RRB doesn't 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.

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. Eastern time, 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:

For an individual helping the enrollee with completing this form only

Complete this section if you're an individual (i.e. agent, broker, SHIP counselor, family member, or other third party) helping an enrollee fill out this form.

Name

Relationship to enrollee

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**.*