Ready to Help: A guide to Blue Cross Medicare plans









2027

READY TO HELP

Blue Cross Blue Shield of Michigan and Blue Care Network

bcbsm.com/medicare

2027 Medicare Advantage revealed — discover your ideal coverage today

Your health speaks for itself when your Medicare plan meets your needs.

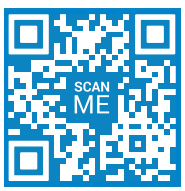
Our licensed Medicare experts and experienced sales agents stand ready to answer your questions and ease any concerns that come with choosing a Medicare plan.

It's easy to enroll:

Call **1-833-844-6280** 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**.

Enroll online **bcbsm.com/medicare**.

Contact your Blue Cross-authorized, independent agent for an explanation of plans available to you. There is no cost or need to commit to receive agent services.



Scan the QR code to start your application.





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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. Healthcare 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 healthcare 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 healthcare 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.

This is it — **Medicare Advantage** enrollment time

There are three opportunities to join a Medicare Advantage plan.

Your **initial enrollment period** is the first time you're eligible to enroll in a Medicare Advantage plan.

Your initial enrollment period is during the three months before your 65th birthday, anytime during your birthday month or three months after you turn 65.



Your 65th birthday month

Anyone eligible for Medicare can enroll in a Medicare Advantage plan during the **annual election period** from October 15 through December 7.

Special enrollment period is provided when certain situations arise.

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





What you'll like about Blue Cross

Blue Cross Blue Shield of Michigan has promoted healthy living for individuals, families, and communities across the Great Lakes State for 87 years.

Check out what's included with a Medicare Advantage plan from Blue Cross Blue Shield of Michigan or Blue Care Network:

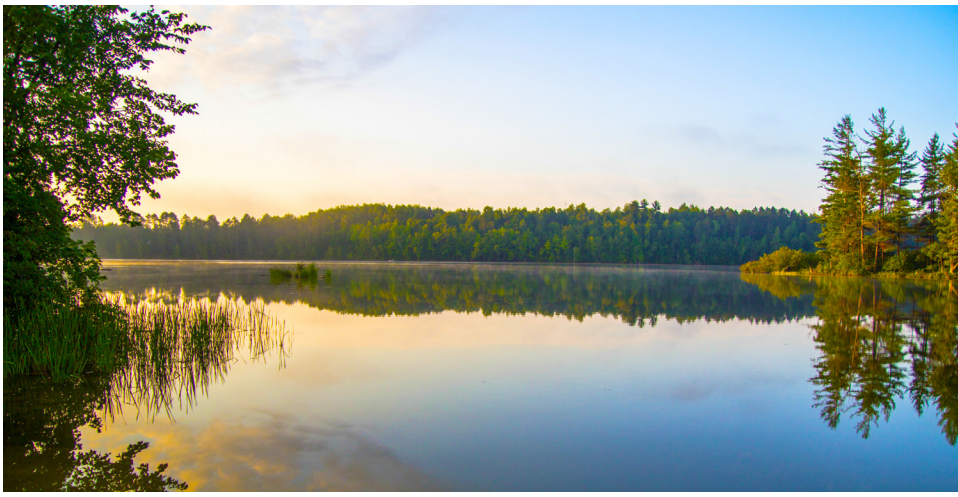
- **Access** to nearly 79,000 quality, active providers[1]
- **Prescription drug coverage** included in all but one plan option[2]
- **Preventive dental services** including, cleaning, X-rays, dental exams and fluoride
- **No cost** routine eye exam
- **Hearing aid benefit**[3] through TruHearing®





[1]Blue Cross Blue Shield of Michigan Provider Counts report, June 2026.
[2]No prescription drug coverage with Elements.
[3]Hearing aid benefit not available with Essential and Prime Value.





Blue Cross Well-being℠, online well-being resources to help form healthy habits

No cost PCP office visits

While traveling, access worldwide urgent and emergency care or our nationwide network of Blue plan doctors and hospitals with Medicare Advantage PPO and HMO-POS plans

24/7 online member account connects you to your virtual member ID card, claim documents and the status of prior authorization and referral requests

Decoding PPO, HMO and HMO-POS

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

A **PPO** gives you the flexibility to choose any healthcare provider, although you may pay more for care received outside the PPO network.

An **HMO** requires you to choose a primary care provider, or PCP, to manage your medical needs. Your PCP coordinates care and provides referrals as appropriate.

An HMO point-of-service plan, or **HMO-POS**, is another Medicare Advantage plan. This plan works like an HMO although you're allowed certain out-of-network services to be received at in-network costs.



Medicare Advantage where you live

Plans aren't available in every county. See the list below each plan to find where it's offered.

MEDICARE PLUS BLUE℠ PPO PLANS

Assure	**$199.60 to $305.60 per month**
Signature	**$120 to $168 per month**
Vitality	**$74.30 to $111 per month**

Available in: All Michigan counties

Value	**$0 per month**

Available in: 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 Island, Roscommon, Saginaw, Sanilac, Schoolcraft, Tuscola, Wexford

+Meijer	**$45 per month**

Available in: 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, Wexford

Secure	**$0 per month**
Giveback	**$0 per month**

Available in: Allegan, Barry, Berrien, Branch, Calhoun, Cass, Genesee, Gratiot, Hillsdale, Ionia, Jackson, Kalamazoo, Kent, Lenawee, Livingston, Macomb, Monroe, Montcalm, Muskegon, Oakland, Ottawa, St. Clair, St. Joseph, Shiawassee, Van Buren, Washtenaw, Wayne

Essential	**$35.80 to $41 per month**

Available in: Allegan, Barry, Berrien, Branch, Calhoun, Cass, Genesee, Gratiot, Hillsdale, Ionia, Jackson, Kalamazoo, Kent, Lenawee, Livingston, Macomb, Monroe, Montcalm, Muskegon, Oakland, Ottawa, St. Clair, St. Joseph, Van Buren, Washtenaw, Wayne

Blue Cross covers seniors throughout Michigan.

Our Medicare Advantage plan benefits are highlighted on the following pages.

If you have questions, call **1-833-844-6280** 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**.

BCN ADVANTAGE℠ HMO-POS PLANS

Elements	**$0 per month** *(Prescription drug coverage not included with Elements)*
Classic	**$107 to $158 per month**
Prestige	**$194 to $282 per month**

Available in: Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Luce, Mackinac, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, Wexford

Prime Value	**$39.30 to $48 per month**

Available in: Allegan, Barry, Berrien, Branch, Calhoun, Genesee, Gratiot, Hillsdale, Ionia, Jackson, Kalamazoo, Kent, Lenawee, Livingston, Macomb, Monroe, Montcalm, Muskegon, Oakland, Ottawa, St. Clair, St. Joseph, Van Buren, Washtenaw, Wayne

BCN ADVANTAGE℠ HMO PLAN

ConnectedCare HMO	**$50 per month**

Available in: Arenac, Genesee, Iosco, Kalamazoo, Livingston, Macomb, Oakland, Saginaw, St. Clair, Washtenaw, Wayne

Top Medicare Advantage picks for Michiganians

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

	MEDICARE PLUS BLUE℠ PPO Secure	MEDICARE PLUS BLUE℠ PPO Value
Annual medical deductible	$100	$525
Primary care office visit copay	$0	$0
Specialist visit copay	$45	$50
Urgent care facility copay	$0 to $40	$0 to $50
Emergency care copay	$130	$130
Outpatient lab services	$40	$40
Outpatient surgery ambulatory surgical center	$50/$300	$50/$300
Inpatient hospital care Days 1 to 7 (per day)	$375	$430
Diabetic supplies and services	0% to 20%	0% to 20%
Physical therapy copay	$50	$65
Durable medical equipment	0% to 20%	0% to 20%
Advantage Dollars OTC every 3 months (no rollover)	$25	$25
SilverSneakers® fitness benefit	Yes	Yes
Dental preventive and comprehensive annual maximum (unless noted otherwise)	$1,000	$750
Vision annual maximum allowance used for contact lenses or one pair of frames	$100	$100
Hearing aid copay through TruHearing® per ear each year	$495 to $1,695	$495 to $1,695
In-network maximum out-of-pocket (MOOP)	$7,000	$6,750
Prescription drug benefit		
Prescription drug deductible	$435 for tiers 3, 4 and 5	$700 for tiers 2, 3, 4 and 5
Pharmacy type	**Preferred 31-day supply**	
Tier 1 preferred generic	$0	$2
Tier 2 generic	$7	$7
Tier 3 preferred brand	20%	23%
Tier 4 nonpreferred drug	21%	25%
Tier 5 specialty tier	28%	25%
Catastrophic period	$0 after your drug costs reach $2,400	

You won't pay more than $35 for a one-month supply of each covered insulin product, regardless of the out-of-pocket cost tier. Percentages are of the drug's approved cost.

MEDICARE PLUS BLUE℠ PPO Giveback	MEDICARE PLUS BLUE℠ PPO Vitality	MEDICARE PLUS BLUE℠ PPO Signature
$650	$0	$0
$0	$0	$0
$55	$30	$30
$0 to $40	$0 to $50	$0 to $50
$115	$130	$130
$0 to $40	$0 to $40	$0 to $30
$325	$0/$125	$0/$100
$385	$250	$250
0% to 20%	0% to 20%	0% to 20%
$55	$40	$35
0% to 20%	0% to 20%	0% to 20%

N/A	$40	$50
No	Yes	Yes
Preventive services only	$1,500	$1,500
N/A	$150	$150
$495 to $1,695	$495 to $1,695	$495 to $1,695
$9,250	$5,000	$4,300

$600 for tiers 3, 4 and 5	$250 for tiers 3, 4 and 5	$200 for tiers 3, 4 and 5
Preferred 31-day supply		
$0	$0	$0
$0	$5	$5
20%	20%	20%
21%	25%	28%
26%	30%	31%
$0 after your drug costs reach $2,400		

*Pharmacy networks may change, verify preferred pharmacies in your online member account or at **bcbsm.com/medicare**.*

Tier 1 generic allows 100-day supply. (32-to-90-day supply available for tiers 2, 3, 4)

Medicare Advantage plans best for low maintenance

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

	MEDICARE PLUS BLUE℠ PPO +Meijer	BCN ADVANTAGE℠ HMO-POS Elements
Annual medical deductible	$0	$0
Primary care office visit copay	$0	$0
Specialist visit copay	$50	$35
Urgent care facility copay	$0 to $50	$0 to $45
Emergency care copay	$130	$130
Outpatient lab services	$0 to $40	$0
Outpatient surgery ambulatory surgical center	$0/$325	$0/$100
Inpatient hospital care Days 1 to 7 (per day)	$360	$250
Diabetic supplies and services	0% to 20%	0% to 20%
Physical therapy copay	$50	$35
Durable medical equipment	0% to 20%	0% to 20%
Advantage Dollars OTC every 3 months (no rollover)	$75	$50
SilverSneakers® fitness benefit	Yes	Yes
Dental preventive and comprehensive annual maximum (unless noted otherwise)	$1,000	$1,500
Vision annual maximum allowance used for contact lenses or one pair of frames	$100	$100
Hearing aid copay through TruHearing® per ear each year	$495 to $1,695	$495 to $1,695
In-network maximum out-of-pocket (MOOP)	$6,750	$4,500
Prescription drug benefit		
Prescription drug deductible	$400 for tiers 3, 4 and 5	*Prescription drug coverage not included with Elements*
Pharmacy type	**Preferred 31-day supply**	
Tier 1 preferred generic	$0	
Tier 2 generic	$7	
Tier 3 preferred brand	20%	
Tier 4 nonpreferred drug	22%	
Tier 5 specialty tier	29%	
Catastrophic period	$0 after your drug costs reach $2,400	

You won't pay more than $35 for a one-month supply of each covered insulin product, regardless of the out-of-pocket cost tier.

Percentages are of the drug's approved cost.

health needs and moderate out of pocket costs

BCN ADVANTAGE℠ HMO ConnectedCare HMO	MEDICARE PLUS BLUE℠ PPO Essential	BCN ADVANTAGE℠ HMO-POS Prime Value
$0	$0	$0
$0	$0	$0
$35	$45	$35
$0 to $45	$0 to $50	$0 to $45
$130	$130	$130
$0	$0 to $40	$0
$0/$100	$0/$250	$0/$240
$325	$350	$350
0% to 20%	0% to 20%	0% to 20%
$40	$45	$35
0% to 20%	0% to 20%	0% to 20%

$25	N/A	N/A
Yes	N/A	N/A
$1,500	$950	$950
$100	N/A	N/A
$495 to $1,695	N/A	N/A
$4,800	$7,150	$6,000

$100 for tiers 3, 4 and 5	$400 for tiers 3, 4 and 5	$600 for tiers 3, 4 and 5
Preferred 31-day supply		
$0	$0	$0
$0	$5	$0
16%	20%	20%
17%	21%	21%
32%	29%	26%
$0 after your drug costs reach $2,400		

*Pharmacy networks may change, verify preferred pharmacies in your online member account or at **bcbsm.com/medicare**.*

Tier 1 generic allows 100-day supply. (32-to-90-day supply available for tiers 2, 3, 4)

Medicare Advantage plans best for managing more

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

	BCN ADVANTAGE℠ HMO-POS Classic	MEDICARE PLUS BLUE℠ PPO Assure
Annual medical deductible	$0	$0
Primary care office visit copay	$0	$0
Specialist visit copay	$30	$10
Urgent care facility copay	$0 to $40	$0 to 40
Emergency care copay	$130	$130
Outpatient lab services	$0	$0 to $20
Outpatient surgery ambulatory surgical center	$0/$95	$0/$75
Inpatient hospital care Days 1 to 7 (per day)	$250	$225
Diabetic supplies and services	0% to 20%	0% to 20%
Physical therapy copay	$35	$30
Durable medical equipment	0% to 20%	0% to 20%
Advantage Dollars OTC every 3 months (no rollover)	$30	$50
SilverSneakers® fitness benefit	Yes	Yes
Dental preventive and comprehensive annual maximum (unless noted otherwise)	$1,500	$1,500
Vision annual maximum allowance used for contact lenses or one pair of frames	$100	$150
Hearing aid copay through TruHearing® per ear each year	$495 to $1,695	$495 to $1,695
In-network maximum out-of-pocket (MOOP)	$4,800	$4,000
Prescription drug benefit		
Prescription drug deductible	$200 for tiers 3, 4 and 5	$100 for tiers 3, 4 and 5
Pharmacy type	Preferred 31-day supply	
Tier 1 preferred generic	$0	$0
Tier 2 generic	$7	$5
Tier 3 preferred brand	20%	20%
Tier 4 nonpreferred drug	30%	28%
Tier 5 specialty tier	31%	32%
Catastrophic period	$0 after your drug costs reach $2,400	

You won't pay more than $35 for a one-month supply of each covered insulin product, regardless of the out-of-pocket cost tier.

Percentages are of the drug's approved cost.

complex health needs with low out of pocket costs

BCN ADVANTAGE℠ HMO-POS Prestige
$0
$0
$25
$0 to $35
$130
$0
$0/$70
$200
0% to 20%
$25
0% to 20%

$50
Yes
$1,500
$150
$495 to $1,695
$4,400

$100 for tiers 3, 4 and 5
Preferred 31-day supply
$0
$5
20%
30%
32%
$0 after your drug costs reach $2,400



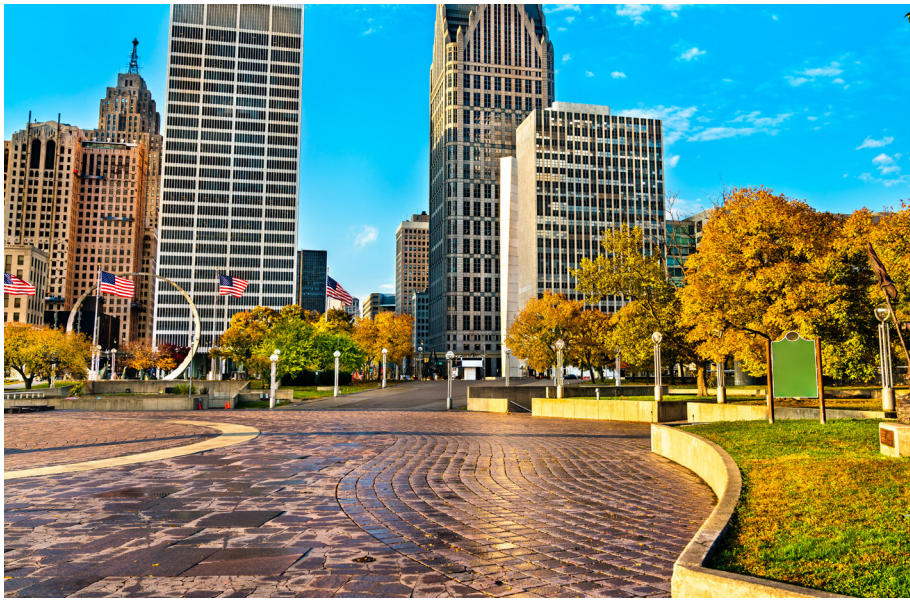


*Pharmacy networks may change, verify preferred pharmacies in your online member account or at **bcbsm.com/medicare**.*

Tier 1 generic allows 100-day supply. (32-to-90-day supply available for tiers 2, 3, 4)

Tune into these Medicare Advantage favorites.





Everyday wellness

Annual wellness visits

Your annual wellness visit is an appointment with your provider to discuss your personal care plan for the year. This office visit may be completed any time during the calendar year at no cost to you. Although, other services performed at that visit could result in out-of-pocket charges.

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*

Most plans offer free access to a fitness center benefit with SilverSneakers. Participate in person at participating locations across the U.S. or have a fitness kit mailed to you for at home workouts.

Blue Cross Virtual Well-Being℠

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 vary by plan and renew quarterly with no rollover.

Blue365® Discounts

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

**SilverSneakers not available with Giveback, Essential or Prime Value plans. Advantage Dollars not available with Giveback, Essential or Prime Value plans.*

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 for urgent, medical appointments for non-emergency illnesses. Mental health services are available by appointment seven days a week.

24-Hour Nurse Line

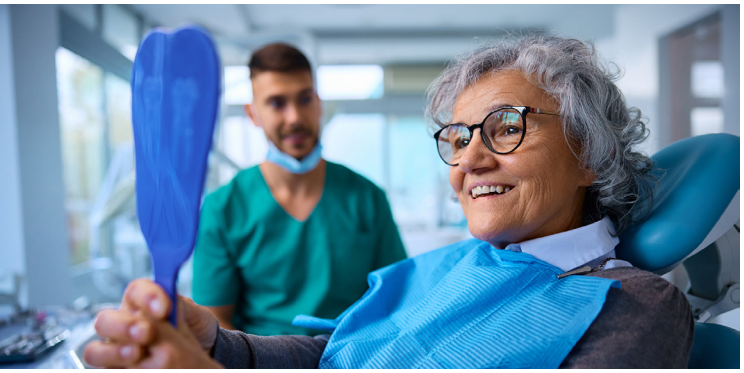
Talk to a registered nurse about a minor illness or injury. Call the nurse line to discuss a procedure, symptoms or your health status.

Home-delivered prescription drugs

Free standard shipping, 90-day medication supply and 24/7 access to registered pharmacists is offered with plans that include prescription drugs.

Blue Cross Coordinated Care℠

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.





Dental services

Our Medicare Advantage plans are sure to make you smile.

Preventive services included per calendar year:

Two oral exams | Two cleanings | One fluoride treatment | X-rays (every two years)

Comprehensive services (not included in the base plan for Medicare Plus Blue PPO Giveback):

- **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)
- **Crowns** (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)

Medicare supplement plans





Medicare supplement, also known as Medigap, is a healthcare policy that works with Original Medicare. These plans are purchased through a private insurance company and cover all or a portion of Medicare out-of-pocket costs.

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

- Peace of mind with a plan that meets your needs and budget.
- Freedom from networks and referrals to see any provider who accepts Original Medicare.
- Our exclusive Blue Cross Medicare Supplement℠ Well-Being Program at no additional cost.
- Protection from unexpected medical costs not included with Original Medicare.
- The option to add our Dental Vision Hearing Package to your plan.
- A 10% household discount off your monthly premium if you live with someone with a Blue Cross Medicare Supplement or Legacy Medigap plan from Blue Cross Blue Shield of Michigan.
- Worry-free travel with coverage throughout the United States.

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 healthcare provider who accepts Original Medicare. Simply present your Blue Cross Medicare Supplement member ID card and your red, white and blue Medicare health insurance card whenever you receive healthcare services. We'll coordinate payment with Medicare and your healthcare providers. In most cases, you'll never have to bother with claim filing or paperwork.

Blue Cross Medicare Supplement℠ 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 journey.

24-Hour Nurse Line

Talk to a registered nurse about a minor illness or injury, tips for a healthy lifestyle, preventive care or questions about medical conditions and treatments.

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.

Health and well-being resources provided by Personify Health™

With 24/7 access to:

- Programs and resources to address your interests and health goals
- Health assessment to identify risk factors*
- Tobacco cessation program
- Tools to track well-visits and screenings
- Digital health coaching Journeys®

Plus, easy integration with more than 100 fitness devices and apps such as Apple Health and Google Fit.

**Blue Cross Blue Shield of Michigan does not use any information obtained from the health assessment for the purpose of rating a Medicare Supplement Insurance policy.*

Personify Health is an independent company that provides health and well-being services to Blue Cross Blue Shield of Michigan and Blue Care Network members.



You may qualify for a household discount

Get a 10% household discount on your monthly premium when you and another person in your home choose a Blue Cross Medicare Supplement plan.

The discount is not available to members with Medicare Advantage plans from Blue Cross or Blue Care Network or MyBlue℠ Medigap plans from Blue Care Network.

***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.*

Go easy with our Medicare supplement plans.

Medicare supplement plans are guaranteed renewable, so there's no need to reapply each year. As long as you pay your monthly premium on time, you'll stay enrolled in the plan. Even though 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]

The deductible for Medicare Part A is $1,736, and the deductible for Medicare Part B is $283.
Your Medicare supplement plan may pay a portion of these deductibles.

Our two high-deductible plans, HD-F and HD-G, each have an annual deductible of $2,950.
You'll pay Medicare-covered costs up to the deductible amount of $2,950 for 2026 before your supplement plan begins to pay.

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	$1,736	$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	$217 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]	$283	$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

[1]See the 2026 Blue Cross Medicare Supplement Outline of Coverage booklet for eligibility criteria.

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

[3] There 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 $2,950 for 2026 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. After you pay the $283 Medicare Part B deductible, you'll pay nothing for services covered by Original Medicare.

Plan High-Deductible G

- This plan offers a lower monthly premium with a higher annual deductible. Once you satisfy the deductible, you'll receive the same benefits as Plan G.
- This plan may be a good choice if you're relatively healthy and want to lower your 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
$283	$0	$283	$283
$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.

Complete your Medicare supplement plan with a Dental Vision Hearing Package

Add the Dental Vision Hearing Package to your Blue Cross Medicare Supplement plan for $37.75[1] 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	50% 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

[1]Premium for the Dental Vision Hearing Package is evaluated each year and is subject to change.

[2]Dental, 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.

[5]To 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 can 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 can 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				
Hearing exam	One exam every 12 months			
Frequency	One hearing aid per ear every 12 months			
Network	TruHearing[8]			
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

*[6]Visit **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 Blue℠ 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.

See what our Part D drug plans have for you.

Prescription Blue PDP plans offer:

- Access to 12,000 preferred in-network pharmacies and 50,000 standard in-network pharmacies across the country[1]
- 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

[1]*Optum pharmacy data 2025*





	Prescription Blue PDP Select		Prescription Blue PDP Premium	
Premium	$49.80		$80.30	
Deductible	$0 for Tier 1 $700 for Tiers 2, 3, 4 and 5		$0 for Tiers 1, 2 $125 for Tiers 3, 4 and 5	
Up to 31-day supply	**Preferred pharmacies**	**Standard pharmacies**	**Preferred pharmacies**	**Standard pharmacies**
Tier 1 preferred generic	$2	$7	$1	$6
Tier 2 generic	$5	$10	$5	$10
Tier 3 preferred brand	23%	23%	25%	25%
Tier 4 nonpreferred drug	25%	25%	26%	26%
Tier 5 specialty tier*	25%	25%	31%	31%
32+ day supply	**Preferred pharmacies**	**Standard pharmacies**	**Preferred pharmacies**	**Standard pharmacies**
Tier 1 preferred generic	$6	$21	$2	$18
Tier 2 generic	$15	$30	$10	$30
Tier 3 preferred brand	23%	23%	25%	25%
Tier 4 nonpreferred drug	25%	25%	26%	26%

**Tier 5 is limited to 31-day supply.*

You won't pay more than $35 for a one-month supply of each covered insulin product, regardless of the cost-sharing tier.

Notice of Availability

English: Call the phone number on the back of your member ID card to reach a complimentary interpreter who speaks English or to receive additional support you may need.

Spanish: Llame al número de teléfono que aparece en el reverso de su tarjeta de identificación de miembro para comunicarse de forma gratuita con un intérprete que hable español o para recibir apoyo adicional que pueda necesitar.

Arabic: اتصل برقم الهاتف الموجود على ظهر بطاقة هوية عضويتك للوصول إلى مترجم مجاني يتحدث باللغة العربية أو لتلقي المزيد من الدعم الذي قد تحتاجه.

Chinese Mandarin: 拨打您的会员 ID 卡背面的电话号码，即可联系一位会说普通话的免费翻译，或获取您可能需要的其他支持。

Albanian: Telefononi në numrin e telefonit që gjendet në anën e pasme të kartës suaj të anëtarësisë për t'u lidhur me një interpret pa pagesë që flet shqip ose për të marrë mbështetje shtesë që mund t'ju nevojitet.

German: Rufen Sie die Telefonnummer auf der Rückseite Ihres Mitgliedsausweises an, um einen kostenlosen Dolmetscher zu finden, der Deutsch spricht, oder um weitere Unterstützung zu erhalten.

Amharic: አማርኛ ከሚናገር ነጻ ተርጓሚ ጋር ለመገናኘት ወይም ሊያስፈልግዎ የሚችል ተጨማሪ ድጋፍ ለማግኘት ከአባል መታወቂያ ካርድዎ ጀርባ ያለው ስልክ ቁጥር ላይ ይደውሉ።

Bengali: বিনামূল্যে বাংলা ভাষায় কথা বলতে পারেন এমন একজন সহায়ক দোভাষীর সাথে যোগাযোগ করতে অথবা আপনার প্রয়োজনীয় অতিরিক্ত সহায়তা পেতে আপনার মেম্বারশিপ ID কার্ডের পিছনে দেওয়া ফোন নম্বরে কল করুন।

French: Appelez le numéro de téléphone figurant au dos de votre carte d'adhérent pour joindre un interprète gratuit qui parle français ou pour bénéficier d'un soutien supplémentaire dont vous pourriez avoir besoin.

Hindi: किसी ऐसे मानार्थ (कंप्लीमेंटरी) दुभाषिए से संपर्क करने के लिए जो हिंदी बोलता हो या ऐसी अतिरिक्त सहायता प्राप्त करने के लिए जिसकी आपको आवश्यकता हो सकती है, आपके सदस्य ID कार्ड के पीछे दिए गए फ़ोन नंबर पर कॉल करें।

Korean: 가입자 ID 카드 뒷면의 전화번호로 전화를 주시면 한국어 무료 통역사와 연결하시거나 필요한 추가 지원을 받으실 수 있습니다.

Polish: Zadzwoń pod numer telefonu znajdujący się z tyłu karty członkowskiej, aby skontaktować się z nieodpłatnym tłumaczem posługującym się językiem polskim lub aby – w razie potrzeby – uzyskać dodatkową pomoc.

Telugu: తెలుగు మాట్లాడే ఉచిత ఇంటర్‌ప్రెటేటర్‌తో కనెక్ట్ కావడానికి లేదా మీకు అవసరం కాగల అదనపు మద్దతును పొందడానికి మీ మెంబర్ ID కార్డు వెనుక ఉండే ఫోన్ నెంబర్‌కు కాల్ చేయండి.

Vietnamese: Xin gọi số điện thoại ghi ở mặt sau thẻ ID thành viên của quý vị để kết nối với một thông dịch viên tiếng Việt miễn phí hoặc để được hỗ trợ thêm nếu quý vị cần

Pennsylvania Dutch: Call der Number as uff die hinnerscht Seit vun dei Member ID Card is fer schwetze mit en Interpreter as Deitsch schwetzt odder fer ennichi Hilf griege as du brauchscht. Des zellt dich nix koschde.

Tagalog: Tumawag sa numero ng telepono sa likod ng member ID card mo para makipag-ugnayan sa isang walang bayad na interpreter na nagsasalita ng Tagalog o para makatanggap ng karagdagang suporta na maaaring kailanganin mo.

Discrimination is against the law

Blue Cross Blue Shield of Michigan, Blue Care Network and our vendors 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, Blue Care Network and our vendors 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, Blue Care Network and our vendors:

- 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, Blue Care Network or our vendors 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, TDD: 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/.

TruHearing® is an independent company contracted to provide hearing services on behalf of Blue Cross Blue Shield of Michigan for certain plans.

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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.

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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 **1-833-844-6280** 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 for an explanation of plans available to you. There is no cost or need to commit to receive agent services.

Enroll online **bcbsm.com/medicare**.

SCAN ME





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.

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