

2024

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Blue Cross  
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State of Michigan



State Health Plan Medicare  
Advantage (MA) PPO  
Resource Guide

[www.bcbsm.com/som](http://www.bcbsm.com/som) State Health Plan MA PPO

## Highlights

- Tips for using your flu and pneumonia vaccine coverage (see page 4)
- Learn more about our Blue Cross Virtual Well-Being<sup>SM</sup> webinars (see page 9)
- What to do when your primary care provider isn't available (see page 10)
- Your cost-free SilverSneakers<sup>®</sup> fitness program (see pages 16 & 17)

## Make your benefits work for you

We value your participation as a State Health Plan MA PPO (SHP MA PPO) member and strive to do our best to serve you. This easy guide is designed to help you maximize your SHP MA PPO benefits.

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## Welcome to your State Health Plan MA PPO plan

**Our preferred provider organization covers everything that Original Medicare covers — plus much more.**

Your SHP MA PPO plan gives you **access to thousands of primary care providers and specialists**, as well as hundreds of hospitals. You can go to any provider, in network or out of network, who accepts your SHP MA PPO member ID card. These health care providers accept our payment and the share of the costs that you pay as payment in full.









It's always best when you have a steady relationship with a trusted primary care provider for ongoing care. Your provider helps coordinate all your care, which keeps them updated on your current health status. Plus, as an SHP MA PPO plan member, you don't need a referral to see a specialist. Learn more about how to find primary care providers and specialists on page 7.

*Out-of-network/non-contracted providers are under no obligation to treat PPO members, except in emergency situations. Please call Customer Service or see your Evidence of Coverage for more information.*

## Here's what you can expect

We're committed to helping you make the best possible use of your plan. We'll be in touch throughout the year to keep you informed about your plan and your health.

### For all members

<b>Provider visit</b> 	Begin taking advantage of your preventive services by making an appointment with your provider for an enhanced wellness visit and annual physical exam (see page 14).
<b>Download our mobile app</b> 	You can access your electronic Blue Cross member ID card, coverage, claim and out-of-pocket cost information anytime, wherever you go (see page 16).
<b>Medicare Advantage health assessment</b> 	When you complete a brief health survey, we'll provide you with a personalized health status report you can share with your provider. It's secure, completely confidential and your participation won't affect your coverage. Look for the assessment in the mail. You can return the paper copy or complete it online using the code provided with the assessment. This easy tool can help your provider keep you in the best of health.
<b>Explanation of benefits</b>  or 	When you use your coverage, we'll send you a detailed statement. You'll receive an <i>EOB</i> the month after the claim is processed. Page 12 has more information about your <i>EOBs</i> .
<b>Special information</b>  or 	We'll send you notices throughout the year about upcoming events. If you need help with a chronic illness, such as heart disease or diabetes, we may send you materials or call you about a specific program.
<b>Surveys</b> 	We're always exploring new ways to provide you with better coverage and experiences. You may receive surveys asking for your opinion of this plan, our network providers and the care you receive. This important feedback helps us respond to your needs.  Your answers are confidential. They don't affect your coverage or costs.  We appreciate your honest feedback as we strive to see your experience through your eyes.





## For new members only

### Member ID card



You'll receive a new Blue Cross member ID card. You can put your red, white and blue Medicare card in a safe place and use your Blue Cross member ID card instead. Show your health care providers your Blue Cross member ID card every time you need care. Or use the Blue Cross mobile app to show your electronic Blue Cross member ID card (see page 16).

### Welcome call



As a new member, you can expect a call from us to make sure you received your welcome kit and Blue Cross member ID card, answer any questions about your coverage and tell you about programs included in your plan to help you stay healthy.

### Need to find a provider?



If you don't have a primary care provider or just need to find a new provider, page 7 explains how to find one online. You can also look in your copy of our *Provider Directory* or call Customer Service at **1-800-843-4876**. TTY users, call **711**.

### Blue Cross online member account



Your secure Blue Cross online member account provides you with valuable content — from coverage details and claims information to ideas for healthier living and more. Be sure to register using one of the methods below:

- Blue Cross mobile app
- [www.bcbsm.com/register](http://www.bcbsm.com/register)
- Text **REGISTER** to **222764**

*Message and data rates may apply.*

Learn more on pages 16 and 17.

### Special preventive visit



If you're new to Medicare, you can make an appointment for your *Welcome to Medicare* preventive visit. It's a one-time visit that takes place during the first 12 months after your Medicare Part B coverage takes effect. Also known as the initial preventive physical exam (IPPE), the visit includes a review of your health, as well as education and counseling about the preventive services you need (including certain screenings and shots), and coordination of other care if needed.


## Ready to help

Our commitment focuses on coverage that works for you in many different ways. Your benefits aren't just for when you're feeling sick or coping with a chronic condition. They can help you take charge of your health.

### How to get your flu and pneumonia vaccines

If you get your flu and pneumonia vaccines at your provider's office, they can bill us directly. If you get vaccinated at a local health department or community center, you will pay for your vaccines and be reimbursed by completing a reimbursement form and mailing it to us with your receipt.

 You can find the reimbursement form online at [www.bcbsm.com/som](http://www.bcbsm.com/som).

 **1-800-843-4876** 8:30 a.m. to 5 p.m. Eastern time Monday through Friday. After the greeting and entering your information, say "reimbursement form" to get to the correct prompt. TTY users, call **711**.

**Good to know:** The Centers for Disease Control and Prevention recommends getting your flu vaccine in October before the flu season begins. It takes approximately two weeks for your body to develop flu-protecting antibodies. Getting vaccinated later can still be beneficial and vaccinations are offered throughout flu season.


### Medicare Diabetes Prevention Program

Your risk of developing Type 2 diabetes can be radically decreased through this 12-month Type 2 diabetes prevention benefit. Our Diabetes Prevention Program is focused on healthy lifestyle changes for qualified members and covered under your plan at no additional cost. Participants report 5% to 7% weight loss, increased energy and better sleep.

 Do you qualify? Take a one-minute online quiz at [www.solera4me.com](http://www.solera4me.com).

### Emotional and mental well-being

Your health is not just determined by your physical fitness, but also by your overall well-being. Your physical health improves when you get enough sleep, eat healthy and exercise. Likewise, your emotional well-being improves when you have support through life's trials, manage stress and have positive social interactions. We offer behavioral health care benefits to help you transition through difficult times. This benefit also helps those struggling with a substance use disorder. When you call, we'll discuss your needs and arrange for services.

 **1-888-803-4960** Routine issues: 8 a.m. to 5 p.m. Eastern time Monday through Friday. Emergencies: 24 hours a day, seven days a week. TTY users, call **711**.

### Considering surgery

If surgery might be in your future, it's important to make an informed decision. That's why we're providing you access to a support program to help guide you from diagnosis to recovery. Learn more by contacting Customer Service at **1-800-843-4876** from 8:30 a.m. to 5 p.m. Eastern time Monday through Friday. TTY users, call **711**.



## Serious illness


If you experience a serious illness, you can count on our dedicated care managers to help you find the right care. They'll also provide important information and resources. We offer care management services based on your medical claims or when your health care provider refers you for assistance. In some cases, we work with independent companies to provide services on our behalf.

Diagnosis of a serious illness can be overwhelming. Our care managers work with your health care provider to help you and your family:

- Understand your medical condition
- Coordinate care
- Review treatment options
- Connect with community resources
- Obtain equipment and medical supplies

Your care manager will support you and your loved ones as you consider options, make treatment decisions and handle emotional concerns. You'll find the support you need to feel more in control.

**If you're hospitalized**, we can also help with the transition to your home or another facility to ensure you get the care you need.


 **1-800-775-BLUE (2583)** 8 a.m. to 6 p.m.  
Eastern time Monday through Friday.  
TTY users, call **711**.

## Chronic conditions

Care managers help you understand and cope with your condition, develop skills for managing it and feel in control again. Your care manager will contact you to help you enroll in a care plan and set goals to improve your health.

## Blue Cross Coordinated Care<sup>SM</sup>


The journey to better health is personal. That's why Blue Cross Coordinated Care provides you with a dedicated care team to connect you with the right care at the right time, whether it's providing support for behavioral health issues, managing a chronic condition or helping to schedule well-being appointments. It's easy to stay on track with your care plan with the Blue Cross Coordinated Care mobile app powered by Wellframe<sup>®</sup>. If you participate in the program, you can use the app on your smartphone or tablet to track appointments and medications, read helpful articles and connect with your care team by text or chat. The program is completely confidential and available to you at no cost.


 **1-800-775-BLUE (2583)** 8 a.m. to 6 p.m.  
Eastern time, Monday through Friday.  
TTY users, call **711**.

*Wellframe is an independent company supporting Blue Cross members by providing health and well-being services.*

## Quit tobacco for good

You can increase your chances for successfully quitting with support and resources through a 12-week phone-based Tobacco Coaching program from WebMD<sup>®</sup>. You're eligible to enroll if you've used tobacco within the last seven days and if you're ready to set a quit date within 30 days of your initial call.

 [www.bcbsm.com/medicare/resources/advantage-extras/health-management/](http://www.bcbsm.com/medicare/resources/advantage-extras/health-management/)

 **1-855-326-5102** 9 a.m. to 11:30 p.m.  
Monday through Thursday; 9 a.m. to 8 p.m.  
Friday; 9:30 a.m. to 6 p.m. Saturday; and  
1 p.m. to 11:30 p.m. Sunday Eastern time.  
TTY users, call **711**.

*WebMD Health Services is an independent company supporting Blue Cross by providing health and well-being services.*

# Smart choices for your care

You have many options for when and where to get health care. Know your options so you can get the treatment you need, when you need it. Out-of-pocket costs vary for each care option, so it's important to think about what kind of care best fits your needs:



## 24-Hour Nurse Line

You can talk to a registered nurse at no cost, anytime you have questions about an illness or injury. The nurse can help you determine if you can treat your health issue at home. Call **1-800-775-BLUE (2583)**. TTY users, call **711**.



## Primary care provider

If you're not feeling well, call your primary care provider. They know you best and understand your health history.



## Virtual care visits

Virtual care is available through Teladoc Heath®, an independent company and our plan-approved vendor. Connect online with a provider or therapist using a smartphone, tablet or computer anywhere in the United States. Visit [www.bcbsm.com/virtualcare](http://www.bcbsm.com/virtualcare) or call **1-800-835-2362** 24 hours a day, seven days a week, 365 days a year. TTY users, call **1-855-636-1578**.



## Retail health clinics

Minor illnesses and injuries can be treated on a walk-in basis at select drug store chains near your home or workplace.



## Urgent care centers

Get convenient, non-emergency, in-person care, including after hours or on weekends.



## Emergency room

Get treatment for serious or life-threatening illnesses or injuries.

Emergency rooms cost more than retail health clinics or urgent care centers because they are equipped to handle trauma and life-threatening situations. You can save money by seeing your primary care provider, or by going to a retail clinic or urgent care center for minor illnesses and injuries, such as:

- Mild allergy symptoms
- Sore throat and cough
- Colds and flu
- Low-grade fever
- Earache
- Eye irritation or redness
- Skin rash
- Minor burns, cuts and scrapes
- Painful urination
- Sprains and strains





## Finding care online

It's easy:

1. Go to [www.bcbsm.com/som](http://www.bcbsm.com/som).
2. Scroll down and click on *Find a Doctor*, then scroll to *Search for a Doctor* and log in to your Blue Cross member account or click *Search* without logging in. Once you're on the provider locator page, you can choose your search location.

Enter your current location or sign in with your online Blue Cross member account. If you log in to your secure Blue Cross online member account before you search for a provider, the system will automatically select your plan's network and you can skip this step.

- Click on *All Plans* in the upper right corner.
- Click on *Find a Different Plan*.
- Scroll down to the *Medicare (65 and older)* section and select *Medicare Plus Blue (PPO)*.
- Select one of the options listed to help identify an in-network provider, hospital and clinic by name or specialty.



## You're the most valuable player on your health care team

Did you know your plan offers more than 20 preventive services covered at 100%? These include flu and pneumonia vaccines, mammograms and colorectal cancer screenings. Talk with your provider about which preventive care services are right for you. If you're new to Medicare, schedule a Welcome to Medicare exam. If you've been enrolled in Medicare for more than a year, you can take advantage of your enhanced wellness visit, which includes a personalized prevention plan, screening schedules, referrals and education based on your specific health situation.



Get the most out of visits with your health care provider:

- Write down questions and symptoms you want to discuss with your provider.
- Take notes as your provider answers your questions.
- Review your medications, including doses, side effects and over-the-counter supplements.
- Speak up if you have any health concerns.
- Be involved in your care decisions.

Remember, you're the MVP on your health care team.

## Talk to your health care provider

	Don't hide it	Good to know	Ask your provider	Going in-depth
<b>Physical activity</b>	Discuss issues that limit your physical activity.	If pain limits your physical activity, there are ways to address it.	Should you adjust or maintain your level of exercise?	What types of exercise are right for you?
<b>Bladder control</b>	Discuss if you accidentally leak urine.	It's a common problem.	What are your treatment options?	If you're receiving treatment, discuss its effectiveness.
<b>Risk of falling</b>	If you've fallen, make sure to call your provider. Don't wait until your next appointment.	There may be simple solutions, such as a medication dosage change.	Could you benefit from a cane, walker, or physical therapy?	Discuss any balance or walking problems.



## Are your screenings up to date?

Your health care provider can tell you if you need to schedule any of these **regular services**.

Screenings			
Breast cancer screening	Colorectal cancer screening	Bone density screening for osteoporosis	Cholesterol
Annually	1 to 10 years depending on the test	Every 2 years	Annually
Vaccines*			
Flu shot	Pneumonia vaccine	Hepatitis B	Shingles vaccine
Once per flu season	Annually	If you're at risk	Administered per Centers for Disease Control and Prevention guidelines
Diabetic services (if applicable)			
A1c test	Diabetic retinal eye exam	Urine protein screening	Treatment for urine protein
2 to 4 times a year	Annually	Annually	As applicable

\* Other vaccines are covered to treat injury or exposure to a disease.

## Blue Cross Virtual Well-Being<sup>SM</sup>

Blue Cross Virtual Well-Being webinars give you the guidance and support you need on your personal journey to better health.

### Highlights:

- Features short, high-energy, live webinars every Thursday at 12 p.m. Eastern time
- Focuses on a different well-being topic each week
- Topics include mindfulness, resilience, social connectedness, emotional health, financial well-being, gratitude, meditation and physical health
- Offers informational materials you can download to save and share

Conveniently watch Blue Cross Virtual Well-Being webinars on your computer, tablet or mobile phone.

Learn more, register and watch past webinars at [www.bluecrossvirtualwellbeing.com](http://www.bluecrossvirtualwellbeing.com).

## Virtual care benefit

Virtual care is available through Teladoc Health®, an independent company and our plan-approved vendor. It's as simple as using your smartphone, tablet or computer anywhere in the U.S. to meet with:

- A provider for minor illnesses such as a cold, flu or sore throat.
- A behavioral health professional or psychiatrist to help work through different challenges such as anxiety or grief.

### Fast and convenient



Visit [www.bcbsm.com/virtualcare](http://www.bcbsm.com/virtualcare).



Call **1-800-835-2362** 24 hours a day, seven days a week. TTY users, call **1-855-636-1578**.

Behavioral health services are available by appointment seven days a week from 7 a.m. to 9 p.m.

*Teladoc Health® is an independent company that provides Virtual Care Solutions for Blue Cross.*

## Reach your health goals

Start making healthy lifestyle changes through the Blue Cross Health & Well-Being<sup>SM</sup> website, powered by WebMD®.

You'll find six Digital Health Assistant programs available at no cost to you. They focus on a variety of health goals, including eating better, conquering stress, feeling happier and enjoying exercise. All tips come straight from WebMD's expert health coaches.

Set your goal, choose your level (easy, moderate or challenging) then choose from more than 400 activities that appeal to your lifestyle, interests and schedule.

To learn more or to start working on a Digital Health Assistant program, log in to or register for a Blue Cross member account at [www.bcbsm.com/som](http://www.bcbsm.com/som) (see page 3 for registration tips), or open the Blue Cross mobile app, then click on *Health & Well-Being*. From there, click on *My Health Assistant* under the *Healthy Living* tab.

*WebMD Health Services is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing health and well-being services.*



## What to know about prior authorizations

Before you get certain treatments or prescriptions, your provider will request a prior authorization from Blue Cross on your behalf. This ensures that the recommended treatment is safe, appropriate for your condition and follows guidelines based on the latest medical research.

### Here's how you can help:

- **Collaborate** with your provider during your care. Be sure to tell your provider about all previous treatments because prior authorization requests require the provider to list other treatments you've had.

**Ask your provider** if the treatment requires prior authorization or call us before you get treatment. Services that need prior authorization are also noted in the medical benefits chart within your *Evidence of Coverage* booklet available online at [www.bcbsm.com/som](http://www.bcbsm.com/som). Providers know how to request prior authorizations. As a member, there's no additional paperwork for you to do. You'll receive a written notice once we have reviewed the prior authorization request.

### Here's how the process works:

First, a provider sends a written request detailing the diagnosis and recommended treatment.

Then, we review the request and:

- **Approve the request**, which means your plan will cover the treatment. Your out-of-pocket cost is determined by your plan benefits.
- **Approve the request on a trial basis**. We'll cover part of the initial treatment to see if it produces the desired outcome. Additional medically necessary treatment may be covered once it's established the initial treatment is producing positive results. Your out-of-pocket cost is determined by your plan benefits.
- **Ask for more information** from your provider to document medical necessity based on Medicare-approved clinical guidelines.
- **Deny the request**, which means your plan won't cover the treatment. We'll explain the reason for the denial to the provider, and mail you a denial letter that explains your options, including how to appeal the denial. If a provider performs a service requiring approval without a prior authorization, he or she is usually responsible for the cost. If your provider has told you a service wasn't approved, your provider may ask you to pay the full cost.



# Important Explanation of Benefits information

## **What is an EOB?**

The EOB explains how much you owe health care providers. However, an EOB is not a bill. EOBs help you track your medical costs.

## **What should I do with an EOB?**

Compare it to your medical bills. If a bill from your provider doesn't look like the correct amount based on your EOB and benefits, call us.

## **What if my medical bill doesn't show any insurance payments?**

If you receive a medical bill for covered services that doesn't show any Blue Cross payments and you never received an EOB, ask your provider to file an insurance claim. Wait to pay until you have a bill showing that we paid our share of the cost.

## **When should I pay my medical bills?**

Your providers may charge you a copay at the time of service or bill you later. You can wait to pay medical bills you receive in the mail until you receive an EOB that shows your share of the costs.





### How often will I get an EOB?

We send EOBs monthly, when you've used your benefits. However, we can only process payments and list them on EOBs after your provider sends the service information to us.

### Can I view my EOBs online?

Yes. You can see your benefits, claims, balances and electronic medical EOBs using your secure Blue Cross online member account at [www.bcbsm.com/som](http://www.bcbsm.com/som). (Pages 3, 16 and 17 have more information and easy ways to register.)

### Will my EOB show my premiums?

No. EOBs only show costs for covered services. Premiums are a fixed monthly cost managed by your former employer. Please contact the Office of Retirement Services (ORS) at **1-800-381-5111** for information about your plan premium.

### What can I find on an EOB?

The medical EOB shows what you've paid or need to pay your provider, if anything. For example:

Amount providers have billed the plan	Total cost (amount the plan has approved)	Plan's share	Your share
\$810.00	\$552.00	\$540.96	\$11.04

The EOB shows what your deductible and annual out-of-pocket limits are, and how much you've paid toward them. For example, this is how your first medical EOB of the year might read:

#### DEDUCTIBLE

For most covered services, the plan pays its share of the cost only after you have paid your annual plan deductible.

As of February 1, 2024, you have paid \$214.40 toward your \$400.00 annual deductible.

#### ANNUAL LIMITS

These limits tell the **most** you'll have to pay in 2024 in out-of-pocket costs (copays, coinsurance and your deductible) for medical and hospital services covered by the plan as well as prescription drugs.

These annual limits are called your out-of-pocket maximums. They limit how much you have to pay for the plan year, but they **don't** put a limit on how much care you can get.

As of February 1, 2024, you have had \$314.25 in out-of-pocket costs that count toward your \$2,000.00 combined out-of-pocket maximum for covered services. This amount includes what you've paid in prescription drug copays.

If we deny payment for all or part of a claim, the EOB explains why.

## Frequently asked questions

### What is the difference between an enhanced wellness visit and an annual physical?

At an **enhanced wellness visit**, you will develop or update a personal prevention plan based on your current health and risk factors. It's for members who haven't received a Welcome to Medicare preventive visit or enhanced wellness visit within the past year. The enhanced wellness visit is covered under Medicare Part B and can occur anytime throughout the calendar year, regardless of the date of your previous enhanced wellness visit.

At an **annual physical exam**, a primary care provider collects health information through an exam. It's covered once every 12 months and is more comprehensive than an enhanced wellness visit. Services include:

- An age and gender-appropriate physical examination, including vital signs and measurements
- Guidance, counseling and risk factor interventions
- Recommendations for immunizations, lab tests or diagnostic procedures

Each of these visits has separate parameters defined by Medicare and the State of Michigan. There is no coinsurance, copay or deductible for these preventive services. However, for services outside of the scope of the set Medicare parameters, a coinsurance, copay or deductible may apply.

### Why am I being billed for my colonoscopy? I thought it was a free screening?

A preventive colonoscopy screening checks to see that you're healthy (no sign, symptom or disease present). There is no coinsurance, copayment or deductible for a Medicare-covered colorectal cancer screening exam. If your doctor finds and removes a polyp or other tissue during the colonoscopy or flexible sigmoidoscopy, the screening exam becomes a diagnostic exam and your contractual cost sharing for Medicare-covered surgical services will apply.

### Why am I being charged an emergency room copay? I thought the copay was waived if I spent the night in the hospital.

Per Medicare guidelines:

- If you go to the emergency room and are admitted to the hospital as an inpatient, your ER copay is waived.
- If you go to the emergency room and are held in observation as an outpatient but not admitted, your ER copay is not waived.

### Will I be paying inpatient or outpatient out-of-pocket costs?

If you'll be receiving service in a hospital, you should ask your provider beforehand to see if the service is inpatient or outpatient, as this may affect your out-of-pocket costs. Unless the provider writes an order to admit you as an inpatient to the hospital and your plan authorizes the admission, the service will be outpatient and you will pay the out-of-pocket amounts for outpatient services. Even if you stay in the hospital overnight, the service might still be considered outpatient. If you're not sure if the service is considered outpatient, call Customer Service at **1-800-843-4876**. TTY users, call **711**.



### Do you have any money-saving tips?

You can save money by receiving care in facilities that **don't** charge hospital facility or usage fees. The best way to determine this is to ask your provider about what fees are associated with each visit or procedure. For example, many provider offices, health centers or hospital-based outpatient clinics owned and operated by hospitals charge an additional hospital usage or facility fee when you see any provider in the office, health center or clinic. These offices may cost you more. Additionally, the cost of your services may be different based on where they're performed (in office, outpatient in a surgery center, outpatient hospital facility or hospital-owned provider office).



## A health care plan at your fingertips

The **Blue Cross mobile app** helps you understand how your health care plan works. From deductibles and claims to out-of-pocket costs, you'll have the information you need to manage your plan and get the most from your coverage, wherever you go.



Find care in your network and check provider and hospital quality.



Show your Blue Cross member ID card to your provider's office staff so they have the information they need to look up your coverage.

### Register for a Blue Cross online member account:

- Using the Blue Cross mobile app
- At [www.bcbsm.com/register](http://www.bcbsm.com/register)
- By texting **REGISTER** to **222764**  
*Message and data rates may apply.*

Download the **BCBSM** app today.



### Blue Cross app questions:

[www.bcbsm.com/app](http://www.bcbsm.com/app)

**1-888-417-3479**

8 a.m. to 8 p.m. Eastern time  
Monday through Friday. TTY: **711**

## SilverSneakers® fitness program

SilverSneakers is an exercise and wellness program that promotes a healthy, active lifestyle. You'll have access to thousands of participating fitness locations across the country.

### Find a participating location:



[www.SilverSneakers.com/Locations](http://www.SilverSneakers.com/Locations)



**1-866-584-7352** 8 a.m. to 8 p.m. Eastern time,  
Monday through Friday. TTY users, call **711**.

### SilverSneakers® app questions:

[www.SilverSneakers.com/GO](http://www.SilverSneakers.com/GO)

*Tivity Health is an independent company that has a contract with Blue Cross Blue Shield of Michigan to offer fitness services to its members. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved.*

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*Google Play and the Google Play logo are trademarks of Google LLC.*



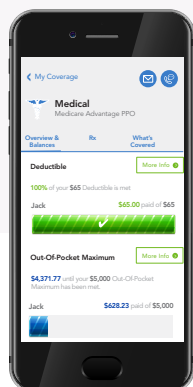


## Manage your costs with confidence

Your Blue Cross online member account can help you make informed, confident decisions, especially when it comes to health care costs.

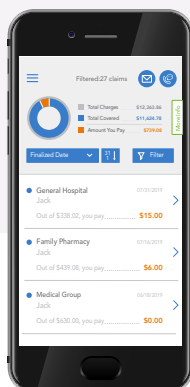
### Keep track of your deductible and out-of-pocket maximum

Your deductible is how much you'll pay for care before we start to pay, but doesn't apply to all services. Your out-of-pocket maximum is the most you'll pay before we cover the cost completely. You can see how close you are to meeting both.



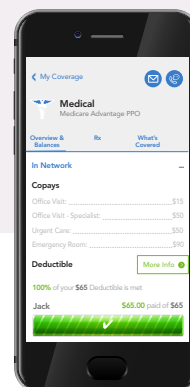
### Review your claims and Explanation of Benefits

Claims and EOBs show you how much a provider charged for services and what portion we've paid. They may also tell you what services you've already paid for and if your payment amount is correct.



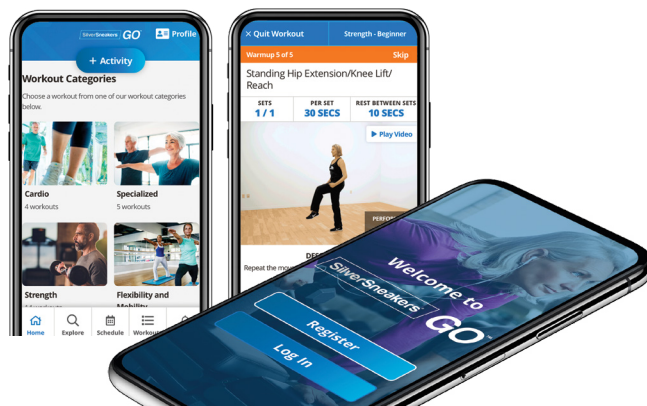
### Know your copays before you visit a provider

Easily access copay information for commonly used services, including office visits and urgent care.



## Getting active is easy with SilverSneakers GO™, the first fitness app designed just for you

- Access workout programs that can be tailored to your fitness level.
- Learn new exercises with easy-to-follow videos.
- Choose between 4- or 12-week programs including strength, walking and meditation.
- Modify exercises to make them easier or harder with just one click.
- Find everything you need in one place: your member ID, SilverSneakers locations and more.



**SilverSneakers GO™**

Download the app today.

Download on the App Store

GET IT ON Google Play

### Customer Service

**1-800-843-4876** 8:30 a.m. to 5 p.m. Eastern time Monday through Friday.  
TTY users, call **711**.

### 24-Hour Nurse Line

**1-800-775-BLUE (2583)** 24 hours a day, seven days a week.  
TTY users, call **711**.

### Behavioral health and substance use disorder care

**1-888-803-4960** Routine issues: 8 a.m. to 5 p.m. Eastern time  
Monday through Friday. Emergencies: 24-hours a day seven days a week.  
TTY users, call **711**.

### Report fraud

**1-888-650-8136** 8:30 a.m. to  
4:30 p.m. Eastern time Monday  
through Friday. TTY users, call **711**.

**READY  
TO HELP**



### Medicare PLUS Blue<sup>SM</sup> Group PPO



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