Resource Guide

2027

State Health Plan

Medicare Advantage PPO





A guide to understanding your coverage

READY TO HELP

bcbsm.com/som





Welcome to the State Health Plan MA PPO

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

Your State Health Plan Medicare Advantage (SHP MA) PPO gives you access to thousands of primary care providers, specialists and hundreds of hospitals. You can see any provider, in network or out of network, who accepts your SHP MA PPO member ID card. These providers accept our payment and your out-of-pockets costs as payment in full.

It's best when you have a steady relationship with a trusted provider for ongoing primary care. Your primary care provider helps coordinate all your care, which keeps him or her updated on your current health status. Plus, as a SHP MA PPO member, you don't need a referral to see a specialist.

Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue Group PPO 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.*

Plan highlights

Tips for using your flu and pneumonia vaccine coverage (Page 4)

Learn more about our Blue Cross Virtual Well-Being℠ webinars (Page 7)

What to do when your primary care provider isn't available (Page 10)

Using your cost-free SilverSneakers® fitness program (Page 16)

Make your benefits work for you

We value your participation as a SHP MA PPO member and will do our best to serve you. This easy-to-use guide is designed to help you maximize your SHP MA PPO benefits.

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Welcome! Get started

Wondering what to do to make the most of your coverage? These charts show you how to begin taking advantage of the benefits of Blue Cross.

Steps you can take to get started with your State Health Plan MA PPO plan

	By mail	By phone	By mobile device	By computer or tablet	By BCBSM mobile app
Sign up for your secure online member account at **bcbsm.com/register.**[1]			✓	✓	✓
Download our mobile app.			✓		
Find a provider.		✓	✓	✓	✓
Take your health assessment.	✓		✓	✓	✓
Make an appointment for your free Welcome to Medicare preventive visit or annual wellness visit with your primary care provider.		✓			
Sign up in your member account to receive plan documents and other special program information by email.			✓	✓	✓

What you'll receive from Blue Cross now that you're a member

	In the mail	By email[1]	By phone	In your online member account	In the BCBSM mobile app
Blue Cross member ID card	✓				✓
Evidence of Coverage[2]				✓	✓
Explanation of Benefits statements	✓			✓	✓
Provider directory[2]				✓	✓
Special program information	✓	✓	✓		
Member surveys (Your opinion matters!)	✓	✓			

[1]*When you register for your secure, online member account and provide your email address.*

[2]*May be requested by calling Customer Service.*





Sign up for your secure online member account

One perk of being a Blue Cross member is our members-only website. Our online tools make it easy to manage your account and stay informed about your benefits. With your secure member account, you can:

- Keep track of your deductible and out-of-pocket maximum.
- View plan details and track claims.
- Select the paperless plan document option.
- Find a doctor.
- Take your health assessment.
- Access a library of helpful health information.

To register for your online member account:

- Visit our website at **bcbsm.com/register** or scan this QR code.

SCAN ME

- Click *Register Now*.
- Answer a few simple questions and start using your member account — have your Blue Cross member ID card handy.

Download our mobile app

Our mobile app helps you understand your healthcare plan and how it works. From deductibles to 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. Once you've registered for your online member account, download the mobile app at the Apple® App Store or the Google Play™ store on your smartphone. You'll get instant access to your member ID card, Explanation of Benefits statements, plan information and more.

To download the app:

- Open Apple® App Store or the Google Play™ store.
- Search for "BCBSM."
- Click download.

Or text APP to 222764.

If you text us, we'll send you a link to download the app. Message and data rates may apply. Visit **bcbsm.com/app** for our *Terms and Conditions of Use* and *Privacy Practices*.

For help downloading or using the mobile app, visit **bcbsm.com/app** or call us at **1-888-417-3479** (TTY: **711**) from 8 a.m. to 8 p.m. Eastern time, Monday through Friday.

Scan this QR code to download the app.

Download on the App Store

GET IT ON Google Play

SCAN ME

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Health and well-being benefits

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, use them to take charge of your health.





Easy ways 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'll 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 bcbsm.com/som.

Call **1-800-843-4876** (TTY: **711**) from 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.

Good to know: The Centers for Disease Control and Prevention recommend getting your flu vaccine before the flu season begins in October, as it takes about two weeks after the vaccination for the antibodies to develop and protect against the flu. However, receiving the vaccine anytime during the flu season can still be beneficial.

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** (TTY: **711**) from 8:30 a.m. to 5 p.m. Eastern time, Monday through Friday.

Maintain your well-being

Your health isn't only determined by your physical fitness, but 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 manage your stress, have support through life's trials and engage in positive social interactions.

Behavioral health and care for substance use disorder is included in your plan.

To discuss your needs and make an appointment for services, call **1-888-803-4960** (TTY: **711**) from 8 a.m. to 5 p.m. Eastern time, Monday through Friday.

If you or someone you know is experiencing an immediate mental health crisis, call the Suicide and Crisis Lifeline at **988**.

Medicare Diabetes Prevention Program

The Medicare Diabetes Prevention Program focuses on healthy lifestyle changes that aid in the prevention of Type 2 diabetes. This 12-month program, included with your plan, is for members with a body mass index, or BMI, greater than 25 (if Asian, greater than 23) who aren't diagnosed with Type 2 diabetes or end-stage renal disease.

To find out if you would benefit from this program, call Customer Service at **1-800-843-4876** (TTY: **711**) from 8:30 a.m. to 5 p.m. Eastern time, Monday through Friday.

Serious illness

If you experience a serious illness, take advantage of working with 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 healthcare 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 healthcare 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.

A nurse healthcare 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'll help with your transition home or to another facility ensuring you get the care you need.

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

Chronic conditions

Nurse care managers help you develop skills to cope with, understand and manage your condition to feel in control. 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℠

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. The program is completely confidential and available to you at no cost.

Quit tobacco for good

Become tobacco free with a phone-based tobacco cessation coaching program by Personify™ Health. This whole-person program uses holistic and clinically sound practices to address all factors surrounding tobacco use.

Make today the day you enroll and schedule your first contact. Call Personify Health at **1-888-573-3113** (TTY: **711**) for enrollment assistance.

Member services support is available by phone, chat and email, from 8 a.m. to 9 p.m. Eastern time, Monday through Friday.

Health coaches are available from 8 a.m. to 11 p.m. Monday through Thursday; 8 a.m. to 7 p.m. Friday; and 9 a.m. to 3 p.m. Saturday. All hours are Eastern time.

Personify™ Health is an independent company supporting Blue Cross Blue Shield of Michigan by providing well-being services.

Smart choices for your care

You've got options when it comes to your healthcare — know where to get the treatment you need, when you need it. Out-of-pocket costs vary for each option.

24-Hour Nurse Line

Talk to a nurse anytime for answers about a minor illness or injury. Your plan includes 24/7 access to a registered nurse for help to assess your symptoms and discuss your treatment options. Call **1-855-624-5214** (TTY: **711**).

Primary care provider

If you're not feeling well, call your primary care provider. He or she knows you best and understands your health history.

Virtual care visits

Virtual care is available through Teladoc Health®, 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. To request an appointment, visit **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, after hours or on weekends, for conditions, such as:

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

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're equipped to handle trauma and life-threatening situations.

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





Finding care

It's easy.

- Go to **bcbsm.com/som**.
- Click *Retirees*.
- Click *State Health Plan Medicare Advantage PPO*.
- Scroll down the page to *Find a doctor*.
- Click *doctors, hospitals and other health services*.

You can also call your provider's office and speak to the billing department. You can ask, "Do you participate with the Medicare Advantage PPO plan offered by Blue Cross Blue Shield of Michigan?"

Blue Cross Virtual Well-Being℠ webinars and guided meditations

Focus on your overall well-being, preventive and senior health with Blue Cross Virtual Well-Being programs.

Visit **bluecrossvirtualwellbeing.com** for live and on-demand Webinars and Meditations, Senior Series and Asahi Exercise Classes.

Webinar topics include, mindfulness, resilience, social connectedness, emotional health, financial wellness and physical health.

Every Thursday at noon Eastern time, enjoy:

- 30-minute, high-energy, live webinars
- A different well-being topic each week
- Informational materials to download, save and share

Join Wednesdays at noon Eastern time for two to 20-minute guided meditations.

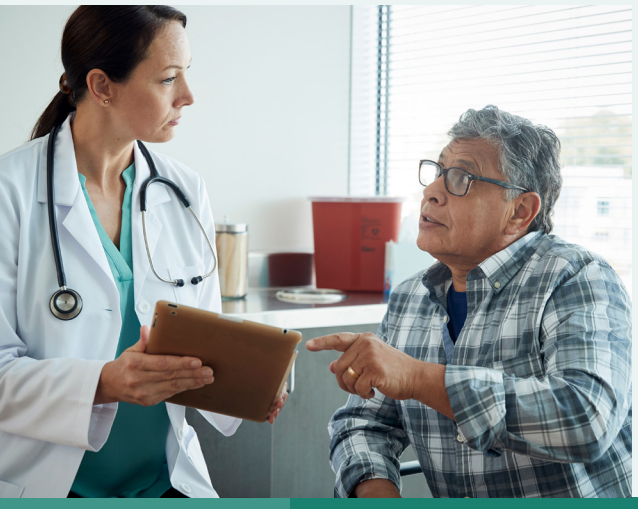
Webinars and meditations are open to the public and available on demand.

Learn more, register or watch past webinars at **bluecrossvirtualwellbeing.com**.

You're the most valuable player on your healthcare team

Among the more than 20 preventive care-related services included in your plan are the flu and pneumonia vaccines, mammograms and colorectal cancer screenings. Talk with your primary care provider about which preventive care services are right for you.

If you're new to Medicare, schedule a Welcome to Medicare exam. Once you're with Medicare for more than a year, take advantage of your annual wellness visit. This visit is where you'll discuss a prevention plan with your primary care provider that typically involves addressing your specific health and wellness concerns.



Get the most out of visits with your healthcare 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 healthcare team.

Talk to your healthcare provider

Topic	Speak up	Good to know	Ask your doctor	Get specific
Physical and mental health	Talk to your provider about physical or mental limitations.	If you physically or mentally don't feel at your best, there are ways to manage it.	Should you start, change or maintain your level of daily activities?	What type of support programs are right for your overall well-being?
Bladder control	Tell your provider if you accidentally leak urine.	It's a common problem that can be treated.	What are your treatment options?	If receiving treatment, discuss its effectiveness.
Fall prevention	Call your provider right away if you've fallen or are having problems with balance or walking. Don't wait until your next appointment.	There may be simple solutions, such as a change in medication dosage.	Could you benefit from physical therapy, a change in medication or a cane or walker?	Discuss any balance or walking problems.

For more information on healthy aging, visit **bcbsm.com/agehealthy**.

Are your screenings up to date?

Your healthcare 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 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

Diabetes services (if applicable)			
A1c test	**Diabetes retinal eye exam**	**Urine protein screening**	**Treatment for urine protein**
2 to 4 times a year	Annually	Annually	As applicable

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









Virtual care benefit

Virtual care is available through Teladoc Heath®, 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 when your primary care provider isn't available
- A behavioral health professional or psychiatrist to help work through different challenges, such as anxiety or grief

Fast and convenient

Visit bcbsm.com/virtualcare.

Call 1-800-835-2362, 24 hours a day, seven days a week, 365 days a year to request an appointment. TTY users, call **1-855-636-1578**.

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

Reach your health goals

Start making healthy lifestyle changes through the Blue Cross Well-Being℠ website.

You'll find 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 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 **bcbsm.com/som** (see Page 3 for registration tips), or open the BCBSM mobile app then select *Wellness* under the *Programs & Services* tab. From there, scroll down to *Blue Cross Well-Being* and click or tap *Go to Blue Cross Well-Being*.

What to know about prior authorizations

Before getting certain treatments or Medicare Part B specialty prescriptions, your provider will request prior authorization from our plan on your behalf. This ensures that the recommended treatment is safe and 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. Most services that need prior authorization are also noted in the medical benefits chart within your *Evidence of Coverage* booklet available online at **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've 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 either:

- **Approve the request**, which means your plan will pay its share of the treatment. 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, they're usually held 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.





Additional helpful resources

Important information in your Explanation of Benefits statement

What is an Explanation of Benefits (EOB)?

The EOB explains how much you owe healthcare 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 services included in your plan that doesn't show any Blue Cross payments, and you don't receive 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 online or in the mail until you receive an EOB or see the claim in your Blue Cross member account showing your share of the costs.

How often will I get an EOB?

We send EOBs monthly, after 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 **bcbsm.com/som**.

Will my EOB show my premiums?

No. EOBs only show costs for covered services. Premiums are a fixed monthly cost managed by your retirement system. Please contact the Michigan 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	$552	$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've paid your yearly plan deductible.

Example: As of Feb. 1, 2027, you paid $214.40 toward your $400 annual deductible.

ANNUAL LIMITS

These limits tell the **most** you'll have to pay in 2027 in out-of-pocket costs (copays, coinsurance and 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.

Example: As of February 1, 2027, you've had $314.25 in out-of-pocket costs that count toward your $2,000 combined out-of-pocket maximum for covered services. This amount includes what you've paid in prescription drug copays.









Frequently asked questions

What's the difference between an annual wellness visit and an annual physical exam?

At **an annual wellness visit**, you and your provider develop or update a personal prevention plan based on your current health and risk factors. If further testing or subsequent procedures are completed at that visit, you could be charged out-of-pocket costs. It can occur any time, once per calendar year.

An annual **physical exam** is more comprehensive than an annual wellness visit. Your provider collects health information through a full physical exam and may order tests or other services. It can occur at any time, once per calendar year.

Each of these preventive visits has separate qualifications defined by Medicare. There's no coinsurance, copay or deductible for these visits. However, if your doctor provides treatment beyond the scope of these two benefits, 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 provider finds and removes a polyp or other tissue during the colonoscopy or flexible sigmoidoscopy, the screening exam becomes a diagnostic exam. Diagnostic exams are prescribed when there are health concerns, such as certain symptoms or medical history. You pay your usual out-of-pocket amount for diagnostic exams. If you receive other services, or if additional conditions are discussed during the visit, your coinsurance and copay may 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 isn't waived.

Ask the ER nurse or doctor taking care of you if you're being admitted or held for observation only.

How do I know if I'm 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'll 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: **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).



SilverSneakers® fitness program*

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

Find a participating location:

Visit SilverSneakers.com/Locations

Call 1-866-584-7352 (TTY: **711**) from 8 a.m. to 8 p.m. Eastern time, Monday through Friday.

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.
- Choose between four- or 12-week programs including strength, walking and meditation.
- Modify exercises to make them easier or harder with just one tap.
- Enjoy on-demand videos and live classes.
- Find everything you need in one place — your SilverSneakers member ID, SilverSneakers locations and more.

SilverSneakers app questions: SilverSneakers.com/GO



SilverSneakers GO™

Download the app today.

Download on the App Store

GET IT ON Google Play

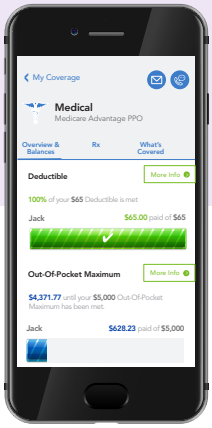
**Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2026 Tivity Health, Inc. All rights reserved.*

Manage your costs with confidence

Your Blue Cross online member account will help you make informed, confident decisions about your healthcare costs and more.

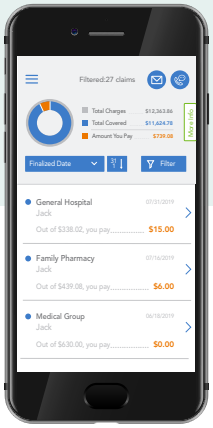
Keep track of your deductible and out-of-pocket maximum

Your deductible is how much you'll pay for care before we start to pay. Your out-of-pocket max is the most you'll pay before we cover the cost completely. You can see how close you are to meeting both.



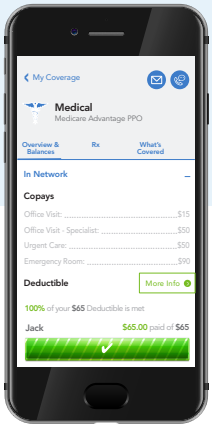
Review your claims and EOBs

Claims and EOB statements show how much a provider charged for services and what portion we've paid. They 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.







State Health Plan Medicare Advantage PPO Customer Service

1-800-843-4876 (TTY: **711**).

8:30 a.m. to 5 p.m. Eastern time
Monday through Friday

24-Hour Nurse Line

1-855-624-5214 (TTY: **711**).
24 hours a day, seven days a week

Behavioral health and substance use care

1-888-803-4960 (TTY: **711**).

Routine concerns: 8 a.m. to 5 p.m. Eastern time
Monday through Friday

If you or someone you know is experiencing an immediate mental health crisis, seek help at your nearest emergency room or call the Suicide and Crisis Lifeline at **988**, 24 hours a day, seven days a week.

Report fraud

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

Medicare PLUS Blue℠ Group PPO

Blue Cross Blue Shield of Michigan

Blue Cross Blue Shield of Michigan is a PPO plan with a Medicare contract.
Enrollment in Blue Cross Blue Shield of Michigan depends on contract renewal.
Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.