

**READY  
TO HELP**



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

### University of Michigan **Benefits-at-a-Glance**

January 1, 2026 – December 31, 2026

The benefit information provided is a summary of what we cover and what you pay. A complete list of services is found in the *Evidence of Coverage*. If you have any questions about this plan's benefits or costs, please call Medicare Plus Blue Group PPO Customer Service (phone numbers are on the back cover of this booklet). You can always view the most current *Evidence of Coverage* by requesting it from Customer Service.

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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

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

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| Premium, deductible, copayments and dollar maximums  |  |
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| <b>Premium</b>   | In addition to the Medicare Part B premium, you may also be required to pay a premium contribution as defined by the University of Michigan.   |
| <b>Deductible</b>  | Medical/surgical deductible: <b>\$0</b>  |
| <b>Fixed dollar copay/,</b>  | <b>\$10 copay</b> for office visits and office consultations with a primary care provider<br><b>\$10 copay</b> for virtual care visits with a primary care provider<br><b>\$10 copay</b> for office visits and office consultations with a specialist<br><b>\$10 copay</b> for virtual care visits with a specialist<br><b>\$10 copay</b> for chiropractic therapy<br><b>\$10 copay</b> for outpatient physical, speech and occupational therapy visits<br><b>\$65 copay</b> for emergency room visits<br><b>\$10 copay</b> for urgent care visits |
| <b>Maximum out-of-pocket</b>   | <b>\$3,000</b> per calendar year   |
| Preventive care services   |  |
| <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse screening and counseling</li> <li>• Annual “Wellness” visit</li> <li>• Bone mass measurement (bone density)</li> <li>• Breast cancer screening (mammograms)</li> <li>• Cardiovascular disease screening (behavioral therapy)</li> <li>• Cervical and vaginal cancer screenings</li> <li>• Colorectal cancer screenings <ul style="list-style-type: none"> <li>– Screening fecal occult blood test</li> <li>– Screening flexible sigmoidoscopy</li> <li>– Screening colonoscopy</li> <li>– Screening barium enema</li> <li>– DNA based colorectal screening every 3 years</li> </ul> </li> <li>• COVID 19 shot (vaccine)</li> <li>• Depression screenings</li> <li>• Diabetes screening</li> <li>• Diabetes self-management training</li> <li>• Flu shots (vaccine)</li> <li>• Diabetic foot exams and treatment</li> <li>• Glaucoma screening</li> <li>• Hepatitis B shots (vaccine)</li> </ul> | <b>Covered at 100%</b> of the approved amount  |

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| <ul style="list-style-type: none"> <li>• Hepatitis C screening test</li> <li>• HIV screening</li> <li>• Kidney Disease Education Services</li> <li>• Medical nutrition therapy services</li> <li>• Medicare Diabetes Prevention Program (MDPP)</li> <li>• Obesity screening and counseling</li> </ul><br><ul style="list-style-type: none"> <li>• Pneumococcal shot</li> <li>• Pre-exposure prophylaxis (PrEP) for HIV prevention</li> <li>• Prostate cancer screening <ul style="list-style-type: none"> <li>– Digital rectal exam</li> <li>– Prostate specific antigen (PSA) test</li> </ul> </li> <li>• Screening for lung cancer with low dose computed tomography (LDCT)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</li> <li>• Welcome to Medicare prevention visits (initial preventive physical exam)</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered</p> |  |
| <b>Physician office services</b>  |  |
| Chiropractic spinal manipulation  | <b>\$10 copay</b> per visit  |
| Specialist visits   | <b>\$10 copay</b> per office visit with a specialist   |
| Office visits   | <b>\$10 copay</b> per office visit with a primary care provider  |
| Virtual care visits   | <p><b>\$10 copay</b> per virtual care visit with a primary care provider</p> <p><b>\$10 copay</b> per virtual care visit with a specialist</p> <p>You can receive virtual care by your primary care provider, specialist or a BCBSM designated virtual care vendor for medical and behavioral health services.</p> |
| Outpatient physical, speech and occupational therapy visits <sup>1</sup><br>Must be medically necessary   | <b>\$10 copay</b> for outpatient physical, speech and occupational therapy   |
| <b>Emergency medical care</b>   |  |
| Ambulance services <sup>1</sup>   | <b>Covered at 100%</b> of the approved amount  |
| Must be medically necessary<br>We cover ambulance services even if you are not transported to a facility, if you are stabilized at your home or another location.   |  |

| Emergency medical care <i>continued</i>  |   |
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| Hospital emergency room  | <b>\$65 copay</b> , waived if admitted within 3 days                                    |
| Urgent care visits   | <b>\$10 copay</b> per visit   |
| Diagnostic services  |   |
| Diagnostic tests and X-rays <sup>1</sup>   | <b>Covered at 100%</b> of the approved amount   |
| High-technology radiology imaging (MRI, MRA, CAT scan, PET) <sup>1</sup>   | <b>Covered at 100%</b> of the approved amount   |
| Laboratory and pathology services <sup>1</sup>   | <b>Covered at 100%</b> of the approved amount<br>Office visit copay may apply.          |
| Hospital care  |   |
| Inpatient physician care, general nursing care, hospital services, supplies, evaluation and management <sup>1</sup>  | <b>Covered at 100%</b> of the approved amount   |
| Outpatient surgery <sup>1</sup>  | <b>Covered at 100%</b> of the approved amount   |
| Alternatives to hospital care  |   |
| Home health care <sup>1</sup> <ul style="list-style-type: none"> <li>• Must be medically necessary</li> <li>• Must be provided by a participating home health care agency</li> </ul> | <b>Covered at 100%</b> of the approved amount   |
| Hospice care   | Paid for by Original Medicare   |
| Hospice room and board (5 <sup>th</sup> Level)   | <b>Covered at 100%</b> of the approved amount, limited to 45 days per lifetime          |
| Skilled nursing care <sup>1</sup>  | <b>Covered at 100%</b> of the approved amount, covers up to 120 days per benefit period |
| Surgical services  |   |
| Human organ transplants <sup>1</sup> <ul style="list-style-type: none"> <li>• Bone Marrow</li> <li>• Oncology</li> <li>• Kidney</li> <li>• Cornea</li> <li>• Skin</li> </ul>         | <b>Covered at 100%</b> of the approved amount   |
| Surgery <sup>1</sup><br>Includes all related surgical services and anesthesia  | <b>Covered at 100%</b> of the approved amount   |
| Mental health care and substance use disorder treatment  |   |
| Inpatient mental health care <sup>1</sup>  | <b>Covered at 100%</b> of the approved amount, unlimited days                           |
| Inpatient substance use disorder treatment <sup>1</sup>  | <b>Covered at 100%</b> of the approved amount, unlimited days                           |
| Outpatient substance use disorder <sup>1</sup> visits  | <b>Covered at 100%</b> of the approved amount   |

| Durable Medical Equipment<br>Prosthetics & Orthotics   |   |
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| Durable medical equipment <sup>1</sup>   | <b>Covered at 100%</b> of the approved amount   |
| Prosthetic and orthotic appliances <sup>1</sup>  | <b>Covered at 100%</b> of the approved amount   |
| Additional services  |   |
| Acupuncture for chronic low back pain<br>20 visit annual limit   | <b>\$10</b> copay per office visit  |
| Adult briefs and incontinence liners   | <b>Covered at 100%</b> of the approved amount   |
| Allergy testing and therapy  | <b>Covered at 100%</b> of the approved amount   |
| Annual physical  | <b>Covered at 100%</b> of the approved amount   |
| Autism spectrum disorder services <sup>1</sup><br>(No age limit) <ul style="list-style-type: none"> <li>• Applied behavioral analysis (ABA) treatment when rendered by an approved board-certified behavioral analyst</li> <li>• Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder</li> <li>• Other covered services, including mental health services, for autism spectrum disorder</li> </ul> | <b>Covered at 100%</b> of the approved amount   |
| Chiropractic services (Enhanced) <ul style="list-style-type: none"> <li>• X-rays (one per year)</li> <li>• Spinal manipulation</li> </ul>  | <b>\$10 copay</b> per office visit  |
| Diabetes services and supplies <sup>1</sup><br>Includes coverage for glucose monitors, test strips, lancets, diabetic shoes and self-management training   | <b>Covered at 100%</b> of the approved amount for diabetes-related durable medical equipment or supplies, diabetic shoes and self-management training.<br><br>* All CGM brands must be filled at a BCBSM network pharmacy and billed under Medicare Part B<br>BIN: 262400<br>PCN: RXBCMA<br>* You will have no copay.<br>* A new prescription is required.<br>* As a member, you may call Customer Service on the number back of your member ID card to ask specifically about getting a CGM. |
| Eye exam for determination of refractive state   | <b>Covered at 100%</b> of the approved amount   |
| Gender reassignment and gender affirming procedures <sup>1</sup><br>Must meet medical criteria   | <b>Covered at 100%</b> of the approved amount   |
| Gradient compression stockings <sup>1</sup>  | <b>Covered at 100%</b> of the approved amount   |

## Additional services *continued*

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| Hearing aids & services   | <p>Specialist office visit copay may apply:</p> <p><b>Hearing aids binaural (both ears) or monaural (one ear)</b><br/>Covered up to the <b>\$2,500</b> maximum allowance, every 36 months, including applicable dispensing fees.</p> <p><b>Ordering and fitting the hearing aid</b><br/><b>Covered at 100%</b> of allowed amount once every 36 months</p> <p><b>Hearing aid conformity test</b><br/><b>Covered at 100%</b> of the allowed amount once every 36 months</p> |
| Home infusion therapy <sup>1</sup> <ul style="list-style-type: none"><li>• Must be medically necessary</li><li>• Must be given by a participating home infusion therapy (HIT) provider or in a participating freestanding Ambulatory Infusion Center (AIC)</li><li>• May use drugs that require preauthorization, consult with your provider.</li></ul> | <b>Covered at 100%</b> of the approved amount   |
| Nutritional counseling <sup>1</sup> <p>Must be related to approved medical conditions such as:</p> <ul style="list-style-type: none"><li>• Diabetes</li><li>• Chronic renal disease</li><li>• Kidney transplant</li></ul> <p>Must be medically necessary and meet Medicare approved criteria</p>  | <b>Covered at 100%</b> of the approved amount   |
| Podiatry <sup>1</sup>   | <b>Covered at 100%</b> of the approved amount   |
| Private duty nursing<br>Services <b>do not</b> apply to the out-of-pocket maximum.  | <b>Covered at 70%</b> of the approved amount  |

### Additional services *continued*

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| <p>SilverSneakers® fitness benefit, includes:</p> <ul style="list-style-type: none"><li>• A fitness center membership at any participating location across the country</li><li>• Conditioning classes, exercise equipment, pool, sauna, customized SilverSneakers classes, seminars, and other available amenities</li><li>• Online classes</li><li>• SilverSneakers app</li></ul> | <p><b>\$0</b> copay for fitness services</p> <p>Fitness services must be provided at SilverSneakers® participating locations. You can find a location or request information at <a href="http://www.silversneakers.com">www.silversneakers.com</a> or by calling <b>1-866-584-7352</b>, Monday – Friday, 8 a.m. to 8 p.m. Eastern time. TTY users call <b>711</b>.</p> <p>SilverSneakers is a registered trademark of Tivity Health, Inc © 202 Tivity Health, Inc. All rights reserved.</p> |
| <p>Vision services</p> <p>Diagnosis and treatment of diseases and injuries of the eye</p>  | <p><b>Covered at 100%</b> of the approved amount</p>  |
| <p>Well-women visit / Gynecological exam</p> <ul style="list-style-type: none"><li>• Gynecological exam, one per calendar year</li><li>• Additional well-woman visits may be allowed based on medical necessity</li></ul>  | <p><b>Covered at 100%</b> of the approved amount</p>  |
| <p>Wigs (including stands and adhesive)<sup>1</sup></p>  | <p><b>Covered at 100%</b> of the approved amount</p>  |

**Message About What You Pay for Part B Insulin** – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan.

**Note:** Services with a <sup>1</sup> may require prior authorization.

For more information, please call us at 1-855-669-8040, Monday through Friday from 8 a.m. to 5:30 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 8 p.m. seven days a week. TTY users should call 711.

Or you can visit us at [www.bcbsm.com/umichmaplans](http://www.bcbsm.com/umichmaplans).

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

This document is available in other formats such as audio CD and large print.

This document may be available in a non-English language.

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



**Blue Cross  
Blue Shield**  
of Michigan

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.