READY TO HELP

Medicare Plus Blue℠ Group PPO

University of Michigan

Benefits-at-a-Glance

January 1, 2027 – December 31, 2027

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.

007005187 0008

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.

Premium, deductible, copayments and dollar maximums	
Premium	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.
Deductible	**$0**
Fixed dollar copay	**$10 copay** for office visits and office consultations with a primary care provider **$10 copay** for virtual care visits with a primary care provider **$10 copay** for office visits and office consultations with a specialist **$10 copay** for virtual care visits with a specialist **$10 copay** for chiropractic therapy **$10 copay** for outpatient physical, speech and occupational therapy visits **$65 copay** for emergency room visits **$10 copay** for urgent care visits
Maximum out-of-pocket	**$3,000** per calendar year
Preventive care services	
• Abdominal aortic aneurysm screening • Alcohol misuse screening and counseling • Annual "Wellness" visit • Bone mass measurement (bone density) • Breast cancer screening (mammograms) • Cardiovascular disease screening (behavioral therapy) • Cervical and vaginal cancer screenings • Colorectal cancer screenings – Screening fecal occult blood test – Screening flexible sigmoidoscopy – Screening colonoscopy – Screening barium enema – DNA based colorectal screening every 3 years • COVID-19 shot (vaccine) • Depression screenings • Diabetes screening • Diabetes self-management training • Flu shots (vaccine) • Diabetic foot exams and treatment • Glaucoma screening • Hepatitis B shots (vaccine)	**Covered at 100%** of the approved amount

• Hepatitis C screening test • HIV screening • Kidney disease education services • Medical nutrition therapy services • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and counseling • Pneumococcal shot • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screening – Digital rectal exam – Prostate specific antigen (PSA) test • Screening for lung cancer with low dose computed tomography (LDCT) • Sexually transmitted infections screening and counseling • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • Welcome to Medicare prevention visits (initial preventive physical exam) Any additional preventive services approved by Medicare during the contract year will be covered	**Covered at 100%** of the approved amount
Physician office services	
Chiropractic spinal manipulation	**$10 copay** per visit
Specialist visits	**$10 copay** per office visit with a specialist
Office visits	**$10 copay** per office visit with a primary care provider
Virtual care visits	**$10 copay** per virtual care visit with a primary care provider **$10 copay** per virtual care visit with a specialist You can receive virtual care by your primary care provider, specialist or a BCBSM designated virtual care vendor for medical and behavioral health services.
Outpatient physical, speech and occupational therapy visits[1] Must be medically necessary	**$10 copay** for outpatient physical, speech and occupational therapy
Emergency medical care	
Ambulance services[1] Must be medically necessary We cover ambulance services even if you are not transported to a facility, if you are stabilized at your home or another location.	**Covered at 100%** of the approved amount

Emergency medical care *continued*	
Hospital emergency room	**$65 copay,** waived if admitted within 3 days
Urgent care visits	**$10 copay** per visit
Diagnostic services	
Diagnostic tests and X-rays[1]	**Covered at 100%** of the approved amount
High-technology radiology imaging (MRI, MRA, CAT scan, PET)[1]	**Covered at 100%** of the approved amount
Laboratory and pathology services[1]	**Covered at 100%** of the approved amount. An office visit copay may apply.
Hospital care	
Inpatient physician care, general nursing care, hospital services, supplies, evaluation and management[1]	**Covered at 100%** of the approved amount
Outpatient surgery[1]	**Covered at 100%** of the approved amount
Alternatives to hospital care	
Home health care[1] • Must be medically necessary • Must be provided by a participating home health care agency	**Covered at 100%** of the approved amount
Hospice care	Paid for by Original Medicare
Hospice room and board (5th Level)	**Covered at 100%** of the approved amount, limited to 45 days per lifetime
Skilled nursing care[1]	**Covered at 100%** of the approved amount, for up to 120 days per benefit period.
Surgical services	
Human organ transplants[1] • Bone Marrow • Oncology • Kidney • Cornea • Skin	**Covered at 100%** of the approved amount
Surgery[1] Includes all related surgical services and anesthesia	**Covered at 100%** of the approved amount
Mental health care and substance use disorder treatment	
Inpatient mental health care[1]	**Covered at 100%** of the approved amount, unlimited days
Inpatient substance use disorder treatment[1]	**Covered at 100%** of the approved amount, unlimited days
Outpatient substance use disordervisits[1]	**Covered at 100%** of the approved amount

Durable medical equipment, prosthetics and orthotics	
Durable medical equipment[1]	**Covered at 100%** of the approved amount
Prosthetic and orthotic appliances[1]	**Covered at 100%** of the approved amount
Additional services	
Acupuncture for chronic low back pain; 20-visit annual limit	**$10** copay per office visit
Adult briefs and incontinence liners	**Covered at 100%** of the approved amount when obtained through an in-network DME provider. Provider order required.
Allergy testing and therapy	**Covered at 100%** of the approved amount
Annual physical	**Covered at 100%** of the approved amount
Autism spectrum disorder services[1] (No age limit) • Applied behavioral analysis (ABA) treatment when rendered by an approved board-certified behavioral analyst • Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder • Other covered services, including mental health services, for autism spectrum disorder	**$10 copay** per office visit If ABA services are rendered by an approved board-certified behavior analyst it's **covered at 100%** of the approved amount.
Chiropractic services (Enhanced) • Maintenance therapy • Evaluation and management services • X-rays (one per year) and chiropractic radiology services	**$10 copay** per office visit
Diabetes services and supplies[1] Includes coverage for: • Continuous glucose monitors (CGM) and sensors • Blood glucose monitors (BGM), test strips, and lancets • Diabetic shoes • Self-management training Insulin pumps (excluding tubeless pumps)	**Covered at 100%** of the approved amount * All CGMs and most BGMs must be filled at a BCBSM network pharmacy and billed under your health plan. Provide your pharmacist with your member ID card and the following information: BIN: 262400 PCN: RXBCMA * If you have questions about where to get your diabetic supplies call Customer Service using the number on the back of your member ID card.
Eye exam for determination of refractive state	**Covered at 100%** of the approved amount
Gender reassignment and gender affirming procedures[1] Must meet medical criteria	**Covered at 100%** of the approved amount
Gradient compression stockings[1]	**Covered at 100%** of the approved amount

Hearing aids & services	Specialist office visit copay may apply: **Hearing aids binaural (both ears) or monaural (one ear)** Covered up to the **$2,500** maximum allowance, every 36 months, including applicable dispensing fees. Monaural allowed amounts are typically capped at $1,500. Ask your doctor for a predetermination. **Ordering and fitting the hearing aid** **Covered at 100%** of allowed amount once every 36 months **Hearing aid conformity test** **Covered at 100%** of the allowed amount once every 36 months
Home infusion therapy[1] • Must be medically necessary • Must be given by a participating home infusion therapy (HIT) provider or in a participating freestanding Ambulatory Infusion Center (AIC) • Enhanced home infusion therapy coverage includes care coordination, patient support services, education, remote monitoring (when appropriate), and infusion-related supplies and equipment • May use drugs that require preauthorization. Consult with your provider.	**Covered at 100%** of the approved amount
Nutritional counseling[1] Must be related to approved medical conditions such as: • Eating disorders • Diabetes • Chronic renal disease • Kidney transplant Must be medically necessary and meet Medicare approved criteria	**Covered at 100%** of the approved amount
Podiatry[1]	**Covered at 100%** of the approved amount
Private duty nursing Services **do not** apply to the out-of-pocket maximum.	**Covered at 70%** of the approved amount

SilverSneakers® fitness benefit, includes: • A fitness center membership at any participating location across the country • Conditioning classes, exercise equipment, pool, sauna, customized SilverSneakers classes, seminars, and other available amenities • Online classes • SilverSneakers app Members can also choose one kit per year (four options to choose from). Each kit includes a quick start guide. The at-home kits available include: ○ Walking: includes a pedometer ○ Toning: includes a SilverSneakers ball ○ Strength: includes a resistance band ○ Yoga: includes a yoga strap	**$0** copay for fitness membership Fitness membership services must be provided at SilverSneakers® participating locations. You can find a location or request information at silversneakers.com or by calling **1-866-584-7352**, Monday – Friday, 8 a.m. to 8 p.m. Eastern time. TTY users call **711**. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2026 Tivity Health, Inc. All rights reserved.
Vision services (Diagnostic services) Diagnosis and treatment of diseases and injuries of the eye	**Covered at 100%** of the approved amount If you receive other services during the visit, out-of-pocket costs may apply.
Well-women visit / Gynecological exam • Gynecological exam, one per calendar year • Additional well-woman visits may be allowed based on medical necessity	**Covered at 100%** of the approved amount
Wigs (including stands and adhesive)[1] for medically approved conditions	**Covered at 100%** of the approved amount

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 [1] 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. Eastern time, seven days a week. TTY users should call 711.

Or you can visit us at **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 **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.

Medicare PLUS Blue℠ 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.

W013153 SEP 26