2024

READY TO HELP

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Ready to Help: A Guide to Blue Cross Medicare Plans

Blue Cross Blue Shield of Michigan and Blue Care Network

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Introducing Medicare

There's a lot to consider when choosing your Medicare coverage — relax, we've got your back. Here's how it works.

Original Medicare is a federal health insurance program for eligible adults ages 65 and older and those younger than 65 with a medical disability who qualify. It has two parts — Part A and Part B.

PART A hospital insurance

Medicare Part A acts as hospital insurance. Part A helps pay for inpatient care in hospitals, hospice care, home health care 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.

Part A and Part B = Original Medicare

Original Medicare is a fee-for-service program managed by the federal government. When you choose Original Medicare, you get what's included in Medicare Part A and Part B. Original Medicare *doesn't* include most prescription drugs or supplemental benefits, such as routine dental and vision care.

There's also a state-approved offering, known as **Medicare supplement** insurance. Medicare supplement helps pay costs that aren't paid for by Original Medicare, as well as your share of the costs for Medicare services.

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

When you enroll in a Medicare Advantage plan, you receive all the entitlements and privileges of Original Medicare. You're simply choosing to assign the administration of your Medicare benefits to a private insurer, such as Blue Cross, and receive your benefits through the Medicare Advantage plan you join. Each policy covers one person, meaning you and your spouse would purchase separate policies.

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.

Your **Medicare Advantage** enrollment timeline

1

Enroll during your **initial enrollment period**, the seven-month window around your 65th birthday.

2

Join or change plans during the **annual election period** (Oct. 15 through Dec. 7).

3

Sign on during a **special enrollment period** (for certain situations).

3>> months before | 2>> months before | 1>> month before | <<1 month after | <<2 months after | <<3 months after

Your 65th birthday month

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

Medicare supplement

Medicare supplement plans help bridge the gap between what Original Medicare covers and the total cost of medical services. They cover all or a portion of Medicare deductibles and coinsurances; plans are accepted nationwide. As long as you pay your premium, a Medicare supplement policy is guaranteed renewable.

If you're within your Medigap open enrollment period (see below), your premium won't be adjusted based on preexisting conditions or your current health status. In instances where you're outside of your Medigap open enrollment period, your monthly premiums may be affected by health status and use of tobacco or nicotine.

It's important to understand that the benefits within the plans that are offered nationwide are standard.

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

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 both 65 or older and enrolled in Medicare Part B.

During this period, you can't be denied a Medicare supplement policy or charged more due to past or present health conditions. You are also able to enroll outside of your Medigap open enrollment period, but may be subject to medical underwriting.

2 months after | 3 months after | 4 months after | 5 months after | 6 months after

It's easy to get hooked on Blue

See what's cool about our **Medicare Advantage** plans. Since Original Medicare doesn't cover everything, check out what you can get with a Medicare Advantage plan from Blue Cross or BCN.

The **most common types** of Medicare Advantage plans are preferred provider organization, or **PPO**, plans and health maintenance organization, or **HMO**, plans. There's also another type of Medicare Advantage plan called an HMO point-of-service, or **HMO-POS**, plan.

Our Medicare Advantage plans offer:

Access to more than 80,000 network providers*

Prescription drug coverage
included in all but one plan

and

All-in-one dental services
with $0 copayment for cleanings, fillings, root canals and crowns

**Blue Cross Blue Shield of Michigan Provider and Hospital counts, August 2023.*

Medicare Advantage in your area

Please note that some plans may not be available in your region.

The map shows our regional coverage areas for Michigan. Find the county you live in to see what region you belong to; your region determines the monthly premium amount you pay.

On the following pages you can see and compare the Medicare Advantage plan benefits Blue Cross offers where you live.

REGION 1

Allegan, Barry, Ionia, Kalamazoo, Kent (HMO-POS), Mason, Muskegon, Newaygo, Oceana, Ottawa

REGION 2

Berrien, Branch, Calhoun, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Monroe, Montcalm, St. Joseph, Van Buren

REGION 3

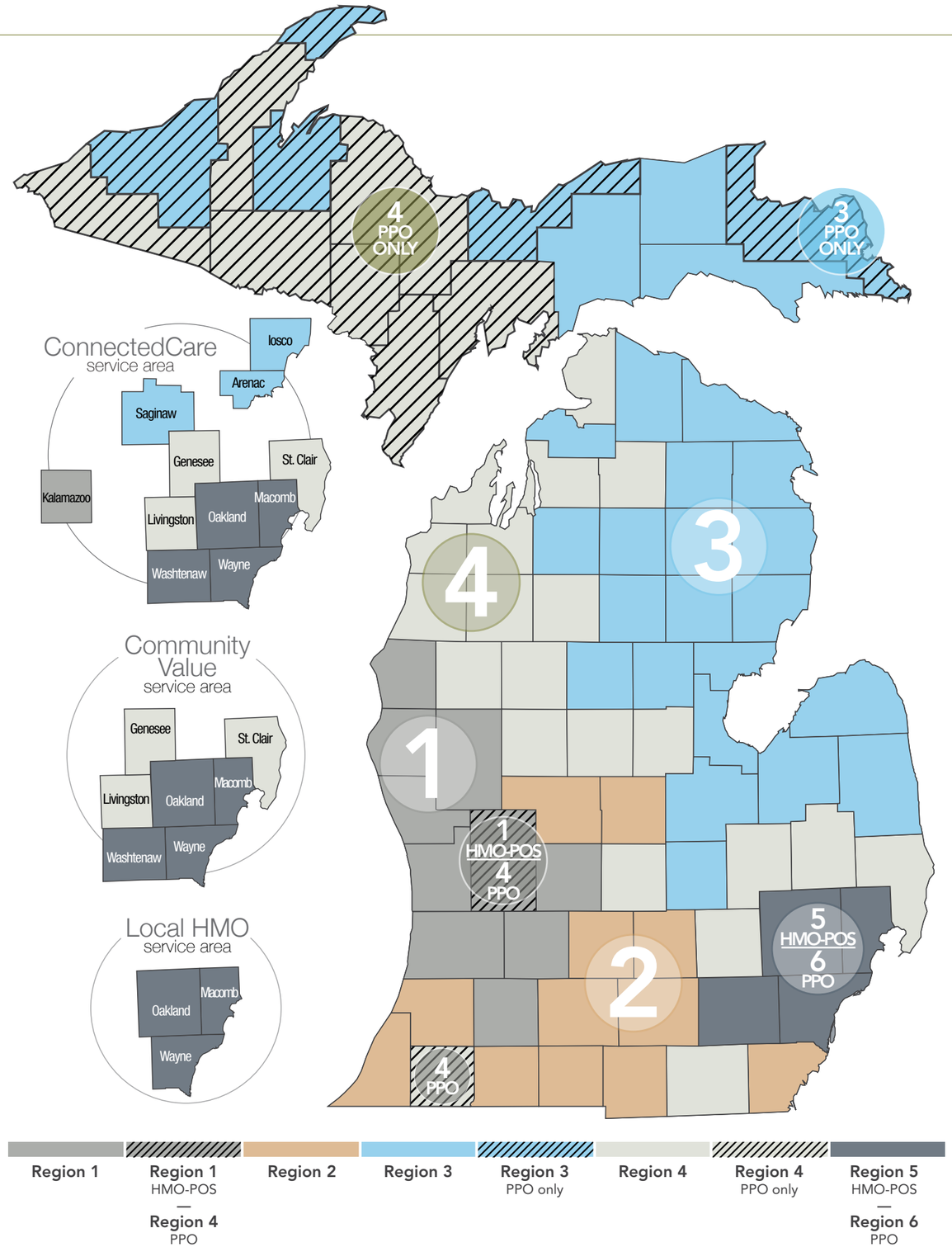
Alcona, Alger, Alpena, Arenac, Baraga, Bay, Charlevoix, Cheboygan, Chippewa, Clare, Crawford, Gladwin, Huron, Iosco, Kalkaska, Keweenaw, Luce, Mackinac, Montmorency, Ogemaw, Ontonagon, Oscoda, Presque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee, Tuscola

REGION 4

Antrim, Benzie, Cass, Clinton, Delta, Dickinson, Emmet, Genesee, Gogebic, Grand Traverse, Houghton, Iron, Isabella, Kent (PPO), Lake, Lapeer, Leelanau, Lenawee, Livingston, Manistee, Marquette, Mecosta, Menominee, Midland, Missaukee, Osceola, Otsego, St. Clair, Wexford

REGIONS 5/6

Macomb, Oakland, Washtenaw, Wayne



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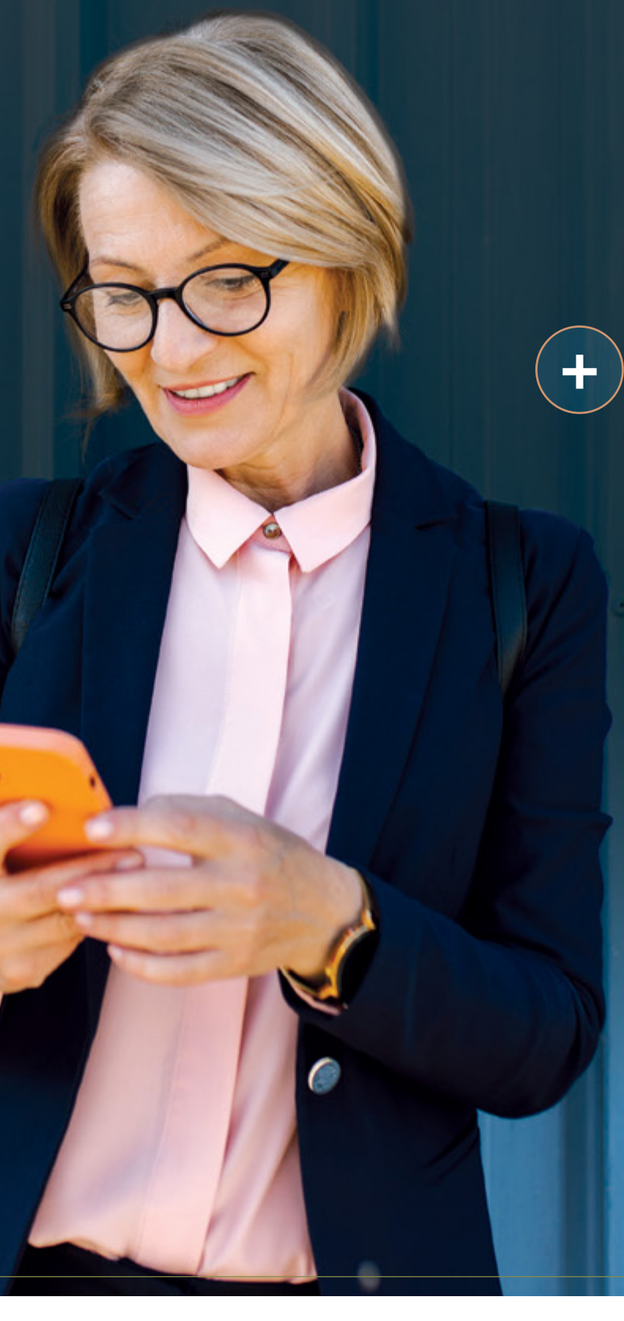
NEW! Medicare Advantage PPO plans

IN 2024 THROUGHOUT MICHIGAN



Get **$1,200** back in 2024 with our

Medicare Plus Blue℠ PPO Part B Credit plan

We give credit where it's due!

That's **$100** of credit each month toward your Medicare Part B premium when you enroll in our new **Part B Credit PPO**.

Our new Part B Credit PPO plan offers:

- **$0 premium**
- **$600 deductible**
- **$0 copay** for in-network primary care provider visits
- Comprehensive dental treatment
- Allowance for eyewear and hearing aids
- **$0 enhanced wellness visit** and one round trip per calendar year to attend your wellness visit within Michigan
- **$200/year Advantage Dollars** allowance for over-the-counter items

Medicare PLUS Blue℠ PPO

Blue Cross Blue Shield of Michigan + meijer

We've joined with a major Michigan retailer to offer you

Medicare Plus Blue℠ PPO + Meijer

Get **$660** in Advantage Dollars to purchase over-the-counter items.

Our new +Meijer plan offers:

- **$0 premium**
- **$0 deductible**
- **$0 copay** for in-network primary care provider visits
- Comprehensive dental treatment
- Allowance for eyewear and hearing aids
- **$0 enhanced wellness visit** and one round trip per calendar year to attend your wellness visit within Michigan
- **$660/year Advantage Dollars allowance for over-the-counter items**

Medicare Plus Blue PPO plans

		MEDICARE PLUS BLUE℠ PPO Part B Credit	MEDICARE PLUS BLUE℠ PPO +Meijer	MEDICARE PLUS BLUE℠ PPO Essential	MEDICARE PLUS BLUE℠ PPO Vitality	MEDICARE PLUS BLUE℠ PPO Signature	MEDICARE PLUS BLUE℠ PPO Assure
2024 monthly premium	Region 1	Available in all regions $0 Receive $100 credit toward Part B premium	Available in all regions $0	Available in all regions $0	$38	$95	$184
	Region 2				$68	$117	$246
	Region 3				$83	$150	$284
	Region 4				$78	$120	$216
	Regions 5/6				$75	$133	$283
In-network medical deductible		$600	$0	$0	$0	$0	$0
Primary care office visit copay		$0	$0	$0	$0	$0	$0
Specialist copay		$50	$45	$45	$40	$35	$0
Inpatient acute hospital copay (days 1 to 6)		$375	$350	$325	$250	$175	$100
Maximum out of pocket, (MOOP) in network		$6,550	$5,200	$5,200	$5,000	$4,700	$3,425
Over-the-counter allowance Balance carries forward within plan year		$50/quarter $200/year	$165/quarter $660/year	$125/quarter $500/year	$50/quarter $200/year	$50/quarter $200/year	$50/quarter $200/year
Emergency care copay		$100	$120	$90	$90	$90	$90
Urgent care copay (depending on place of service)		$0-$55	$0-$60	$0-$50	$0-$50	$0-$50	$0-$40
Dental services annual maximum		$1,000	$1,500	$1,500	$1,500	$1,500	$1,500
Eyewear allowance		$100/calendar year	$150/calendar year	$150/calendar year	$150/calendar year	$150/calendar year	$150/calendar year
Hearing aids		$600/ear every three years	$750/ear every three years	Up to $750/ear every three years	Up to $750/ear every three years	Up to $750/ear every three years	Up to $750/ear every three years
Prescription drug deductible		$350 tiers 3,4,5		$0			
1- to 31-day supply copays/coinsurance Prescription drug tiers		Preferred	Standard	Preferred	Standard		
Tier 1 preferred generic		$0	$5	$0	$5		
Tier 2 generic		$10	$20	$11	$20		
Tier 3 preferred brand		$45	$47	$42	$47		
Tier 4 nonpreferred drug		50%	50%	50%	50%		
Tier 5 specialty tier		27%	27%	33%	33%		
Gap period (after your drug costs reach $5,030 until they reach $8,000)		You pay 25% of the negotiated price and a portion of the dispensing fee for generic and brand-name drugs.					
Catastrophic period (after your drug costs reach $8,000)		$0					

$0		$0		$0		$0		
Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	
$0	$5	$0	$5	$0	$5	$0	$5	
$11	$20	$11	$20	$10	$18	$7	$12	
$42	$47	$42	$47	$42	$47	$37	$42	
50%	50%	50%	50%	48%	48%	45%	45%	
33%	33%	33%	33%	33%	33%	33%	33%	
You have coverage for some Tier 1 generic drugs during the coverage gap.								
$0								

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

The most you'll pay is $35 for a one-month supply of each covered insulin product, no matter the cost-sharing tier.

BCN Advantage℠ HMO-POS plans

		BCN ADVANTAGE℠ HMO-POS Prime Value	BCN ADVANTAGE℠ HMO-POS Elements	BCN ADVANTAGE℠ HMO-POS Community Value	BCN ADVANTAGE℠ HMO-POS Classic	BCN ADVANTAGE℠ HMO-POS Prestige
2024 monthly premium	Region 1	Available in all regions $0	Available in all regions $0	$17 Available in: Genesee, Livingston, Macomb, Oakland, St. Clair, Washtenaw, Wayne counties	$78	$177
	Region 2				$110	$240
	Region 3				$122	$236
	Region 4				$102	$226
	Region 5				$127	$263
In-network medical deductible		$0	$0	$0	$0	$0
Primary care office visit copay		$0	$0	$0	$0	$0
Specialist copay		$45	$35	$35	$35	$20
Inpatient acute hospital copay (days 1 to 6)		$325	$205	$300	$225	$125
Maximum out of pocket, (MOOP) in network		$4,500	$4,500	$4,300	$3,800	$3,400
Over-the-counter allowance Balance carries forward within plan year		$125/quarter $500/year	$50/quarter $200/year	$125/quarter $500/year	$50/quarter $200/year	$50/quarter $200/year
Emergency care copay		$90	$90	$90	$90	$90
Urgent care copay (depending on place of service)		$0-$45	$0-$45	$0-$45	$0-$40	$0-$35
Dental services annual maximum		$1,500	$1,500	$1,500	$1,500	$1,500
Eyewear allowance		$150/calendar year	$150/calendar year	$150/calendar year	$150/calendar year	$150/calendar year
Hearing aids		$600/ear every three years	$600/ear every three years	$750/ear every three years	$600/ear every three years	$600/ear every three years
Prescription drug deductible		$0	Not covered	$0	$0	$0
1- to 31-day supply copays/coinsurance Prescription drug tiers		Preferred / Standard	Preferred / Standard	Preferred / Standard	Preferred / Standard	Preferred / Standard
Tier 1 preferred generic		$0 / $5	No prescription drug coverage	$0 / $5	$0 / $5	$0 / $5
Tier 2 generic		$11 / $20		$10 / $20	$7 / $12	$7 / $12
Tier 3 preferred brand		$42 / $47		$45 / $47	$38 / $43	$38 / $43
Tier 4 nonpreferred drug		50% / 50%		50% / 50%	45% / 45%	45% / 45%
Tier 5 specialty tier		33% / 33%		33% / 33%	33% / 33%	33% / 33%
Gap period (after your drug costs reach $5,030 until they reach $8,000)		You have coverage for some Tier 1 generic drugs during the coverage gap.		You pay 25% of the negotiated price and a portion of the dispensing fee for generic and brand-name drugs.	You have coverage for some Tier 1 generic drugs during the coverage gap.	
Catastrophic period (after your drug costs reach $8,000)		$0		$0		

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

The most you'll pay is $35 for a one-month supply of each covered insulin product, no matter the cost-sharing tier.

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BCN Advantage HMO plans

	BCN ADVANTAGE℠ Local HMO	BCN ADVANTAGE℠ ConnectedCare HMO
2024 monthly premium	$0 Available in: Macomb, Oakland and Wayne counties	$56 Available in: Arenac, Genesee, Iosco, Kalamazoo, Livingston, Macomb, Oakland, Saginaw, St. Clair, Washtenaw and Wayne counties
In-network medical deductible	$0	$0
Primary care office visit copay	$0	$0
Specialist copay	$45	$40
Inpatient acute hospital copay (days 1 to 6)	$325	$225
Maximum out-of-pocket (MOOP) in network	$4,500	$3,800
Over-the-counter allowance **Balance carries forward within plan year**	$125/quarter $500/year	$50/quarter $200/year
Emergency care copay	$90	$90
Urgent care copay (depending on place of service)	$0-$45	$0-$45
Dental services annual maximum	$1,500	$1,500
Eyewear allowance	$150/calendar year	Not covered
Hearing aids	$600/ear every three years	Not covered

Prescription drug deductible	$0		$0	
1- to 31-day supply copays/coinsurance Prescription drug tiers	**Preferred**	**Standard**	**Preferred**	**Standard**
Tier 1 preferred generic	$0	$5	$0	$5
Tier 2 generic	$10	$20	$10	$18
Tier 3 preferred brand	$45	$47	$42	$47
Tier 4 nonpreferred drug	50%	50%	46%	46%
Tier 5 specialty tier	33%	33%	33%	33%
Gap period (after your drug costs reach $5,030 until they reach $8,000)	You pay 25% of the negotiated price and a portion of the dispensing fee for generic and brand-name drugs.		You have coverage for some Tier 1 generic drugs during the coverage gap.	
Catastrophic period (after your drug costs reach $8,000)	$0			

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

The most you'll pay is $35 for a one-month supply of each covered insulin product, no matter the cost-sharing tier.

Be sure with **Blue** in ‘24

All-in-one dental benefits

- **$0** copay
- No deductible
- **$1,500** annual maximum*
- No waiting period

Preventive services included per calendar year:

- Two oral exams
- One fluoride treatment
- Two cleanings
- X-rays

Plus diagnostic services:

- **Fillings** (once per tooth every 48 months)
- **Root canal** (once per lifetime per tooth)
- **Deep cleaning** (one per 24 months per quadrant)
- **Crown** (permanent teeth, once per tooth every 84 months)
- **Crown repairs** (three per permanent tooth per year)
- **Extractions** (once per tooth per lifetime)
- **Oral surgery** (two per tooth per lifetime)
- **Brush biopsy** (two per year)

**Annual maximum is $1,000 for Part B Credit PPO plan*

Our new releases and your popular favorites

NEW Mobile Mental Health Crisis

Mobile Mental Health Crisis is available in select Michigan counties offering behavioral health support for members in crisis. The goal is to prevent the need for a higher level of care.

Services include mobile crisis intervention with virtual or face-to-face care and crisis stabilization.

NEW Ambulance services with no transport

On-site ambulance service is now included in your Medicare Advantage plan. This is for times when treatment is administered by an ambulance service without transporting you to a facility.

NEW Personal Emergency Response System

The Personal Emergency Response System, or PERS, is an emergency alert system used to inform care responders of a medical emergency.

The PERS monitoring fee is included with our Classic and Prestige plans at no additional cost to members.

Advantage Dollars

Use your Advantage Dollars to purchase items, such as over-the-counter dental care, cold and flu supplies, pain relievers and vitamins.

The Advantage Dollar amounts range from $50 to $165 each quarter and vary by plan. Any unused dollars roll over each quarter but must be used during the current plan year.

Advantage Dollars Flex card

Assure PPO plan members receive an additional $25 each quarter for over-the-counter items, plus food for members diagnosed with certain chronic conditions.

The Assure Flex card also includes a $75 quarterly allowance to use toward dental, vision and hearing items or services.

Caregiver support

Blue Cross Coordinated Care℠ is a care management program that trains, coaches and offers support to caregivers of high-risk Medicare Advantage members who must be cared for at home. Participation in the program is set up through the member's care manager.

Virtual care

We offer **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 hours/7 days a week/365 days a year for urgent, general medical appointments with U.S. board-certified medical providers trained in telemedicine to treat non-emergency illnesses. Mental health services are available by appointment seven days a week.

Transportation service

You're allowed one round trip per calendar year to attend your enhanced wellness visit within Michigan, no referral needed.

Free SilverSneakers fitness program

- Access to online fitness classes and tools to keep you fit in your home
- Live and on-demand class recommendations based on members' specific goals, preferences and chronic condition interests
- Access to thousands of participating locations with various amenities across the U.S.
- Time with a virtual personal health advisor to keep you moving and grooving

Vaccines

Most adult Part D vaccines are included at no cost to you.

We travel with you

- With our Medicare Advantage PPO and HMO-POS plans, members can access a nationwide network of Blue plan doctors and hospitals, often at in-network rates for emergency, urgent and some routine care.[1]
- Worldwide medical emergencies and urgently needed care are covered up to a $50,000 lifetime limit when members travel, no matter what plan they're enrolled in.
- Follow-up care for emergency and urgent situations is covered anywhere in the U.S.[2]
- Members have emergency transportation coverage as part of their emergency worldwide coverage.

24/7 member account access

Connect to your Blue Cross online member account from the Blue Cross Blue Shield of Michigan mobile app or at **www.bcbsm.com/medicare** from a tablet, smartphone or computer. It's easy to access your virtual member ID card, review your claims, choose or change your primary care provider or take a health assessment.

[1]Travel coverage is not included in the BCN Advantage ConnectedCare HMO or Local HMO plans.

[2]Prior authorization for follow-up care is required for most HMO-POS plan members.

Get extra dental and vision coverage for a small monthly fee if you need more than what's included with your Medicare Advantage plan.

Medicare Advantage optional supplemental

dental and vision plans

Add this **extra coverage** to your regular Medicare Advantage PPO, HMO-POS or HMO plan.

2024 MEDICARE PLUS BLUE PPO	2024 BCN ADVANTAGE HMO-POS	2024 BCN ADVANTAGE HMO*
Essential, Vitality, Signature, Assure, NEW! Part B Credit NEW! + Meijer	Prime Value, Classic, Prestige, Elements, Community Value	ConnectedCare and Local HMO
$20.50 per month	$20.30 per month	$20.30 per month

Plus your monthly plan and Medicare Part B premiums

Dental services

The optional supplemental dental plan includes the dental services in your Medicare Advantage plan plus:

$1,500 annual maximum toward: Dentures (includes adjustments/repairs), bridges/implant crowns, implants, implant maintenance and repair, onlays, periodontics and more. Out-of-network coinsurance is 50%.

If you purchase this optional supplemental coverage, you can combine this plan's annual maximum amount of $1,500 with the annual maximum amount allowed with your Medicare Advantage plan:

- $1,000 for **Part B Credit PPO** equaling **$2,500** towards your annual dental services
- $1,500 for **all other MA plans** equaling **$3,000** towards your annual dental services

Vision services

The optional supplemental vision plan includes the eye wear and vision services in your Medicare Advantage plan plus:

$250 combined in- and out-of-network annual maximum for either elective contacts or frames per calendar year. Standard lenses for glasses are covered in full once per calendar year. No prior authorization needed. No deductible.

If you purchase this optional supplemental coverage, you can combine this plan's annual maximum amount of $250 with the annual maximum amount allowed with your Medicare Advantage plan:

- $100 for **Part B Credit PPO** equaling **$350** total toward eye wear
- $150 for **all other MA plans** equaling **$400** total toward eye wear

Routine exam **$0**

Out-of-network coinsurance is **50%**

Hearing services

ConnectedCare HMO only

$600 annual maximum per ear for hearing aids every three years

Routine exam **$0 – $45**

Note: BCN Advantage ConnectedCare HMO doesn't include base Medicare Advantage allowances for vision and hearing items or services.

*Visit **www.vsp.com** to find a VSP network eye doctor or to see if your eye doctor participates.*

VSP is an independent company contracted to provide vision services on behalf of Blue Cross Blue Shield of Michigan.

Frequency for dental procedures: Fluoride is covered once per calendar year; amalgam/resin fillings once per tooth every 48 months; root canals once per lifetime per tooth; crowns for permanent teeth, once per tooth every 84 months. Dentures/bridges/onlays every 84 months. Relines/rebase one time per arch every 36 months.

Note: All amounts are in network.

**ConnectedCare and Local are in network only.*

Medicare supplement plans

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Learn more about Blue Cross Medicare Supplement plans

Medicare supplement coverage is a cost-saving health policy that **works together with Original Medicare** Part A (hospital) and Part B (medical) to help cover certain costs Original Medicare doesn't. It offers great benefits and lowers your out-of-pocket costs.

A Medicare supplement plan works well with Original Medicare coverage.

In fact, depending on the plan you're eligible for, it may cover all or a portion of your Medicare deductibles and coinsurances.

Here are some outstanding reasons to choose a Blue Cross Medicare Supplement plan:

- **Blue Cross Medicare Supplement Dental Vision Hearing package** for new and existing members at an additional cost
- **Premium household discount** of 10% for Blue Cross Medicare Supplement or Legacy Medigap members who live in the same household
- **Blue Cross enhancements:** Blue Cross Virtual Well-Being℠ program and 24-Hour Nurse Line
- **No network restrictions**
- **You can keep your own doctor**, as long as they accept Original Medicare
- **Use any specialist** who accepts Original Medicare; no referrals required
- **A variety of plan options** to help meet your health care needs and budget
- **Nationwide coverage**; great for snowbirds or those who travel
- Supplements Original Medicare and lowers out-of-pocket costs. Depending on the plan, all or a portion of the Original Medicare deductibles and coinsurances can be covered

We'll give you the best that we've got

Don't you worry about a thing

with a supplement plan

Plans are guaranteed renewable, so there's no need to reapply each year. As long as you pay your premium, you can stay enrolled in the plan.

Although 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 options A, C, D, F, High-Deductible F, G, High-Deductible G and N.**[1]

Here's an overview of our Medicare supplement plan benefits:

SERVICE	Plan A[1] What you pay	Plan C[1,2] What you pay	Plan D[1] What you pay	Plans F and HD-F[1,2,3] What you pay	Plans G and HD-G[1,3] What you pay	Plan N[1,4] What you pay
Medicare Part A hospital coverage — Semi-private room, general nursing care, miscellaneous services and supplies[5]						
Deductible	$1,600	$0	$0	$0	$0	$0
First 60 days of care	$0	$0	$0	$0	$0	$0
Days 61 to 91	$0	$0	$0	$0	$0	$0
Days 91 to 150 (lifetime reserve days)	$0	$0	$0	$0	$0	$0
Days 151 and beyond (additional 365 days after lifetime reserve days used)	$0	$0	$0	$0	$0	$0
Blood benefit	$0	$0	$0	$0	$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	$200 daily copay	$0	$0	$0	$0	$0
Hospice care	$0	$0	$0	$0	$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	$250 deductible, plus 20% coinsurance	$250 deductible, plus 20% coinsurance	$250 deductible, plus 20% coinsurance	$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]	$226	$0	$226	$0	$226	$226
Coinsurance	$0	$0	$0	$0	$0	Up to $20 per office visit and up to $50 per emergency room visit
Blood benefit	$0	$0	$0	$0	$0	$0
Clinical laboratory services — tests for diagnostic services	$0 (Medicare covers in full)					
Durable medical equipment	$0	$0	$0	$0	$0	$0
Excess charges	All costs	All costs	All costs	$0	$0	All costs

[1]*See the 2023* 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 $2,700 for 2023 before your supplement plan pays anything.*
[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.*

Some of our most popular plans are ...

Plan G

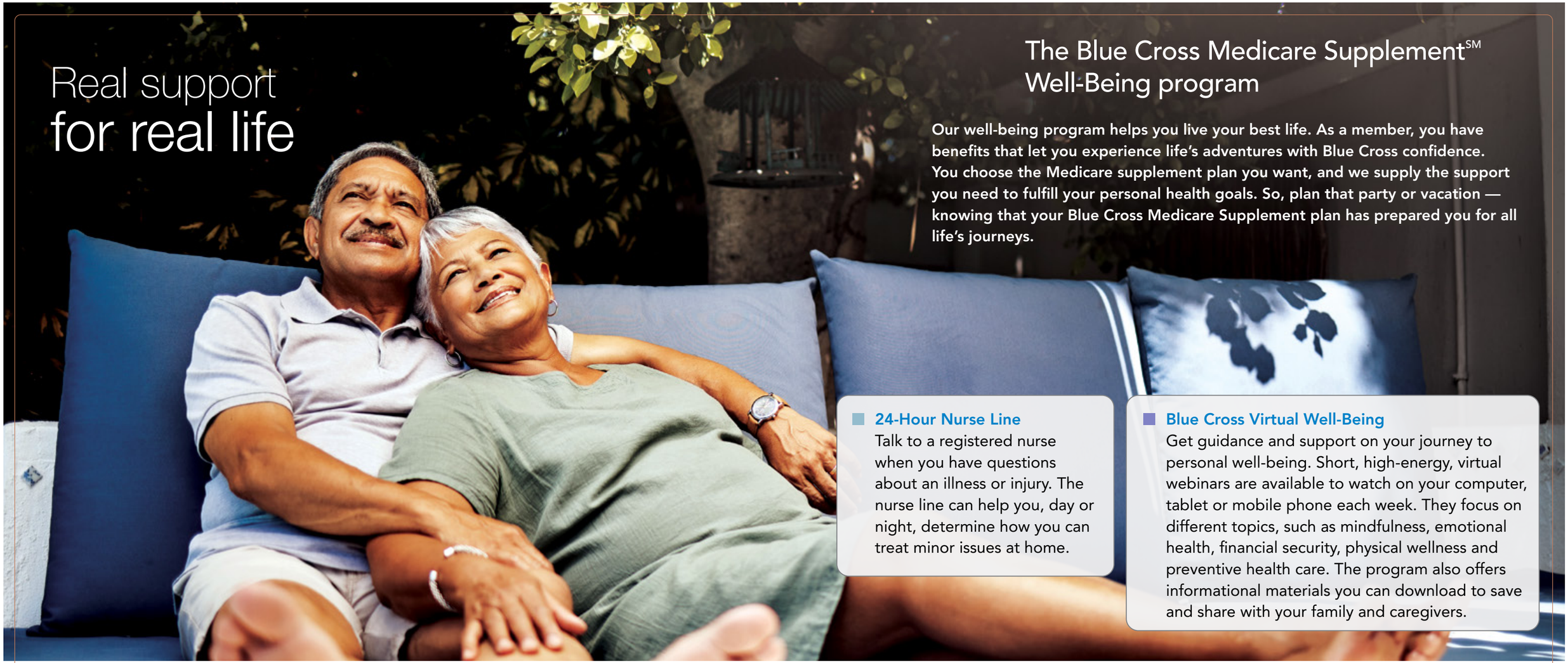
- This is our most popular plan.
- This comprehensive plan offers robust coverage. You'll **pay nothing for services covered by Original Medicare,** except for a $226 Medicare Part B deductible.

Plan High-Deductible G

- This high-deductible plan offers the same benefits as Plan G, with a **lower monthly premium** but a $2,700 annual deductible.
- This plan may be good for those who are relatively healthy and want to lower their costs.

Plan N

- With **slightly leaner benefits**, Plan N is a great option for someone looking for a more affordable alternative to Plan G.



Real support for real life

The Blue Cross Medicare Supplement℠ Well-Being program

Our well-being program helps you live your best life. As a member, you have benefits that let 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. So, plan that party or vacation — knowing that your Blue Cross Medicare Supplement plan has prepared you for all life's journeys.

24-Hour Nurse Line
Talk to a registered nurse when you have questions about an illness or injury. The nurse line can help you, day or night, determine how you can treat minor issues at home.

Blue Cross Virtual Well-Being
Get guidance and support on your journey to personal well-being. Short, high-energy, virtual webinars are available to watch on your computer, tablet or mobile phone each week. They focus on different topics, such as mindfulness, emotional health, financial security, physical wellness and preventive health care. The program also offers informational materials you can download to save and share with your family and caregivers.

You may qualify for a household discount

We're happy to offer a household discount to Blue Cross Medicare Supplement members.

If you're a Blue Cross Medicare Supplement member, you may be eligible to save 10% on your monthly premium. To learn more about the household discount, visit **https://www.bcbsm.com/medicare/help/understanding-plans/supplement/household-discounts.html**.

Note: *There doesn't need to be a spousal or familial relationship between the policy holders to make them 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.*

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

Blue Cross Medicare Supplement Dental Vision Hearing Package

Our Dental Vision Hearing Package is exciting and essential to your best health.

You'll smile, see and hear more with the Dental Vision Hearing Package for Blue Cross Medicare Supplement and Legacy Medigap members. Add the Dental Vision Hearing Package to your base coverage premium for a monthly cost of $17.25[1] and get the extra coverage you deserve:[2]

- In-network dental exams, cleanings, X-rays and fluoride treatment at no additional cost
- In-network vision coverage that includes standard lenses every 12 months
- One hearing exam every 12 months and savings of up to 60% off average retail hearing aid prices at a TruHearing® provider

Yours at a low monthly cost

Your cost will be just **$17.25 per month**, in addition to your Blue Cross Medicare Supplement or Legacy Medigap plan premium.

Available for new and existing members.

- New members have the ability to 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 have the ability to add the Dental Vision Hearing Package from February 1 through April 30 each year.[4]

Eligibility means ...

- Individuals must have an active Blue Cross Medicare Supplement or Legacy Medigap plan.
- Individuals may not have dental, vision or hearing coverage through another individual plan.

Check out the Blue Dental resource center for additional dental information

The Blue Dental resource center allows you to:

- Get dental procedure cost estimates by ZIP code
- Take an oral health assessment to help identify dental risk factors
- Ask a dentist a question

To access the Blue Dental resource center, go to **www.bcbsm.com** log in to your member account. Click *My Coverage* at the top and click *Dental*. The Blue Dental resource center can be found on the right-hand side.

[1]*Premium for the Dental Vision Hearing Package will be reevaluated 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 **www.MIBlueDentist.com** and choose Medicare Supplement as your plan.*
[6]*Visit **www.vsp.com** to find a VSP network eye doctor or to see if your eye doctor 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.*
[8]*Call TruHearing or visit **www.truhearing.com/BCBSMI** to find an audiologist or hearing instrument specialist close to you. TruHearing is an independent company contracted to provide hearing services on behalf of Blue Cross Blue Shield of Michigan.*

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

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 IN NETWORK ONLY[8]	
Hearing exam	Included
Frequency	One hearing aid per ear every 12 months
Network	TruHearing

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

Prescription Blue
prescription drug plans

Add a genuine Prescription Blue PDP plan to your Original Medicare and Medicare supplement plan for **complete coverage**. Our **stand-alone prescription drug plans** provide the **confidence** of coverage and **cost savings** for brand-name and generic drugs.

If you have Original Medicare or another plan that doesn't include prescription drug coverage, we've got the Part D drug plan for you.

Prescription Blue PDP offers:

- 23,000 in-network preferred pharmacies and 44,000 standard pharmacies across the country[1]
- Major pharmacy chains found near home and while traveling
- An online *Find a Pharmacy* tool at **www.bcbsm.com/pharmaciesmedicare**
- An expansive preferred pharmacy network to save you money
- Safeguards that protect against possible harmful drug interactions

[1]*Source: Optum Rx®*

READY TO HELP

MICHIGAN

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**

See all that Prescription Blue plans offer

	PRESCRIPTION BLUE PDP Select		PRESCRIPTION BLUE PDP Premium	
Premium	$96		$117.40	
Deductible	$545 for tiers 2 through 5		$0	
Up to 31-day supply	**Preferred pharmacies/ mail order**	**Standard pharmacies/ mail order**	**Preferred pharmacies/ mail order**	**Standard pharmacies/ mail order**
Tier 1 preferred generic	$0	$5	$1	$6
Tier 2 generic	$11	$18	$5	$10
Tier 3 preferred brand	$42	$47	$40	$45
Tier 4 nonpreferred drug	38%	38%	45%	45%
Tier 5 specialty tier	25%	25%	33%	33%
32+ day supply	**Preferred pharmacies/ mail order**	**Standard pharmacies/ mail order**	**Preferred pharmacies/ mail order**	**Standard pharmacies/ mail order**
Tier 1 preferred generic	$0	$15	$0	$18
Tier 2 generic	$0	$54	$0	$30
Tier 3 preferred brand	$126	$141	$120	$135
Tier 4 nonpreferred drug	38%	38%	45%	45%

The most you'll pay is $35 for a one-month supply of each covered insulin product, no matter the cost-sharing tier.

Discrimination is Against the Law

Blue Cross Blue Shield of Michigan and Blue Care Network comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross Blue Shield of Michigan and Blue Care Network:

- Provide free aids and services to people with disabilities 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, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Office of Civil Rights Coordinator.

If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network 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 with:

Office of Civil Rights Coordinator
600 E. Lafayette Blvd.
MC 1302
Detroit, MI 48226
1-888-605-6461, TTY: 711
Fax: 1-866-559-0578
civilrights@bcbsm.com

You can file a grievance in person or by mail, fax, or email. 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 and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at https://www.hhs.gov/civil-rights/filing-a-complaint/index.html.

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, call the number on the back of your member ID card. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para hablar con un intérprete, por favor llame al número que figura en el reverso de su tarjeta de identificación de miembro. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 会员ID卡后的电话号码。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電會員ID卡後的電話號碼。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan ang numero sa likod ng iyong ID kard ng miyembro. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, appelez le numéro au dos de votre carte d'identité de membre. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi cung cấp dịch vụ thông dịch viên miễn phí để trả lời mọi thắc mắc về chương trình sức khỏe và thuốc điều trị của chúng tôi. Nếu quý vị cần dịch vụ thông dịch viên, vui lòng gọi đến số điện thoại ở mặt sau thẻ ID hội viên của quý vị. Sẽ có nhân viên nói Tiếng Việt có thể hỗ trợ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Um einen Dolmetscherdienst zu erhalten, rufen Sie die Nummer auf der Rückseite Ihres Mitgliedsausweises an. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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Form CMS-10802 (Expires 12/31/25)

READY TO HELP

MICHIGAN

Form Approved OMB# 0938-1421

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 회원 ID 카드 뒷면의 숫자로 전화를 걸어 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните по номеру, указанному на обратной стороне вашей идентификационной карты участника. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، اتصل بالرقم المكتوب على ظهر بطاقة هوية العضو الخاصة بك. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, अपने सदस्य आईडी कार्ड के पीछे दिए गए नंबर पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, chiama il numero sul retro della tua carta d'identità. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, ligue para o número no verso do seu cartão de identificação de membro. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ka genyen konsènan plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, rele nimero ki nan do kat ID manm ou a. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski,zadzwoń pod numer podany na odwrocie legitymacji członkowskiej. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがございます。通訳をご用命になるには、会員IDカードの後部に記載されている電話番号にお電話ください。日本語を話す者が対応いたします。これは無料のサービスです。

Form CMS-10802 (Expires 12/31/25)

We're ready to help you choose from our Medicare Advantage, Medicare supplement and Part D drug plans

Blue Cross Blue Shield of Michigan and **Blue Care Network** have great plans with all of the extras you like.

Call 1-888-563-3307
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

Enroll online
www.bcbsm.com/medicare

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.

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

OptumRx® is an independent company providing home delivery pharmacy and other pharmacy benefit management services to Blue Cross Blue Shield of Michigan and Blue Care Network.

Medicare Plus Blue℠, BCN Advantage℠ and Prescription Blue℠ are PPO, HMO-POS, HMO and PDP plans with Medicare contracts. Enrollment in Medicare Plus Blue, BCN Advantage and Prescription Blue depends on contract renewal.

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.

Tivity Health is an independent corporation retained by Blue Cross Blue Shield of Michigan and Blue Care Network to provide health and fitness services to their Medicare Plus Blue and BCN Advantage members.

Blue Cross Blue Shield Blue Care Network of Michigan

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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