



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



## Benefits-at-a-Glance

for State Health Plan Medicare Advantage Members

January 1, 2023 through December 31, 2023

Cost share	
Premium	In addition to the Medicare Part B premium, you may also be required to pay a premium contribution as defined by the State Employees Retirement System.
Deductible	\$400 per individual, \$800 per family
Annual Maximum Out-of-Pocket Amounts	\$2,000 per individual, \$4,000 per family
Preventive services	
Annual "Wellness" visit	Covered 100%
Annual physical	
Annual gynecological exam	
Colonoscopy	
Immunizations	
Mammography screening	
Prostate screening	
Emergency medical care	
Ambulance services* – medically necessary	Covered 98% after deductible
Emergency care (copay waived if admitted to hospital within 3 days)	\$50 Copay
Emergency room physician services	Covered 100%
Diagnostic care	
Diagnostic tests (X-rays, ultrasounds, MRI, CAT scans)*	Covered 98% after deductible
Lab and pathology tests*	
Radiation therapy*	

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Medicare Plus Blue is a PPO plan with a Medicare contract. Enrollment in Medicare Plus Blue depends on contract renewal.

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Physician Office services	
Office visits	\$20 Copay
Telehealth (online visit) – via the Blue Cross online tool powered by American Well <sup>®</sup>	Covered 100%
Telehealth (online visit) – via your provider’s online tool	\$20 Copay
Hospital care	
Chemotherapy (Medicare Part B prescription drugs)*	Covered 98% after deductible
Consultations – inpatient and outpatient	
Inpatient hospital care (unlimited days)*	
Inpatient mental health care*	Covered 100%
Inpatient substance use disorder care*	
Alternatives to hospital care	
Home health care (non-DME)*	Covered 100%
Hospice care	Services are paid for by Original Medicare, not Medicare Plus Blue Group PPO.
Private duty nursing	Covered 80% after deductible
Skilled nursing facility (up to 120 days per confinement)*	Days 1-20: Covered 100% Days 21 – 120: Covered 98% after deductible
Urgent care visits	\$20 Copay
Human organ transplants	
Human organ transplants – Skin	Covered 90% after deductible
Human organ transplants – Cornea or Kidney	Covered 98% after deductible
Human organ transplants – Bone marrow	Covered 100%
Surgical services	
Outpatient surgery, including services at hospital outpatient facilities and ambulatory surgery centers	Covered 98% after deductible
Behavioral health and substance use disorder services	
Behavioral health substance abuse – intensive outpatient programs (IOP)*	Covered 100%
Outpatient mental health services Facility and clinic services	Covered 98%
Outpatient substance abuse care Facility and clinic services	

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## Hearing care

<p>Hearing aids</p> <p><i>Members can be reimbursed for hearing aids purchased from a provider who doesn't accept the Medicare Advantage card. Reimbursement cannot exceed the \$2,600 allowance.</i></p>	<p>Standard (analog or basic digital) hearing aids are covered up to \$2,600 every 36 months</p>
<p>Hearing care - Audiometric exam, evaluation, and conformity test</p>	<p>Covered 100%</p>
<p>Hearing services - Routine exam</p>	<p>\$20 Copay</p>

## Other services

<p>Acupuncture for treatment of the following conditions:</p> <ul style="list-style-type: none"> <li>• Chronic headaches such as migraines</li> <li>• Myofascial complaints such as neck pain</li> <li>• Neuritis</li> <li>• Osteoarthritis</li> <li>• Postherpetic neuralgia</li> <li>• Rheumatoid arthritis</li> <li>• Sciatica</li> <li>• Tic douloureux</li> </ul>	<p>Covered 80% after deductible</p>
<p>Acupuncture for treatment of chronic low back pain</p>	<p>Covered 98% after deductible</p>
<p>Cardiac and pulmonary rehabilitation services</p>	<p>Covered 98% after deductible</p>
<p>Chiropractic services</p> <ul style="list-style-type: none"> <li>• Manual manipulation of the spine to correct subluxation</li> <li>• Office visits</li> <li>• Evaluation and management services</li> </ul>	<p>\$20 Copay</p>
<p>Durable medical equipment (DME)*</p>	<p>Covered 100%</p>
<p>Home infusion therapy</p>	<p>Covered 90% after deductible</p>
<p>Outpatient physical, speech, occupational, and massage therapy</p>	<p>Covered 98% after deductible</p>
<p>Prosthetic and orthotic appliances</p>	<p>Covered 100%</p>
<p>Tivity Health<sup>®</sup> SilverSneakers<sup>®</sup></p> <p>The SilverSneakers Fitness Program is a specialized program designed for seniors. SilverSneakers provides access to exercise equipment, classes and fun social activities at thousands of locations nationwide.</p>	<p>Covered 100%</p>
<p>Vision diagnostic services</p>	<p>\$20 Copay</p>

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## Other services, continued

Weight loss	Covered 100% (\$300 lifetime maximum)
Wigs, wig stand, adhesive	Covered 100% (\$300 lifetime maximum)

**Note:** Your provider may be required to seek preauthorization for some of the above services with \*.

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This information is a summary document and not a complete description of benefits. Call 1-800-843-4876 (TTY call 711) for more information. To get a complete list of services covered by your retirement system, call Blue Cross Medicare Plus Blue Group PPO Customer Service and ask for the *Evidence of Coverage*. Medicare Plus Blue Group PPO has a network of doctors, hospitals, and other providers. Using providers that do not accept Medicare may cost you more.

Outside Michigan, your costs are the same as in-network services when you use providers that accept Medicare. Using providers that do not accept Medicare may cost you more. To locate a provider in our network, use the Find a Doctor tool on our website at:

**[www.bcbsm.com/statemedicare](http://www.bcbsm.com/statemedicare)**.

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. Or, call us and we will send you a copy of the *Provider Directory*, or *Provider Locator* for members outside Michigan (phone numbers are listed below).

*Benefit provisions, including copays, deductibles and coinsurance may change based on new and/or changed regulatory guidance issued by the Centers for Medicare and Medicaid. Limitations and restrictions may apply. Please contact your health plan administrator for further information regarding your benefits.*

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You 2023” 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. Please contact customer service if you need information in an accessible format or another language.

## Questions?

Please call Customer Service at 1-800-843-4876, Monday through Friday from 8:30 a.m. to 5 p.m. Eastern Standard Time.  
TTY users should call 711.



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**Learn more.**

**Website: [www.bcbsm.com/statemedicare](http://www.bcbsm.com/statemedicare)**