

Medicare Plus Blue Group^{sм} PPO



Benefits at a glance

For State Health Plan Medicare Advantage Members January 1, 2020 – December 31, 2020

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 Employee 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®	\$10 Copay	
Telehealth (online visit) – via your provider's online tool	\$20 Copay	
Hospital care		
Chemotherapy (Medicare Part B prescription drugs)		
Consultations – inpatient and outpatient	Covered 98% after deductible	
Inpatient hospital care (unlimited days)		
Inpatient mental health care	Covered 100%	
Inpatient substance abuse 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	
Hearing aids Members can be reimbursed for hearing aids purchased from a provider who doesn't accept the Medicare Advantage card. Reimbursement cannot exceed the \$2,500 allowance.	Standard (analog) or basic digital) hearing aids are covered up to \$2,500 every 36 months
Hearing care - Audiometric exam, evaluation and conformity test	Covered 100%
Hearing services - Routine exam	\$20 Copay
Other services	
Acupuncture for treatment of the following conditions:	Covered 80% after deductible
Cardiac and pulmonary rehabilitation services	Covered 98% after deductible
 Chiropractic services Manual manipulation of the spine to correct subluxation Office visits Evaluation and management services 	\$20 Copay
Durable medical equipment (DME)	Covered 100%
Home infusion therapy	Covered 90% after deductible
Outpatient physical, speech, occupational, and massage therapy	Covered 98% after deductible
Prosthetic and orthotic appliances	Covered 100%
Tivity Health [®] SilverSneakers [®] 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.	Covered 100%
Vision diagnostic services	\$20 Copay

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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.

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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/providersmedicare.

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 2020" handbook. View it online at 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 5:00 p.m. Eastern Standard Time.

TTY users should call 711.



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Learn more.

Website: www.bcbsm.com/statemedicare