



Confidence comes with every card.®

The Benefit
of Blue

State of Michigan



Medicare Plus BlueSM Group PPO Resource Guide

www.bcbsm.com/statemedicare

State Health Plan MA



Highlights

- How to use your flu and pneumonia vaccine coverage (See Page 4.)
- Check out our Blue Cross® Virtual Well-Being webinars (See Page 9.)
- Online visits let you see a doctor when your primary care doctor isn't available (See Page 10.)
- Free SilverSneakers® fitness program (See Pages 16 & 17.)



Make your coverage work for you

We value you as a customer and strive to do our best to serve you. You might be wondering what you should do to make the most out of your coverage this year. Here's an easy guide so you can start taking advantage of the benefits of Blue Cross.

Getting to know your plan

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You're a member of a Medicare Advantage PPO plan

Our preferred provider organization covers everything that Original Medicare does, plus more, all in one plan.

You have access to thousands of primary care doctors and specialists, as well as hundreds of hospitals. These health care providers accept our payment, and the share of the costs that you pay, as payment in full. You can go to any provider who accepts both Original Medicare and your Medicare Plus Blue PPO member ID card.

Health care works best when you have a steady relationship with a trusted primary care provider for ongoing care. Your primary provider helps coordinate all your care, which helps ensure he or she stays informed of your current health status. As a PPO plan member, you don't need a referral to see a specialist.









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.








What you can expect

Part of **our commitment to you** is to help you make the best possible use of your plan. You'll hear from us throughout the year as we keep you informed about your plan and your health.

For all members

Doctor visit 	Make an appointment for your Annual Wellness Visit and Annual Physical Exam with your provider so you can begin taking advantage of your preventive benefits . (See Page 14.)
Download our mobile app 	Access your electronic Blue Cross member ID Card and coverage, claim and cost information anytime , wherever you go. (See Page 16.)
Guide to your costs 	We send you a wallet-sized card that lists the out-of-pocket costs for the medical services you use most.
Medicare Advantage health assessment 	Complete a brief health survey, and we'll give you a personalized health status report you can share with your doctor. It's secure, completely confidential and your responses don't affect your coverage. Look for the assessment in the mail. You can return the paper copy or complete it online using the code provided with the assessment. This easy tool can help your doctor keep you in the best of health.
Explanation of Benefits 	When you use your coverage, we'll send you a detailed statement. You'll receive an <i>Explanation of Benefits</i> the month after the claim is processed. Page 12 has more information about your <i>Explanation of Benefits</i> .
Member news 	We do our best to combine helpful information, useful reminders and healthy tips to help you get more out of your plan in <i>MyBlueSM Medicare</i> , our member magazine.
Special information 	There may be events during the year that we want you to be aware of, so we'll send you notices. If you need help with a chronic illness, such as heart disease or diabetes, we may send you materials or call you about a specific program.
Surveys 	You may receive surveys asking for your opinion of our plan, our network providers and the care you receive. This is important feedback that helps us respond to your needs. We're always exploring new, innovative ways to provide you with better coverage and service. Your answers are confidential. They don't affect your coverage or costs. We appreciate your honest feedback as we strive to see your experience through your eyes.

For new members only

Member ID card 	We send you a new Blue Cross member ID card. You can put your red, white and blue Medicare card away in a safe place and use your Blue Cross member ID card instead. Show your doctor and other providers this card every time you need care. You can use the BCBSM mobile app to show your electronic ID card. (See Page 16.)
Welcome call 	When you are a new member, we call you to make sure you received your welcome kit and member ID card, help answer any questions about your coverage and tell you about programs we offer to help you stay healthy.
Gotta doc? 	If you don't have one, pick a primary care doctor. Page 7 explains how to find a doctor online. You can also look in your copy of our <i>Provider Directory</i> or call Customer Service at the number on the back cover of this booklet (this number is also on your Blue Cross membership ID card).
Blue Cross online member account 	From coverage details and claims information to ideas for healthier living, there's loads of valuable content. Be sure to register for your secure Blue Cross member account: <ul style="list-style-type: none"> • Using the BCBSM mobile app • At www.bcbsm.com/register • By texting REGISTER to 222764 <i>Message and data rates may apply.</i> Learn more on Pages 16 and 17.
Newbies get a special preventive visit 	If you are new to Medicare, you can make an appointment for your Welcome to Medicare Preventive Visit. It's a one-time visit that takes place during the first 12 months after your Medicare Part B coverage takes effect. Also known as the Initial Preventive Physical Examination, the visit includes a review of your health, as well as education and counseling about the preventive services you need (including certain screenings and shots), and coordination of other care if needed.




The Benefit of Blue

Our commitment to you includes coverage that works for you at every stage. Your benefits aren't just for when you're feeling sick or coping with a chronic condition. They can help you take charge of your health.

Flu and pneumonia vaccines

You can get your flu and pneumonia vaccines at your doctor's office and they can bill us directly. If you get vaccinated at a local health department or community center, you will pay for your vaccines and be reimbursed by completing a claim form and mailing it to us with your receipt.

 You can find the claim form online at www.bcbsm.com/vaccines-medicare.

 Or call our Customer Service team at the number on the back cover of this booklet. After the greeting and entering your information, say "reimbursement form" to get to the correct prompt.

Good to know: The Centers for Disease Control and Prevention recommends getting your flu vaccine **in October** before the flu season begins because it takes about two weeks after vaccination for the antibodies that protect against the flu to develop in the body. Getting vaccinated later can still be beneficial and vaccinations are offered throughout flu season.


Medicare Diabetes Prevention Program

Your risk of developing Type 2 diabetes can be radically decreased through this 12-month Type 2 diabetes prevention benefit. It's focused on **healthy lifestyle changes** for qualified members and covered under your plan at no additional cost. Participants report 5 to 7 percent weight loss, increased energy and better sleep.

 Do you qualify? Take a 1-minute online quiz at www.solera4me.com.

Emotional and mental wellness

Your health is not just determined by your physical fitness, but by your overall wellness. Your physical health improves when you get enough sleep, eat healthy and exercise. Likewise, your **emotional well-being** improves when you have support through life's trials, manage stress and have positive social interactions. We offer behavioral health care benefits to help you transition through difficult times. This benefit also helps those struggling with substance abuse. When you call, we'll discuss your needs and arrange for services.

 **1-888-803-4960**, TTY users call **711**.
Routine issues: 8 a.m. to 5 p.m. Eastern Standard Time. Monday through Friday.
Emergencies: 24 hours a day, seven days a week.

Considering surgery

If you're thinking about having surgery, it's important to have the knowledge you need to make an informed decision. That's why we're providing you access to WelvieSM, an online support program with six steps that guide you from diagnosis to recovery. Learn more at www.welvie.com.

Welvie is an independent company retained by Blue Cross Blue Shield of Michigan to provide a surgery decision-support program for select Blue Cross Medicare Advantage members.

Serious illness


When something serious happens, **count on** our dedicated nurse care managers to help you find the right care for you. They'll also provide the information and resources you need. We offer care management services based upon your medical claims or when your doctor refers you for assistance. In some cases, we partner with independent companies to provide services on our behalf.

Diagnosis of a serious illness can be overwhelming. Our care management nurses work with your doctor to help you and your family:

- Understand your medical condition
- Coordinate care
- Review treatment options
- Connect with community resources
- Obtain equipment and medical supplies

A personal care management nurse will **support** you and your loved ones as you consider options, make treatment decisions and handle emotional concerns. You'll find the support you need to feel more in control.

If you're hospitalized, we can also help with the transition to your home or another facility to ensure you get the care you need.


 **1-800-775-BLUE (2583)**, TTY users call **711**,
8 a.m. to 6 p.m. Eastern Standard Time.
Monday through Friday


Chronic conditions

Care management nurses help you understand and cope with your condition, develop skills for managing it and feel in control again. You'll work with your nurse to create a care plan and set goals to improve your health.

Care management support

Some health decisions aren't easy. Our Blue Cross Coordinated Care care management programs can assist you whether you're coping with a life-changing illness, unsure about your medications or need help as you leave the hospital. Our specialists can **connect** you to Blue Cross Coordinated Care care management programs.

 **1-800-775-BLUE (2583)**, TTY users call **711**,
8 a.m. to 6 p.m. Eastern Standard Time.
Monday through Friday


 Review all our health and wellness programs online at www.bcbsm.com/statemedicare.

- Click on the *LOGIN* tab and log in to your secure Blue Cross online member account.
- Click on the *Health & Wellness* tab.

Quit tobacco for good

Increase your chances for successfully quitting with **support and resources** through a 12-week phone-based Tobacco Coaching program from WebMD[®]. You're eligible if you're ready to set a quit date within 30 days and you've used tobacco within seven days of your initial call. WebMD Health Services is an independent company supporting Blue Cross by providing health and well-being services.

 www.bcbsm.com/medicare/help/faqs/other/quit-smoking.html

 **1-855-326-5102**, TTY users call **711**.
Monday through Thursday from 9 a.m. to 11:30 p.m.; Friday from 9 a.m. to 8 p.m.; Saturday from 9:30 a.m. to 6 p.m. and Sunday from 1 p.m. to 11:30 p.m. Eastern Standard Time.



Know where to go for care

You have smart choices for when and where to get health care. **Know your options** so you can get the treatment you need, right when you need it. Costs vary for each care option, so it's important to think about what kind of care you really need:



24-Hour Nurse Line

Talk to a registered nurse at no additional cost, anytime day or night, when you have questions about an illness or injury. The nurse line can help you with determining if you can treat things at home. Call **1-800-775-BLUE (2583)**. TTY users call **711**.



Primary care provider

Call your primary care provider first when you're not feeling well. He or she knows you best and understands your health history. A patient-centered medical home (PCMH) is a care team led by a primary care doctor that focuses on your health goals and needs. They offer 24-hour access to your medical team and a personalized approach to managing your health.



Blue Cross Online VisitsSM

Connect online with a doctor or therapist using a smartphone, tablet or computer. Visit www.bcbsmonlinevisits.com or call **1-844-606-1608**. TTY users call **711**.



Retail health clinics

Get treatment for minor illnesses and injuries on a walk-in basis at select drug store chains near your home or workplace.



Urgent care centers

Get non-emergency, in-person care conveniently, including after hours or on weekends.



Emergency room

For serious or life-threatening illnesses or injuries.

Emergency rooms cost more because they are equipped to handle trauma and life-threatening situations. You can save money by seeing your doctor or going to a convenient retail clinic or urgent care for minor illnesses and injuries, such as:

- Mild allergy symptoms
- Sore throat and cough
- Colds and flu
- Low-grade fever
- Earache
- Eye irritation or redness
- Skin rash
- Minor burns, cuts and scrapes
- Painful urination
- Sprains and strains

Find a doctor online

It's easy:

1. Go to www.bcbsm.com/providersmedicare.
2. Click on the blue *Find a Doctor* box to go to the provider locator page.
3. Once on the provider locator page, you'll need to select your plan network:
 - Click on *All Plans* in the upper right.
 - Scroll down the list to find and click on *Medicare Plus Blue (PPO)*.
 - Click on *Confirm selection*.
4. You can now search for an in-network doctor, hospital and clinic by name or specialty.

If you log in to your secure Blue Cross online member account before you search for a provider, the system will automatically select your plan's network and you can skip step 3 above.





Take an active role in your care

Your plan offers more than 20 preventive services covered at 100 percent, including flu and pneumonia vaccines, mammograms and colorectal cancer screenings. Ask your doctor which preventive services are right for you. If you are new to Medicare, schedule a Welcome to Medicare Exam. If you've been enrolled in Medicare for more than a year, you can take advantage of your Annual Wellness Visit, which includes a personalized prevention plan, screening schedules, referrals and education based on your specific health situation.



Get more out of your doctor visits by:

- Writing down questions you want to ask as well as symptoms you want your doctor to be aware of
- Taking notes as the doctor answers your questions
- Reviewing your medications (dose, side effects and over-the-counter supplements)
- Speaking up if you have any health concerns
- Being involved in your care decisions

You are a key player on your health care team.

Talk to your doctor

	Don't hide it	Good to know	Ask your doctor	Going in-depth
Physical activity	Discuss issues that limit your physical activity.	If pain limits your physical activity, there are ways to address it.	Should you start, increase or maintain your level of exercise?	What types of exercise are right for you?
Bladder control	Discuss if you accidentally leak urine.	It's a common problem.	What are your treatment options?	If receiving treatment, discuss the effectiveness.
Risk of falling	If you've fallen, make sure to call your doctor. Don't wait until your next appointment.	There may be simple solutions, such as a medication dosage change.	Could you benefit from a cane or walker or physical therapy?	Discuss any balance or walking problems.

Are you up to date on your screenings?

Ask your doctor if you need to schedule any of these **regular services**.

Preventive screenings			
Breast cancer screening	Colorectal cancer screening	Bone density screening for osteoporosis	Cholesterol
annually	1 to 10 years depending on test	every 2 years	annually
Vaccines			
Flu shot	Pneumonia vaccine	Hepatitis B	Other vaccines
once per flu season	annually	if you're at risk	to treat injury or exposure to a disease
Diabetic services (if applicable)			
A1c test	Diabetic retinal eye exam	Urine protein screening	Treatment for urine protein
2 to 4 times a year	annually	annually	as applicable

Blue Cross® Virtual Well-Being

Let Blue Cross Virtual Well-Being give you the **guidance and support** you need on your personal well-being journey.

Virtual well-being:

- Features short, high-energy, live webinars every Thursday at noon Eastern Standard Time.
- Focuses on a different well-being topic each week.
- Topics include mindfulness, resilience, social connectedness, emotional health, financial wellness, gratitude, meditation and physical health.
- Offers informational materials you can download to save and share.

Conveniently watch Blue Cross Virtual Well-Being webinars on your computer, tablet or mobile phone.

Learn more, register or watch past webinars at www.bluecrossvirtualwellbeing.com.



Blue Cross Online Visits

Convenient online care for body and mind

It's as simple as using your smartphone, tablet or computer anywhere in the U.S. to meet with:

- A doctor for minor illnesses such as a cold, flu or sore throat when your primary care provider isn't available
- A behavioral health professional or psychiatrist to help work through different challenges, such as anxiety or grief

Fast and convenient

Visit www.bcbsmonlinevisits.com.

Call **1-844-606-1608**, 24 hours a day, seven days a week. TTY users call **711**.

Download the BCBSM Online Visits app.

Remember to coordinate all care through your primary care provider. Blue Cross Online Visits uses the American Well® technology platform and provider network, and is powered by American Well®. American Well® is an independent company that provides online visits for Blue Cross and BCN members.

Reach your health goals

The Blue Cross® Health & Wellness website, powered by WebMD®, can help you start making the healthy lifestyle changes you'd like to see.

We offer six Digital Health Assistant programs available at no additional cost to you focusing on a variety of health goals, including eating better, conquering stress, feeling happier, enjoying exercise and more. All tips come straight from WebMD's expert health coaches.

Set your goal, choose your level (easy, moderate or challenging) then choose from more than 400 activities that appeal to your lifestyle, interests and schedule.

To learn more or to start working on a Digital Health Assistant program, log in to or register for the members-only website at www.bcbsm.com/medicare, or open the BCBSM mobile app, then click on *Health & Wellness*. From there, click on *My Health Assistant* under the *Healthy Living* tab.

WebMD Health Services is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing health and wellness services.

A closer look at prior authorizations

Before getting certain treatments your doctor will request prior authorization from our plan on your behalf. This helps ensure that the recommended treatment is safe, appropriate for your condition and follows guidelines based on the latest medical research.

How can you help the process?

- **Collaborate** with your doctor during your care. Be sure to tell your doctor about all earlier treatment because prior authorization requests require the provider to list other treatment you've had.
- **Ask your doctor** if the treatment requires prior authorization or call us before you get treatment. That way you will know whether the service requires a prior authorization. Services that need prior authorization are also noted in the medical benefits chart included with your *Evidence of Coverage* booklet available online at www.bcbsm.com/statemedicare. Providers know how to request prior authorizations. As a member there's no additional paperwork for you to do. You will receive a written notice once we have reviewed the prior authorization request.

Here's how the process works:

First, a doctor sends a written request detailing the diagnosis and recommended treatment.

Then, we review the request and either:

- **Approve the request**, which means your plan will cover the treatment. Your out-of-pocket cost is determined by your plan benefits.
- **Approve the request on a trial basis**. We will cover part of the initial treatment to see if it produces the desired outcome. Additional medically necessary treatment may be covered once it is established the initial treatment is producing positive results. Your out-of-pocket cost is determined by your plan benefits.
- **Ask for more information** from your doctor to document medical necessity based on Medicare-approved clinical guidelines.
- **Deny the request**, which means your plan will not cover the treatment. We'll explain the reason for the denial to the provider, and mail you a denial letter that explains your options, including how to appeal the denial. If a doctor provides a service requiring approval without a prior authorization, they are usually held responsible for the cost. If your provider has told you a service wasn't approved, your provider may ask you to pay the full cost.



Your *Explanation of Benefits* has important information

What is an EOB?

The EOB is your **source of truth** for how much you owe health care providers. However, an EOB is not a bill. EOBs help you track your medical costs.

What am I supposed to do with an EOB?

Compare it to your medical bills. If a bill from your provider doesn't look like the correct amount based on your EOB and benefits, please call us.

What if my medical bill doesn't show any insurance payments?

If you receive a medical bill for covered services that doesn't show any Blue Cross payments and you never received an EOB, then call your provider to ask them to file an insurance claim. Wait to pay until you have a bill showing that we paid our share of the cost.

When should I pay my medical bills?

Your doctors may charge you a copay at the time of service or bill you later. You can wait to pay medical bills that you receive in the mail until you receive an EOB that shows your share of the costs.

How often will I get an EOB?

We send EOBs monthly, when you've used your benefits. However, we can only process payments and list them on EOBs after your provider sends the service information to us. This means that any medical services you have prior to transitioning to this plan will be filed with your previous medical plan. As you transition from your previous coverage to your Medicare Plus Blue Group PPO coverage, you may receive different types of EOBs depending on the date of service.

Can I view my EOBs online?

Yes. You can see your benefits, claims, balances and electronic medical EOBs using your secure Blue Cross online member account at www.bcbsm.com/statemedicare. (Pages 16 and 17 have more information and easy ways to register.)

Will my EOB show my premiums?

No. EOBs only show variable costs. Premiums are a fixed monthly cost and don't count toward your out-of-pocket maximum.

What can you find on an EOB?

The medical EOB shows what you've paid or need to pay your provider, if anything. For example:

Amount providers have billed the plan	Total cost (amount the plan has approved)	Plan's share	Your share
\$810.00	\$552.00	\$540.96	\$11.04

The EOB shows what your deductible and yearly out-of-pocket limits are, and how much you've paid toward them. For example, this is how your first medical EOB of the year might read:

DEDUCTIBLE

For most covered services, the plan pays its share of the cost only after you have paid your yearly plan deductible.

As of February 01, 2020 you have paid \$214.40 toward your \$400.00 yearly deductible.

YEARLY LIMITS

These limits tell the most you will have to pay in 2020 in "out-of-pocket" costs (copays, coinsurance and your deductible) for medical and hospital services covered by the plan and prescription drugs.

These yearly limits are called your "out-of-pocket maximums." They put a limit on how much you have to pay, but they do not put a limit on how much care you can get.

If we deny payment for all or part of a claim, the EOB explains why.

Things to know about your denied claim:

- Denial code 09, Provider ID does not exist
- Denial code 07, Professional ID does not exist
- **NOTE: We have denied all or part of this claim.** However, you are not responsible for paying the billed amount.



Frequently asked questions

What is the difference between an Annual Wellness Visit and an Annual Physical?

At an **Annual Wellness Visit** you will develop or update a personal prevention plan based on your current health and risk factors. It's for members who haven't received a Welcome to Medicare Preventive Visit or Annual Wellness Visit within the past year. It's covered once every 12 months after your first 12 months of Part B coverage (you must wait 11 full months between each Annual Wellness Visit).

At an **Annual Physical Exam** a primary care provider or other provider collects health information through an exam. It's covered once per calendar year and is more comprehensive than an Annual Wellness Visit. Services include:

- An age- and gender-appropriate physical examination, including vital signs and measurements
- Guidance, counseling and risk factor interventions
- Recommendations for immunizations, lab tests or diagnostic procedures

Each of these preventive visits has separate parameters defined by Medicare. There is no coinsurance, copayment or deductible for these preventive services. However, if your doctor provides services outside of the scope of the set Medicare parameters, a coinsurance, copayment or deductible may apply.

Why am I being billed for my colonoscopy? I thought it was a free preventive screening?

A preventive colonoscopy screening checks to see that you're healthy (no sign, symptom or disease present). There is no copay for preventive screenings. When a sign or symptom is discovered during a preventive exam, all further testing and exams are considered diagnostic procedures and diagnostic cost sharing will apply.

A diagnostic exam is performed to diagnose and, consequently, start treatment if you're unhealthy (there is a sign, symptom or disease present). Diagnostic exams are prescribed when there are health concerns, such as certain symptoms or medical history. Diagnostic exams incur cost sharing.

Why am I being charged an emergency room copay, I thought the copay was waived if I spent the night in the hospital?

Per Medicare guidelines:

- If you go to the emergency room and are admitted to the hospital as an inpatient, your ER copay is waived.
- If you go to the emergency room and are held in observation as an outpatient but not admitted, your ER copay is not waived.

Will I be paying inpatient or outpatient cost sharing?

If you're having a service in a hospital, you should ask your provider beforehand to see if the service is inpatient or outpatient, as this will affect your cost sharing. Unless the provider writes an order to admit you as an inpatient to the hospital and your plan authorizes admission, the service will be outpatient and you will pay the cost-sharing amounts for outpatient services. Even if you stay in the hospital overnight, the service might still be considered outpatient. If you're not sure if the service is considered outpatient, you should ask the hospital staff.

Do you have any tips that will save money?

You can save money by receiving care in facilities that **don't** charge hospital facility fees or usage fees. The best way to determine this is to ask your provider about what fees are associated with each visit or procedure. For example, many provider offices, health centers or hospital-based outpatient clinics owned and operated by hospitals charge an additional hospital usage fee or facility charge when you see any provider in the office, health center or clinic. These offices may cost you more. Additionally, your services may cost a different amount based on where they're performed (in office, outpatient in an ambulatory surgical center, outpatient hospital facility or hospital owned doctor office).





Tap into your health care plan — anytime, anywhere

The **BCBSM mobile app** helps you understand your health care plan and how it works. From deductible to claims to out-of-pocket costs, you'll have the information you need to manage your plan and get the most from your coverage, **wherever you go**.



Find care in your network and check doctor and hospital quality.

Show your Blue Cross member ID card to your doctor's office staff so they have the information they need to look up your coverage.

Register for a Blue Cross member account:

- Using the app
- At www.bcbsm.com/register
- By texting **REGISTER** to **222764**
Message and data rates may apply.

BCBSM app questions:

www.bcbsm.com/app
1-888-417-3479
8 a.m. to 8 p.m.
Monday through Friday
TTY 711

Download the **BCBSM**
and **SilverSneakers GO**
apps today.



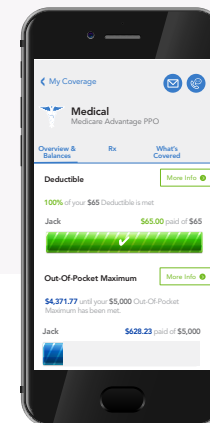
SilverSneakers®
app questions:
www.SilverSneakers.com/GO
1-866-584-7352

Manage your costs with confidence

Informed decisions are confident decisions, especially when it comes to health care costs. That's where **your Blue Cross online member account** can help.

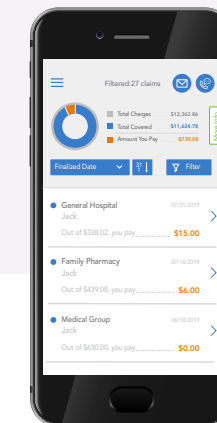
Keep track of your deductible and out-of-pocket maximum

Your deductible is how much you'll pay for care before we start to pay. Your out-of-pocket max is the most you'll pay before we cover the cost completely. You can see how close you are to meeting both.



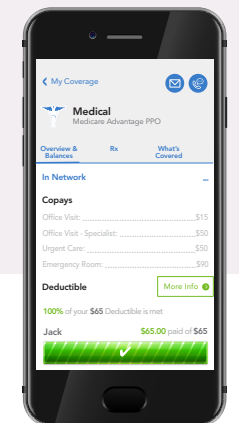
Review your claims and Explanation of Benefits

Claims and EOBs show you how much a provider charged for services, and what portion we've paid. They also tell you what services you've already paid for, and if your payment amount is correct.



Know your copays before you visit a provider

Easily access copayment information for commonly used services, including office visits and urgent care.



SilverSneakers fitness program

SilverSneakers® is an exercise and wellness program that helps you live a healthy, active lifestyle through exercise and fitness communities nationwide. You'll have access to thousands of participating fitness locations across the country.

Find a participating location:

www.SilverSneakers.com/Locations

1-866-584-7352, 8 a.m. to 8 p.m. Eastern Standard Time. Monday through Friday. TTY users call 711.

Tivity Health is an independent company that has a contract with Blue Cross Blue Shield of Michigan to offer fitness services to its members. SilverSneakers is a registered trademark of Tivity Health, Inc. SilverSneakers GO is a trademark of Tivity Health, Inc. © 2019 Tivity Health, Inc. All rights reserved.

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Google Play and the Google Play logo are trademarks of Google LLC.

Getting active is easier with SilverSneakers GO™, the first fitness app designed just for you

- Access workout programs that can be tailored to your fitness level.
- Learn new exercises with easy-to-follow videos.
- Choose between 4- or 12-week programs including strength, walking, and meditation.
- Modify exercises to make them easier or harder with just one click.
- Find everything you need in one place: your member ID, SilverSneakers locations and more.



Customer Service

1-800-843-4876. TTY users call **711**.

8:30 a.m. to 5 p.m. Eastern Standard Time. Monday through Friday.

24-Hour Nurse Line

1-800-775-BLUE (2583). TTY users call **711**.

24 hours a day, seven days a week.

Behavioral health and substance abuse care

1-888-803-4960. TTY users call **711**.

Routine issues: 8 a.m. to 5 p.m. Eastern Standard Time. Monday through Friday.

Emergencies: 24-hours a day, seven days a week.

Report fraud

1-888-650-8136. TTY users call **711**.

8:30 a.m. to 4:30 p.m. Eastern Standard Time.

Monday through Friday

Confidence

comes with every card.®

Medicare PLUS BlueSM PPO



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

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