

Medicare Plus BlueSM Group PPO



State Health Plan MA

Benefits-at-a-Glance

January 1, 2020 - December 31, 2020

The benefit information provided is a summary of what we cover and what you pay. If you have any questions about this plan's benefits or costs, please call Customer Service (phone numbers are on the back cover of this booklet). You can always view the most current *Evidence of Coverage* at **bcbsm.com/statemedicare** or by requesting them from Customer Service.

To join Medicare Plus Blue Group PPO, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area of all 50 states and U.S. territories.

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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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Medicare Advantage Plans

Benefit	In-network and Out-of-network:
Premium	There is no premium contribution beyond your Medicare Part B premium.
Deductible	\$400
Individual Out-of-Pocket Maximum	\$2,000
Inpatient Care Note: Your provider may be required to seek preauthorization for some services.	
Home health care	You pay 2% of the approved amount, after you meet your annual deductible
Hospice care	Services are paid for by Original Medicare, not Medicare Plus Blue Group PPO.
Inpatient hospital care	You pay 2% of the approved amount, after you meet your annual deductible
Inpatient mental health care	Services are covered up to 100% of the approved amount
Inpatient substance abuse care	Services are covered up to 100% of the approved amount
Skilled nursing facility – covers up to 120 days per confinement period	You pay 2% of the approved amount, after you meet your annual deductible
Office Visits	
Office visits	\$20
Outpatient Care	
Ambulance services– medically necessary transport; coverage applies to each one-way trip	You pay 2% of the approved amount, after you meet your annual deductible
Cardiac and pulmonary rehabilitation services	You pay 2% of the approved amount, after you meet your annual deductible

Benefit	In-network and Out-of-network:
Chiropractic care – covered services include manual manipulation of the spine to correct subluxation and office visits	\$20
Dental services	Original Medicare covers very limited medically necessary dental services. Your Medicare Plus Blue Group PPO plan will cover those same medically necessary services. For cost-sharing information for those services (e.g. surgery, office visits, X-rays), contact Customer Service.
Diabetes programs and supplies (includes coverage for glucose monitors, test strips, lancets, and screening tests)	Services are covered up to 100% of the approved amount for diabetes screenings, diabetes-related durable medical equipment, or supplies.
Diabetes self-management training	You pay 2% of the approved amount after you meet your annual deductible.
Diagnostic tests, pathology lab services, and radiology services	You pay 2% of the approved amount, after you meet your annual deductible
Durable medical equipment	Services are covered up to 100% of the approved amount
Emergency care – worldwide coverage for qualified medical emergencies and first aid services (copay waived if admitted to hospital within 3 days)	\$50
Emergency room physician services	Services are covered up to 100% of the approved amount
Hearing services <ul style="list-style-type: none"> • Diagnostic hearing evaluations • Balance evaluations 	\$20
Kidney disease <ul style="list-style-type: none"> • Dialysis services 	You pay 2% of the approved amount, after you meet your annual deductible
Outpatient mental health services <ul style="list-style-type: none"> • Facility and clinic services 	You pay 2% of the approved amount, not subject to the annual deductible

Benefit	In-network and Out-of-network:
Outpatient physical, speech and occupational therapy	You pay 2% of the approved amount, after you meet your annual deductible
Outpatient services	You pay 2% of the approved amount, after you meet your annual deductible
Outpatient substance abuse care <ul style="list-style-type: none"> • Facility and clinic services 	You pay 2% of the approved amount, not subject to the annual deductible
Outpatient surgery, including services at hospital outpatient facilities and ambulatory surgery centers	You pay 2% of the approved amount, after you meet your annual deductible
Podiatry: <ul style="list-style-type: none"> • Medically necessary foot care services other than office visits 	You pay 2% of the approved amount, after you meet your annual deductible
Prosthetic and orthotic appliances	Services are covered up to 100% of the approved amount
Supervised exercise therapy	You pay 2% of the approved amount, after you meet your annual deductible
Telehealth (Online Visits) www.bcbsmonlinevisits.com	\$10
Urgent care visits – covered worldwide	\$20
Vision services <ul style="list-style-type: none"> • Diagnosis and treatment of diseases and conditions of the eye 	\$20
Additional Benefits	
Acupuncture	You pay 20% of the approved amount, after you meet your annual deductible
Annual physical and gynecological exam	Services are covered up to 100% of the approved amount

Benefit	In-network and Out-of-network:
Chiropractic services <ul style="list-style-type: none"> • Mechanical traction and X-rays • Physical therapy 	You pay 10% of the approved amount, after you meet your annual deductible
Determination of refractive state	You pay 10% of the approved amount, after you meet your annual deductible
Hearing aids	Standard (analog or basic digital) hearing aids are covered up to \$2,500 every 36 months.
Hearing care <ul style="list-style-type: none"> • Audiometric exam • Hearing aid evaluation and conformity test 	Services are covered up to 100% of the approved amount
Hearing services <ul style="list-style-type: none"> • Routine exam 	\$20
Home infusion therapy	You pay 10% of the approved amount, after you meet your annual deductible
Hospice respite care – cost share for respite and drugs	Services are covered up to 100% of the approved amount
Human organ transplants <ul style="list-style-type: none"> • Skin 	You pay 10% of the approved amount, after you meet your annual deductible
Human organ transplants <ul style="list-style-type: none"> • Cornea • Kidney 	You pay 2% of the approved amount, after you meet your annual deductible
Human organ transplants and bone marrow – additional coverage	Services are covered up to 100% of the approved amount
<ul style="list-style-type: none"> • Travel and lodging for covered transplants (Up to \$10,000 limit for eligible travel and lodging during the initial transplant surgery) 	Services are covered up to 100% of the approved amount

Benefit	In-network and Out-of-network:
Non-medically necessary sterilization	You pay 10% of the approved amount, after you meet your annual deductible
Private duty nursing	You pay 20% of the approved amount, after you meet your annual deductible
Tivity Health™ SilverSneakers®	<p style="text-align: center;">Covered up to 100%</p> <p style="text-align: center;">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>
Weight Loss	Covered services will be reimbursed up to 100% until the \$300 lifetime allowance is met.
Wigs, wig stand, adhesive	Covered up to 100% of approved amount until the \$300 lifetime limit is met

SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc.

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Preventive Services and Wellness/Education Programs

- Abdominal aortic aneurysm screening
- Alcohol misuse screening and counseling
- Annual “Wellness” visit
- Bone mass measurement (bone density)
- Breast cancer screening (mammograms)
- Cardiovascular disease screening (behavioral therapy)
- Cervical and vaginal cancer screenings
- Colorectal cancer screenings
 - o Screening fecal occult blood test
 - o Screening flexible sigmoidoscopy
 - o Screening colonoscopy
 - o Screening barium enema
 - o Multi-target stool DNA test
- Complete blood count (screening)
- Depression screenings
- Diabetes screening
- EKG/ECG (screening)
- Flu shots (vaccine)
- Glaucoma screening
- Health maintenance exam
- Hepatitis B shots (vaccine)
- Hepatitis C screening test
- HIV screening
- Immunizations
- Lead screening
- Lipid disorders screening
- Mammography screening
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program (MDPP)
- Meningococcal vaccine

In-network and Out-of-network:

Covered – 100%

Preventive Services and Wellness/Education Programs

- Obesity screening and counseling
- Pneumococcal shot
- Prostate cancer screening
 - o Digital rectal exam
 - o Prostate specific antigen (PSA) test
- Screening for lung cancer with low dose computed tomography (LDCT)
- Sexually transmitted infections screening and counseling
- Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- Welcome to Medicare prevention visits (initial preventive physical exam)
- Yellow fever vaccine

Any additional preventive services approved by Medicare during the contract year will be covered.

In-network and Out-of-network:

Covered – 100%

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 on the back cover of this booklet).

For more information, please call us at 1-800-843-4876, Monday through Friday from 8:30 a.m. to 5:00 p.m. Eastern time. TTY users should call 711.

Or you can visit us at bcbsm.com/statemedicare.

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at 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.
This document may be available in a non-English language.

Confidence
comes with every card.

Medicare PLUS BlueSM Group PPO



Blue Cross
Blue Shield
of Michigan