



State Health Plan Medicare Advantage Benefits Overview

Medicare Plus BlueSM Group PPO

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

H9572_SOMSHPMAPres_M FVNR 0722

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

Basics – Original Medicare Part A



WHAT'S INCLUDED

A large, light gray magnifying glass graphic is centered on the page. The handle of the magnifying glass extends to the left and right, framing the text 'PART A'. The word 'PART' is in a dark gray, sans-serif font, and the letter 'A' is in a larger, bold, blue, sans-serif font.

PART
A

- Hospital care
- Skilled nursing facility care
- Hospice
- Home health care

Basics – Original Medicare Part B



WHAT'S INCLUDED

- Doctor visits
- Mental health care
- Outpatient surgery
- Lab tests
- Durable medical equipment

PART
B

PREMIUM

- You must pay your Part B premium every month.
- Your premium depends on when you first signed up and your income.



WHAT'S INCLUDED – Medicare Advantage

PART C

- Original Medicare Part A and Part B benefits
- Original Medicare rights and protections
- Original Medicare covered services
- Extra benefits offered in this plan
 - SilverSneakers®
 - Care management services
 - Virtual visits (online visits)

You must continue to pay your monthly Part B premium.

Medicare Advantage enrollment



All State of Michigan retirees (excludes State Police who retired on or after Oct. 1, 1987)

- There is no action required to be enrolled in the State's Medicare Advantage plan (State Health Plan MA PPO).
- If you are already enrolled in another Medicare Advantage plan, you will be disenrolled from that Medicare Advantage plan and enrolled in the State Health Plan MA PPO.
- If you wish to opt out of State Health Plan MA PPO and remain enrolled in another Medicare Advantage Plan, you must complete the required opt-out form and provide proof of other primary coverage.

State Police who retired on or after Oct. 1, 1987

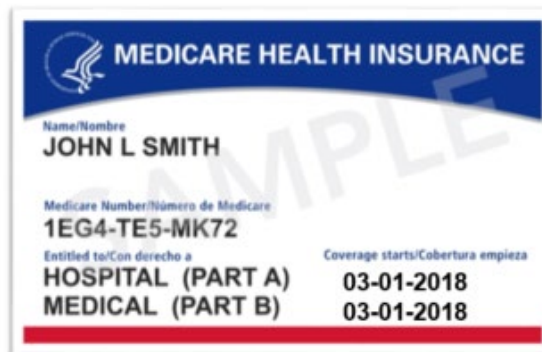
- To enroll in the Medicare Advantage plan, complete the required opt-in form.
- If you are already enrolled in a Medicare Advantage plan through another employer, you have two options:
 - Option 1 – You can remain under your current Medicare Advantage plan by taking no action.
 - Option 2 – Elect the Medicare Advantage plan offered for State Health Plan members by completing the required opt-in form.

Member ID cards



1. Put your red, white and blue Medicare Health Insurance card in a safe place.
2. Use only your new Blue Cross member ID card for all your Medicare health services.

-New ID cards will be mailed once your enrollment in Medicare Advantage is complete.





State Health Plan

Medicare Advantage plan benefits
and
provider network



Medical benefit design



Members will experience the same level of benefits currently covered under the State Health Plan PPO.

	Medicare Advantage PPO plan
Deductible	\$400
Annual out-of-pocket maximum	\$2,000
Hospital inpatient	Coinsurance applicable
Outpatient facility services	Coinsurance applicable
Skilled nursing facility	Coinsurance applicable
Emergency room	\$50 copay
Primary care provider office visits	\$20 copay
Specialist office visits	\$20 copay
Virtual visits (online visits)*	\$10 copay
Hearing benefit	\$2,600 / 36 months
Annual physicals	\$0 copay

*Online visits are not available in the Medicare supplemental plan. This information is not a complete description of benefits. Call **1-800-843-4876** / TTY **711** for more information.

Medicare supplement vs. Medicare Advantage out-of-pocket costs Example – member copay (\$20)



Medicare supplement

Scenario	Original Medicare	State Health Plan	Member out-of-pocket cost
Office visit charge of \$150 is billed to Medicare as primary insurance.	Medicare payment is \$120.	SHP supplemental payment is \$10.	Member is responsible for \$20.

Medicare Advantage

Scenario	Medicare Advantage	Member out-of-pocket cost
Office visit charge of \$150 is billed to Blue Cross as primary insurance.	Blue Cross payment is \$130.	Member is responsible for \$20.

Note: In the above example, claims process differently, but the member out-of-pocket cost is the same.

Medicare supplement vs. Medicare Advantage out-of-pocket costs Example – member coinsurance (10%)



Medicare supplement

Scenario	Original Medicare	State Health Plan	Member out-of-pocket cost
Inpatient hospital claim charge of \$500 is billed to Medicare as primary insurance. The member has satisfied the SHP deductible of \$400.	Medicare payment is \$400.	SHP supplemental payment is \$90.	Member is responsible for \$10.

Medicare Advantage

Scenario	Medicare Advantage	Member out-of-pocket cost
Inpatient hospital claim charge of \$500 is billed to Blue Cross as primary insurance. The member has satisfied the SHP deductible of \$400.	Blue Cross payment is \$490.	Member is responsible for \$10.

Note: In the above example, claims process differently, but the member out-of-pocket cost is the same. 10

Medicare Advantage provider network



When choosing a provider

National Medicare Advantage PPO network or Original Medicare participating provider

Confirm that your provider is in Blue Cross' Medicare Advantage PPO network.

If yes, the provider is paid the Medicare Advantage PPO amount and you'll be responsible for the in-network, member out-of-pocket costs.

More than 93% of the providers used by SHP PPO members last year are in this category.

If your provider isn't in the Medicare Advantage PPO network, confirm the provider accepts Original Medicare and will accept your Medicare Advantage ID card.

If yes, the provider will be paid the Original Medicare amount and you'll be responsible for the in-network, member out-of-pocket costs.

Medicare Advantage provider network



When choosing a provider

National Medicare Advantage PPO network or Original Medicare participating provider

If your provider isn't in the Medicare Advantage PPO network, but accepts Original Medicare and has questions regarding your plan benefits.

Blue Cross can answer questions about plan benefits and eligibility. We developed a brochure that will assist providers in understanding your Medicare Advantage plan.

Since providers are reimbursed at the Original Medicare fee schedule, the vast majority will accept the card with this assurance.

If your provider isn't in the Medicare Advantage PPO network, doesn't accept Original Medicare or is unwilling to accept your Medicare Advantage ID card.

It's extremely unusual for a provider to refuse the Medicare Advantage ID card since their reimbursement aligns with the Original Medicare payment.

If this happens, Blue Cross has multiple processes in place to ensure a member has access to accepting providers for required services. This includes member and provider outreach and identification on the member's behalf in their geographic area.

You can keep your primary care provider



Medicare doesn't require PPO members to have a primary care provider, but they can serve a valuable role.

Examples of primary care providers include:

- Family practice
- Internal medicine
- Nurse practitioner

They know you and your health: Your primary care provider can see changes in your health and what it means.

They expertly guide your care through the PPO network

- Your primary care provider can help you identify other doctors or specialists you need and brief them on your health.
- They also monitor the big picture of your health, while specialists will manage more focused needs.

Finding a doctor is as easy as 1, 2, 3!

- 1. Call:** Customer Service using the number on the back of your Blue Cross member ID card
- 2. Click:** Go to www.bcbsm.com/medicare and click on *Find a Doctor*.
- 3. Ask:** Call your provider's office billing department. You can ask, "Do you participate with the Medicare Advantage PPO plan offered by Blue Cross?"

Prior authorization programs



- Prior authorization for certain services is key to making sure you receive high-quality care.
- As under the current plan, it may be necessary for certain services to be approved before you receive them to ensure your treatment plan is the best for you.
- Prior authorization requirements are the responsibility of your doctor and have no financial impact on you as a Medicare Advantage member.
- If a request for service isn't approved, you and your provider will both receive a letter detailing the rationale and the process to request reconsideration (appeal), if needed.

Explanation of Benefits



- It's not a bill
- Summarizes the total cost of the medical services you received
- Shows you what your health care provider billed us, what we paid the provider and your share of the cost
- Explains your deductible and yearly out-of-pocket maximums and how much you've paid toward them
- Instead of receiving a statement from Original Medicare and Blue Cross, you'll get one monthly statement for any month you receive services

Your Medicare Advantage Explanation of Benefits

1. We'll summarize the total costs of the services you received. We'll tell you what your health care providers billed us, what we paid them and what your share is.

2. Instead of showing you boxes of numbers, we'll explain what your deductible and yearly out-of-pocket limits are, and then we'll tell you how much you've paid toward them.



What is your Explanation of Benefits?

Blue Cross Blue Shield of Michigan sends you Explanation of Benefit Payments statements, also known as EOBs, to help you keep track of your plan use. An EOB is not a bill, even though there are dollar amounts listed.

We'll only send you an EOB once a month, and only if you used your benefits.

What will your Explanation of Benefits tell you?

Your EOB has important information in it. And, we'll present the information in a way that will make more sense to you. (The dollar amounts and dates used below are just examples.)

Amount providers have billed the plan	Total cost (amount the plan has approved)	Plan's share	Your share
\$810.00	\$552.00	\$337.60	\$214.40

DEDUCTIBLE:

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

As of September 01, 2016 you have paid \$87.80 toward your \$245.00 yearly plan deductible.

YEARLY LIMITS

These limits tell the most you will have to pay in 2016 in "out-of-pocket" costs (copays, coinsurance, and your deductible) for medical and hospital services covered by the plan.

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. This means:

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

When you travel



Blue Cross' network of Blue plan providers gives you access to providers anywhere in the United States and its territories.

There are two ways to find a provider:

- Use the Find a doctor button in the Blue Cross mobile app.
- Call **1-800-843-4876** Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time. TTY users, call **711**.



With Blue Cross Blue Shield Global[®] Core, you're covered for emergency and urgent care worldwide.

- Call Blue Cross' Customer Service before you leave for details on your coverage when traveling outside of the U.S., and to get a list of participating providers at your destination.
- When traveling outside the United States, in some instances, you'll have to pay for your emergency and urgent care and get a refund from us.



Blue Cross Health & Well-Being®

Medicare Advantage voluntary programs and services



Blue Cross Online VisitsSM

Online doctor visits bring new meaning to house calls.

When your regular doctor is unavailable, you can have an online visit with a physician to get advice and treatment for minor health concerns.

- Use your smartphone, tablet or computer for a doctor visit.
- It's available 24/7, anywhere in the U.S. using an internet connection.
- Doctors are U.S. board-certified and credentialed to provide non-emergency medical visits on demand at in-network costs.
- This benefit is only available to Medicare Advantage members due to CMS regulation.



To get started:

- Download the Blue Cross Online VisitsSM app
- Visit www.bcbsmonlinevisits.com
- Call **1-844-606-1608**

Medicare Advantage voluntary programs and services



Blue Cross Coordinated CareSM Chronic condition management

A personal nurse manager can help if you have:

- Coronary artery disease
- Chronic obstructive pulmonary disease
- Diabetes
- Heart failure

Once you're in the program, your nurse can support your health care needs by:

- Reviewing your health
- Creating a personalized care plan for you
- Identifying health goals and building skills
- Helping you recognize symptoms and respond to warning signs
- Identifying additional care you may need
- Working with your regular doctor

Medicare Advantage voluntary programs and services

Blue Cross Coordinated CareSM case management

A serious illness can feel overwhelming, and we're here to help you. Our registered nurses will work with you, your family and your regular doctor to:

- Coordinate your care
- Inform you about your condition and treatment options
- Help with community resources
- Find specialty medical devices and equipment



Medicare Advantage voluntary programs and services



Blue Cross Coordinated CareSM

Blue Care ConnectSM

Blue Care Connect links you to the extra support needed for complex care.

A nurse will work with you to meet your goals, help you feel comfortable and:

- Help you manage your condition
- Inform you about care and treatment options
- Coordinate the delivery of medical supplies and equipment prescribed by your doctor
- Coordinate home visits as needed
- Help with community resources

Medicare Advantage voluntary programs and services



Blue Cross Coordinated CareSM care transition to home

Our goal is your full recovery and continued good health.

The first 30 days after a hospital stay are critical to a full recovery. As part of this program, a nurse provides the following services:

- Talks with hospital staff to determine the level of care needed
- Discusses next steps with member
- Coordinates in-home care, including medical equipment
- Calls to ensure the member has medications and knows how and when to take them
- Explains signs of possible complications or worsening symptoms
- Follows up with physicians

Medicare Advantage voluntary programs and services



24-Hour Nurse Line

A registered nurse is available to you 24 hours a day, seven days a week if you have health questions, want information to help you make a medical decision or need support with managing a chronic condition.

SAFE. One-on-one conversations with a registered nurse. Caring. Confidential.

QUICK. Expert health advice by phone. No web searches. No waiting.

EASY. Connect from home or on the go. No appointments. No cost. No hassle.

Medicare Advantage voluntary programs and services



Tobacco cessation

Our tobacco cessation coaching includes a 12-month, telephone-based support program at no cost to you.

A personal health coach helps you develop an action plan to quit smoking or using tobacco.

Tobacco cessation coaching offers:

- Unlimited telephone access to your dedicated health coach
- Personal plan for quitting
- Online resources



Medicare Advantage voluntary programs and services



Blue Cross engagement center

Call the Blue Cross engagement center for access to these programs

Our knowledgeable specialists are here to answer your questions about any of the programs or services offered through Blue Cross Health & Well-BeingSM.

We can help:

- Coordinate any program referrals
- Find primary or specialist doctors

1-800-775-2583

Monday through Friday
8 a.m. to 6 p.m. Eastern time
TTY users, call **711**



Medicare Advantage voluntary programs and services



SilverSneakers® fitness program*

Program benefits:

- Membership in a network of health clubs and exercise classes
- 16,000 participating U.S. locations (no restrictions on days and times)
- Classes designed just for you
- Exercise at your own pace with people in your age group
- Program advisors at each location to help you get started
- Online support to help you lose weight, reduce stress
- Walking and home fitness programs



Visit:

www.silversneakers.com
for participating locations

Call:

1-888-423-4632

Monday through Friday
8 a.m. to 8 p.m. Eastern time
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 and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.

Medicare Advantage voluntary programs and services



Blue365[®]

Blue365[®] offers exclusive health and wellness deals, keeping you healthy and happy, every day of the year. As a member of Medicare Plus Blue PPO, you automatically have access to nationwide discounts. Visit www.blue365deals.com to learn more.



GLASSES^{DO}.COMTM



Nutrisystem[®]



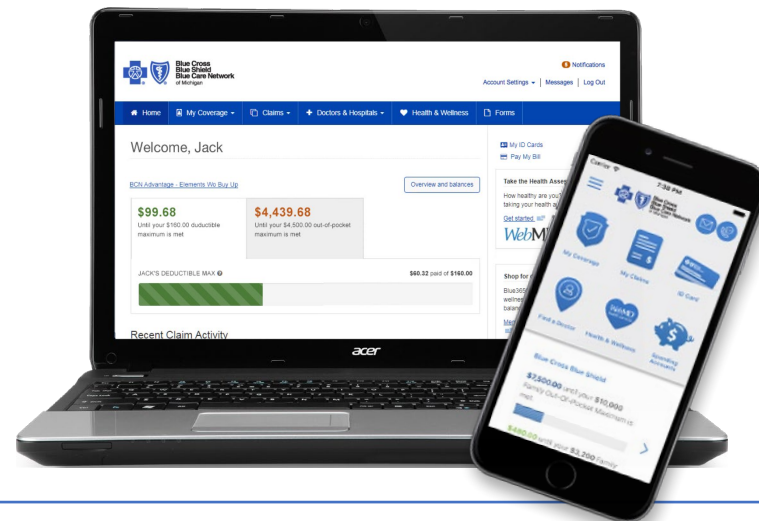
The screenshot shows the Blue365 website interface. At the top right, it displays the Blue Cross Blue Shield logo and the Blue365 logo. The main banner features a 'This Week's Deal' for eMindful, offering 36% off on live mindfulness online classes, with 20 days left. Below the banner, there are three deal cards: 'FITNESS' for Bellabeat wearables (up to 20% off), 'WELLNESS' for eMindful classes (36% off), and 'PERSONAL CARE' for TruHearing (30% to 60% off). Each card includes a 'VIEW DETAILS' button.

Your online account and the Blue Cross mobile app



An online account has many benefits:

- Safe, 24/7 access
- See up-to-date deductibles
- Find in-network doctors
- See your claims
- Check 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.

Stay connected.

Download the Blue Cross mobile app to have your plan at your fingertips. Available for Apple and Android mobile devices in the App Store® or on Google Play™. Or text **REGISTER** to **222764** to get a link.

Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc., registered in the U.S. and other countries. Google Play and the Google Play logo are trademarks of Google LLC.

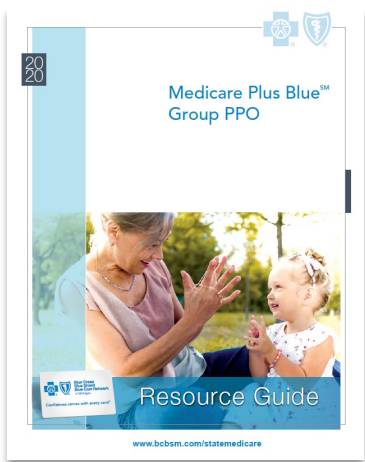


When we'll contact you

We'll give you a **welcome call** after you get your new ID card.

We'll send you a **health assessment** so you can evaluate your current health.

We'll send you **reminders** for things, such as your annual exam and preventive care.



Additionally, you may be contacted by our vendor partners who offer some of our health programs on our behalf. Call our Customer Service team if you have questions or concerns about these communications.



Questions? We're here to help.

**Medicare Advantage
Customer Service Call Center:
1-800-843-4876**
Monday through Friday
8:30 a.m. to 5 p.m. Eastern time
TTY users, call 711.