



Medicare Plus BlueSM PPO

2019

Summary of Benefits

Essential, Vitality, Signature and Assure

January 1, 2019 — December 31, 2019

This information is not a complete description of benefits. Call 1-877-241-2583 (TTY 711) for more information.

To get a complete list of services we cover, call Customer Service and ask for the *Evidence of Coverage* (phone numbers are printed on the back cover of this booklet).

To join **Medicare Plus Blue PPO Essential, Vitality, Signature or Assure**, you must be enrolled in Medicare Part A and Medicare Part B, and live in our service area. Our service area includes the state of Michigan.

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

bcbsm.com/medicare

Medicare Plus Blue PPO Essential, Vitality, Signature and Assure have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network. For more detailed information about our providers, you can call Customer Service (phone numbers are printed on the back cover of this booklet) or visit our website at **www.bcbsm.com/medicare**.

Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue PPO Essential, Vitality, Signature and Assure 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.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at **www.bcbsm.com/formularymedicare**.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Premium/Cost-sharing Table for Medicare Plus Blue PPO

Premiums vary by county in which you permanently reside (rates are based on the use and cost of health care services in each regional segment). You must continue to pay your Medicare Part B premium.

- 1) Find the county and region that you live in.
- 2) Look across the plan option columns to find your monthly premium rate.

Monthly premium rates per region	Essential	Vitality	Signature	Assure
Region 1 Allegan, Barry, Ionia, Kalamazoo, Mason, Muskegon, Newaygo, Oceana and Ottawa counties	\$8	\$38	\$110	\$210
Region 2 Berrien, Branch, Calhoun, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Monroe, Montcalm, St. Joseph and Van Buren counties	\$14	\$73	\$160	\$270
Region 3 Alcona, Alger, Alpena, Arenac, Baraga, Bay, Charlevoix, Cheboygan, Chippewa, Clare, Crawford, Gladwin, Huron, Iosco, Kalkaska, Keweenaw, Luce, Mackinac, Montmorency, Ogemaw, Ontonagon, Oscoda, Presque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee and Tuscola counties	\$19	\$98.40	\$160	\$313
Region 4 Antrim, Benzie, Cass, Clinton, Delta, Dickinson, Emmet, Genesee, Gogebic, Grand Traverse, Houghton, Iron, Isabella, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Manistee, Marquette, Mecosta, Menominee, Midland, Missaukee, Osceola, Otsego, St. Clair and Wexford counties	\$17	\$78	\$130	\$263
Region 6 Macomb, Oakland, Washtenaw and Wayne counties	\$14	\$78.40	\$143	\$313
Optional Supplemental Dental and Vision Package	\$28.50	\$23.00		

Region 5 is not being used at this time.

Benefits	Essential	Vitality	Signature	Assure	What you should know
Deductible	<p>This plan has deductibles for some hospital and medical services, and Part D prescription drugs.</p> <p>You pay \$160 per year for most in-network and out-of-network services.</p> <p>You pay \$405 per year for Part D prescription drugs in Tiers 2, 3, 4, and 5.</p>	<p>This plan has deductibles for some hospital and medical services, and Part D prescription drugs.</p> <p>You pay \$65 per year for most in-network and out-of-network services</p> <p>You pay \$350 per year for Part D prescription drugs in Tiers 2, 3, 4, and 5.</p>	<p>This plan has deductibles for some hospital and medical services, and Part D prescription drugs.</p> <p>You pay \$750 per year for most out-of-network services.</p> <p>This plan does not have a deductible for Part D prescription drugs.</p>	<p>This plan has deductibles for some hospital and medical services.</p> <p>You pay \$180 per year for most out-of-network services.</p> <p>This plan does not have a deductible for Part D prescription drugs.</p>	
Deductible - Optional Supplemental Dental and Vision Package	There is no deductible				
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	<p>You pay \$6,400 for services you receive from in-network providers.</p> <p>You pay \$8,100 for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit.</p>	<p>You pay \$5,000 for services you receive from in-network providers.</p> <p>You pay \$7,100 for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit.</p>	<p>You pay \$4,700 for services you receive from in-network providers.</p> <p>You pay \$6,500 for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit.</p>	<p>You pay \$3,900 for services you receive from in-network providers.</p> <p>You pay \$6,000 for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit.</p>	<p>The most you pay for copays, coinsurance and other costs for medical services for the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost sharing for your Part D prescription drugs.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know	
<p>Note: Services with a ¹ may require prior authorization</p>						
<p>Inpatient Hospital Coverage¹</p>	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital copay for each benefit period. There's no limit to the number of benefit periods. Our plan covers an unlimited number of days for an inpatient hospital stay.</p>				<p>Essential & Vitality: Deductible applies to in- and out-of-network Medicare-covered services. Signature & Assure: Deductible applies to out-of-network Medicare-covered services.</p>	
<p>In-network: You pay \$275 copay per day for days 1 through 6 You pay \$0 per day for days 7 through 90 You pay \$0 per day for days 91 and beyond Out-of-network: You pay 50% of approved amount per stay</p>		<p>In-network: You pay \$250 copay per day for days 1 through 6 You pay \$0 per day for days 7 through 90 You pay \$0 per day for days 91 and beyond Out-of-network: You pay 40% of approved amount per stay</p>		<p>In-network: You pay \$175 copay per day for days 1 through 6 You pay \$0 per day for days 7 through 90 You pay \$0 per day for days 91 and beyond Out-of-network: You pay 40% of approved amount per stay</p>		<p>In-network: You pay \$100 copay per day for days 1 through 6 You pay \$0 per day for days 7 through 90 You pay \$0 per day for days 91 and beyond Out-of-network: You pay 30% of approved amount per stay</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
Outpatient Hospital Coverage	<p>In-network You pay \$150 copay for Medicare-covered outpatient hospital non-surgical services.</p> <p>You pay \$200 copay for Medicare-covered outpatient hospital surgical services</p> <p>Out-of-network 50% of the approved amount.</p>	<p>In-network You pay \$150 copay for Medicare-covered outpatient hospital non-surgical services.</p> <p>You pay \$175 copay for Medicare-covered outpatient hospital surgical services</p> <p>Out-of-network 40% of the approved amount.</p>	<p>In-network You pay \$125 copay for Medicare-covered outpatient hospital non-surgical services.</p> <p>You pay \$150 copay for Medicare-covered outpatient hospital surgical services</p> <p>Out-of-network 40% of the approved amount.</p>	<p>In-network You pay \$75 copay for Medicare-covered outpatient hospital non-surgical services.</p> <p>You pay \$100 copay for Medicare-covered outpatient hospital surgical services</p> <p>Out-of-network 30% of the approved amount.</p>	<p>Essential & Vitality: Deductible applies to in- and out-of-network Medicare-covered services.</p> <p>Signature & Assure: Deductible applies to out-of-network Medicare-covered services.</p>
<p>Doctor Visits</p> <ul style="list-style-type: none"> ○ Primary ○ Specialists 	<p>In-network: You pay \$25 copay</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$50 copay</p> <p>Out-of-network: You pay 50% of approved amount</p>	<p>In-network: You pay \$15 copay</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$50 copay</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$15 copay</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$40 copay</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$5 copay</p> <p>Out-of-network: You pay 30% of approved amount</p> <p>In-network: You pay \$35 copay</p> <p>Out-of-network: You pay 30% of approved amount</p>	<p>Essential & Vitality: Deductible applies to in- and out-of-network Medicare-covered services.</p> <p>Signature & Assure: Deductible applies to out-of-network Medicare-covered services.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know		
Preventive Care	<ul style="list-style-type: none"> • In-network: You pay \$0. • Out-of-network: You pay \$0. <p style="text-align: center;">Our plan covers many preventive services, including:</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • Glaucoma screening • HIV screening </td> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> • Medical nutrition therapy services • Medicare diabetes prevention program (MDPP) • Obesity screening and counseling • Prostate cancer screenings (PSA) • Screening for lung cancer with low dose computed tomography (LDCT) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit </td> </tr> </table> <p style="text-align: center;">Any additional preventive services approved by Medicare during the contract year will be covered.</p>					<ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • Glaucoma screening • HIV screening 	<ul style="list-style-type: none"> • Medical nutrition therapy services • Medicare diabetes prevention program (MDPP) • Obesity screening and counseling • Prostate cancer screenings (PSA) • Screening for lung cancer with low dose computed tomography (LDCT) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit
<ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • Glaucoma screening • HIV screening 	<ul style="list-style-type: none"> • Medical nutrition therapy services • Medicare diabetes prevention program (MDPP) • Obesity screening and counseling • Prostate cancer screenings (PSA) • Screening for lung cancer with low dose computed tomography (LDCT) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit 						
Emergency Care	In- and Out-of-network: You pay \$90 copay				If you are admitted to the hospital within 3 days, you do not have to pay your share of approved amount for emergency care.		
Urgently Needed Services	In- and Out-of-network: You pay \$50 copay	In- and Out-of-network: You pay \$50 copay	In- and Out-of-network: You pay \$50 copay	In- and Out-of-network: You pay \$40 copay			

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Diagnostic Services/ Labs/Imaging¹</p> <ul style="list-style-type: none"> ○ Diagnostic radiology service (e.g., MRI, high-tech) ○ Lab services ○ Diagnostic tests and procedures ○ Outpatient X-rays ○ Therapeutic radiology services 	<p>In-network: You pay \$100 copay</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$0-\$40 copay, depending on the service</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$50 copay</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$35 copay</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$35 copay</p> <p>Out-of-network: You pay 50% of approved amount</p>	<p>In-network: You pay \$100 copay</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$0-\$40 copay, depending on the service</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$50 copay</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$35 copay</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$35 copay</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$100 copay</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$0-\$30 copay, depending on the service</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$40 copay</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$35 copay</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$35 copay</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$75 copay</p> <p>Out-of-network: You pay 30% of approved amount</p> <p>In-network: You pay \$0-\$20 copay, depending on the service</p> <p>Out-of-network: You pay 30% of approved amount</p> <p>In-network: You pay \$35 copay</p> <p>Out-of-network: You pay 30% of approved amount</p> <p>In-network: You pay \$35 copay</p> <p>Out-of-network: You pay 30% of approved amount</p> <p>In-network: You pay \$35 copay</p> <p>Out-of-network: You pay 30% of approved amount</p>	<p>Essential & Vitality: Deductible applies to in- and out-of-network Medicare-covered services.</p> <p>Signature & Assure: Deductible applies to out-of-network Medicare-covered services.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Hearing Services</p> <ul style="list-style-type: none"> ○ Hearing exam to diagnose and treat hearing and balance issues ○ Routine hearing exam (for up to 1 every year) ○ Hearing aid fitting/ evaluation (for up to 1 every three years) ○ Hearing aid 	<p>In-network: You pay \$25-\$50 copay, depending on the service</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>This is not a covered benefit.</p> <p>This is not a covered benefit.</p> <p>This is not a covered benefit.</p>	<p>In-network: You pay \$15-\$50 copay, depending on the service</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$15-\$50 copay, depending on the service</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$0</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$0</p> <p>Out-of-network: You pay \$0</p>	<p>In-network: You pay \$15-\$40 copay, depending on the service</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$15-\$40 copay, depending on the service</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$0</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$0</p> <p>Out-of-network: You pay \$0</p>	<p>In-network: You pay \$5-\$35 copay, depending on the service</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$5-\$35 copay, depending on the service</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$0</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$0</p> <p>Out-of-network: You pay \$0</p>	<p>Essential & Vitality: Deductible applies to in- and out-of-network Medicare-covered services.</p> <p>Signature & Assure: Deductible applies to out-of-network Medicare-covered services.</p> <p>Vitality, Signature and Assure: Plans with this benefit pay up to a \$750 allowance toward one new standard hearing aid (analog or basic digital) for each ear every 3 years from any provider.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Dental Services</p> <p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)</p>	<p>In-network: You pay \$25-\$50 copay</p> <p>Out-of-network: You pay 50% of approved amount</p>	<p>In-network: You pay \$15-\$50 copay</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$15-\$40 copay</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$5-\$35 copay</p> <p>Out-of-network: You pay 30% of approved amount</p>	<p>Essential & Vitality: Deductible applies to in- and out-of-network Medicare-covered services.</p> <p>Signature & Assure: Deductible applies to out-of-network Medicare-covered services.</p>
<p>Preventive dental services</p> <ul style="list-style-type: none"> ○ Cleaning (up to 2 every year) ○ Dental X-rays (up to 1 every two years) ○ Oral exam (up to 2 every year) 	<p>Preventive dental services are not a covered benefit.</p>	<p>In-network: You pay \$0</p> <p>Out-of-network: You pay 50% of approved amount</p>			<p>Deductible does not apply.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Optional Supplemental Dental</p>	<p>In-network: One fluoride treatment per calendar year at \$0 copay and no deductible.</p> <p>Routine dental exams, cleanings and X-rays at no deductible and with a \$0 copay in addition to other dental benefits.</p> <p>25% coinsurance for fillings, root canals, simple extractions, crowns and crown repairs up to a \$2,500 combined in- and out-of-network maximum per year.</p> <p>Out-of-network: Routine dental exams, cleanings and X-rays at no deductible with a 50% coinsurance.</p> <p>50% coinsurance for fillings, root canals, simple extractions, crowns and crown repairs up to a \$2,500 combined in- and out-of-network maximum per year.</p>	<p>In-network: One fluoride treatment per calendar year at \$0 copay and no deductible.</p> <p>25% coinsurance for fillings, root canals, simple extractions, crowns and crown repairs up to a \$2,500 combined in- and out-of-network maximum per year.</p> <p>Out-of-network: 50% coinsurance for fillings, root canals, simple extractions, crowns and crown repairs up to a \$2,500 combined in- and out-of-network maximum per year.</p>	<p>In-network: One fluoride treatment per calendar year at \$0 copay and no deductible.</p> <p>25% coinsurance for fillings, root canals, simple extractions, crowns and crown repairs up to a \$2,500 combined in- and out-of-network maximum per year.</p> <p>Out-of-network: 50% coinsurance for fillings, root canals, simple extractions, crowns and crown repairs up to a \$2,500 combined in- and out-of-network maximum per year.</p>	<p>In-network: One fluoride treatment per calendar year at \$0 copay and no deductible.</p> <p>25% coinsurance for fillings, root canals, simple extractions, crowns and crown repairs up to a \$2,500 combined in- and out-of-network maximum per year.</p> <p>Out-of-network: 50% coinsurance for fillings, root canals, simple extractions, crowns and crown repairs up to a \$2,500 combined in- and out-of-network maximum per year.</p>	<p>You must receive dental services from a participating provider. The plan's dental network contains BCBSM Medicare Advantage PPO dentists. In Michigan and outside of Michigan you can receive in-network care from any participating Medicare dentist. To find a participating dentist, visit www.mibluedentist.com and search for PPO dentists in the BCBSM Medicare Advantage PPO network or contact Customer Service.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
Vision Services <ul style="list-style-type: none"> ○ Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) ○ Eyeglasses or contact lenses after cataract surgery ○ Lasik and RK surgery ○ Routine eye exam ○ Contact lenses in lieu of eyeglasses and/or frames up to 1 pair every two years 	<p>In-network: You pay \$0-\$50 copay, depending on the service</p> <p>Out-of-network: You pay 50% of approved amount for Medicare-covered services</p> <p>In-network: You pay \$0</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$50 copay</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$10 copay</p> <p>Out-of-network: You pay \$20 copay</p> <p>This is not a covered benefit.</p>	<p>In-network: You pay \$0-\$50 copay, depending on the service</p> <p>Out-of-network: You pay 40% of approved amount for Medicare-covered services</p> <p>In-network: You pay \$0</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$50 copay</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$0</p> <p>Out-of-network: You pay \$10 copay</p> <p>In- and Out-of-network: You pay \$0</p>	<p>In-network: You pay \$0-\$40 copay, depending on the service</p> <p>Out-of-network: You pay 40% of approved amount for Medicare-covered services</p> <p>In-network: You pay \$0</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$40 copay</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$0</p> <p>Out-of-network: You pay \$10 copay</p> <p>In- and Out-of-network: You pay \$0</p>	<p>In-network: You pay \$0-\$35 copay, depending on the service</p> <p>Out-of-network: You pay 30% of approved amount for Medicare-covered services</p> <p>In-network: You pay \$0</p> <p>Out-of-network: You pay 30% of approved amount</p> <p>In-network: You pay \$35 copay</p> <p>Out-of-network: You pay 30% of approved amount</p> <p>In-network: You pay \$0</p> <p>Out-of-network: You pay \$10 copay</p> <p>In- and Out-of-network: You pay \$0</p>	<p>Deductible does not apply.</p>
		<p>Our plan pays up to \$100 every two years on contacts and frames from any provider.</p>			

Benefits	Essential	Vitality	Signature	Assure	What you should know
Optional Supplemental Vision	<p>In-network: \$0 copay up to a \$500 combined in- and out-of-network maximum benefit every 24 months for glasses (lenses and frames) or elective contacts, but not both.</p> <p>Out-of-network: \$0 copay up to a \$500 combined in- and out-of-network maximum benefit every 24 months for glasses (lenses and frames) or elective contacts, but not both.</p>	<p>In-network: \$0 copay up to a \$400 combined in- and out-of-network maximum benefit every 24 months for glasses (lenses and frames) or elective contacts, but not both.</p> <p>Out-of-network: \$0 copay up to a \$400 combined in- and out-of-network maximum benefit every 24 months for glasses (lenses and frames) or elective contacts, but not both.</p>	<p>In-network: \$0 copay up to a \$400 combined in- and out-of-network maximum benefit every 24 months for glasses (lenses and frames) or elective contacts, but not both.</p> <p>Out-of-network: \$0 copay up to a \$400 combined in- and out-of-network maximum benefit every 24 months for glasses (lenses and frames) or elective contacts, but not both.</p>	<p>In-network: \$0 copay up to a \$400 combined in- and out-of-network maximum benefit every 24 months for glasses (lenses and frames) or elective contacts, but not both.</p> <p>Out-of-network: \$0 copay up to a \$400 combined in- and out-of-network maximum benefit every 24 months for glasses (lenses and frames) or elective contacts, but not both.</p>	<p>Routine vision care must be from a VSP Network provider. To locate a VSP Network provider, call the Customer Service number on the back of this booklet or visit www.vsp.com.</p> <p>Deductible does not apply.</p>
Mental Health Services¹	<p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for a benefit period.</p>				

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Mental Health Services¹, continued</p> <ul style="list-style-type: none"> ○ Inpatient visit¹ ○ Inpatient visit ○ Outpatient group or individual therapy visit 	<p>In-network: You pay \$275 copay per day for days 1 through 6</p> <p>You pay \$0 per day for days 7 through 90</p> <p>Out-of-network: You pay 50% of approved amount per stay</p> <p>In-network: You pay \$40 copay</p> <p>Out-of-network: You pay 50% of approved amount</p>	<p>In-network: You pay \$250 copay per day for days 1 through 6</p> <p>You pay \$0 per day for days 7 through 90</p> <p>Out-of-network: You pay 40% of approved amount per stay</p> <p>In-network: You pay \$40 copay</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$175 copay per day for days 1 through 6</p> <p>You pay \$0 per day for days 7 through 90</p> <p>Out-of-network: You pay 40% of approved amount per stay</p> <p>In-network: You pay \$40 copay</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$100 copay per day for days 1 through 6</p> <p>You pay \$0 per day for days 7 through 90</p> <p>Out-of-network: You pay 30% of approved amount per stay</p> <p>In-network: You pay \$40 copay</p> <p>Out-of-network: You pay 30% of approved amount</p>	<p>Essential & Vitality: Deductible applies to in- and out-of-network Medicare-covered services.</p> <p>Signature & Assure: Deductible applies to out-of-network Medicare-covered services.</p>
<p>Skilled Nursing Facility (SNF)¹</p>	<p>In-network: You pay \$0 per day for days 1 through 20</p> <p>You pay \$172 copay per day for days 21 through 100</p> <p>Out-of-network: You pay 50% of approved amount per stay</p>	<p>In-network: You pay \$0 per day for days 1 through 20</p> <p>You pay \$172 copay per day for days 21 through 100</p> <p>Out-of-network: You pay 40% of approved amount per stay</p>	<p>In-network: You pay \$0 per day for days 1 through 20</p> <p>You pay \$172 copay per day for days 21 through 100</p> <p>Out-of-network: You pay 40% of approved amount per stay</p>	<p>In-network: You pay \$0 per day for days 1 through 20</p> <p>You pay \$172 copay per day for days 21 through 100</p> <p>Out-of-network: You pay 30% of approved amount per stay</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>Essential & Vitality: Deductible applies to in- and out-of-network Medicare-covered services.</p> <p>Signature & Assure: Deductible applies to out-of-network Medicare-covered services.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
Physical Therapy¹	In-network: You pay \$40 copay Out-of-network: You pay 50% of approved amount	In-network: You pay \$40 copay Out-of-network: You pay 40% of approved amount	In-network: You pay \$35 copay Out-of-network: You pay 40% of approved amount	In-network: You pay \$30 copay Out-of-network: You pay 30% of approved amount	Essential & Vitality: Deductible applies to in- and out-of-network Medicare-covered services. Signature & Assure: Deductible applies to out-of-network Medicare-covered services.
Rehabilitation Services¹ <ul style="list-style-type: none"> ○ Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks) ○ Occupational therapy visit ○ Speech and language therapy visit 	In-network: You pay \$50 copay Out-of-network: You pay 50% of approved amount In-network: You pay \$40 copay Out-of-network: You pay 50% of approved amount In-network: You pay \$40 copay Out-of-network: You pay 50% of approved amount	In-network: You pay \$50 copay Out-of-network: You pay 40% of approved amount In-network: You pay \$40 copay Out-of-network: You pay 40% of approved amount In-network: You pay \$40 copay Out-of-network: You pay 40% of approved amount	In-network: You pay \$40 copay Out-of-network: You pay 40% of approved amount In-network: You pay \$35 copay Out-of-network: You pay 40% of approved amount In-network: You pay \$35 copay Out-of-network: You pay 40% of approved amount	In-network: You pay \$35 copay Out-of-network: You pay 30% of approved amount In-network: You pay \$30 copay Out-of-network: You pay 30% of approved amount In-network: You pay \$30 copay Out-of-network: You pay 30% of approved amount	Essential & Vitality: Deductible applies to in- and out-of-network Medicare-covered services. Signature & Assure: Deductible applies to out-of-network Medicare-covered services.

Benefits	Essential	Vitality	Signature	Assure	What you should know
Rehabilitation Services¹, <i>continued</i> <ul style="list-style-type: none"> ○ Pulmonary rehabilitation 	In-network: You pay \$30 copay Out-of-network: You pay 50% of approved amount	In-network: You pay \$30 copay Out-of-network: You pay 40% of approved amount	In-network: You pay \$30 copay Out-of-network: You pay 40% of approved amount	In-network: You pay \$30 copay Out-of-network: You pay 30% of approved amount	Essential & Vitality: Deductible applies to in- and out-of-network Medicare-covered services. Signature & Assure: Deductible applies to out-of-network Medicare-covered services.
Ambulance¹	In-network: You pay \$200 copay Out-of-network: You pay \$200 copay or 50% of approved amount, depending on the service	In-network: You pay \$200 copay Out-of-network: You pay \$200 copay or 40% of approved amount, depending on the service	In-network: You pay \$200 copay Out-of-network: You pay \$200 copay or 40% of approved amount, depending on the service	In-network: You pay \$200 copay Out-of-network: You pay \$200 copay or 30% of approved amount, depending on the service	Essential & Vitality: Deductible applies to in- and out-of-network Medicare-covered services. Essential, Vitality, Signature & Assure: Deductible applies to out-of-network Medicare-covered services.
Transportation	Not covered				

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Foot Care (podiatry services)¹</p> <ul style="list-style-type: none"> Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions 	<p>In-network: You pay \$50 copay</p> <p>Out-of-network: You pay 50% of approved amount</p>	<p>In-network: You pay \$50 copay</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$40 copay</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$35 copay</p> <p>Out-of-network: You pay 30% of approved amount</p>	<p>Essential & Vitality: Deductible applies to in- and out-of-network Medicare-covered services.</p> <p>Signature & Assure: Deductible applies to out-of-network Medicare-covered services.</p>
<p>Medical Equipment/Supplies¹</p> <ul style="list-style-type: none"> Durable Medical Equipment (e.g., wheelchairs, oxygen) Prosthetics (e.g., braces, artificial limbs) Diabetes supplies (e.g., monitoring, therapeutic shoes or inserts) 	<p>In-network: You pay 20% of approved amount</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay 20% of approved amount</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$0</p> <p>Out-of-network: You pay \$0</p>	<p>In-network: You pay 20% of approved amount</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay 20% of approved amount</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$0</p> <p>Out-of-network: You pay \$0</p>	<p>In-network: You pay 20% of approved amount</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay 20% of approved amount</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$0</p> <p>Out-of-network: You pay \$0</p>	<p>In-network: You pay 20% of approved amount</p> <p>Out-of-network: You pay 30% of approved amount</p> <p>In-network: You pay 20% of approved amount</p> <p>Out-of-network: You pay 30% of approved amount</p> <p>In-network: You pay \$0</p> <p>Out-of-network: You pay \$0</p>	<p>Essential & Vitality: Deductible applies to in- and out-of-network Medicare-covered services.</p> <p>Signature & Assure: Deductible applies to out-of-network Medicare-covered services.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
Wellness Programs (e.g., fitness)	<p>All members can join the SilverSneakers® Fitness program at no cost. SilverSneakers is a leading fitness program for people with Medicare.</p> <ul style="list-style-type: none"> • Locations nationwide • Low-impact classes to improve strength and balance • Health education events • SilverSneakers StepsSM at-home program <p>You must use network facilities to obtain this benefit. Tivity Health™ is an independent company not associated with the Blue Cross Blue Shield Association. Blue Cross Blue Shield of Michigan and Medicare Plus Blue PPO contract with Tivity Health to offer the SilverSneakers fitness program benefit. SilverSneakers® is a registered mark of Tivity Health.</p>				
Medicare Part B Drugs¹ <ul style="list-style-type: none"> ○ Part B drugs such as chemotherapy drugs ○ Other Part B drugs ○ Part B Immunizations 	<p>In-network: You pay 20% of approved amount</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay 20% of approved amount</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$0</p> <p>Out-of-network: You pay 50% of approved amount</p>	<p>In-network: You pay 20% of approved amount</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay 20% of approved amount</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$0</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay 20% of approved amount</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay 20% of approved amount</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$0</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay 20% of approved amount</p> <p>Out-of-network: You pay 30% of approved amount</p> <p>In-network: You pay 20% of approved amount</p> <p>Out-of-network: You pay 30% of approved amount</p> <p>In-network: You pay \$0</p> <p>Out-of-network: You pay 30% of approved amount</p>	<p>Essential & Vitality: Deductible applies to in- and out-of-network Medicare-covered services.</p> <p>Signature & Assure: Deductible applies to out-of-network Medicare-covered services.</p> <p>Step therapy may be required.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Chiropractic Care¹</p> <ul style="list-style-type: none"> ○ Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position) ○ Routine care/other 	<p>In-network: You pay \$20 copay</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$35 copay</p> <p>Out-of-network: You pay 50% of approved amount</p>	<p>In-network: You pay \$20 copay</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$35 copay</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$20 copay</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$35 copay</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$20 copay</p> <p>Out-of-network: You pay 30% of approved amount</p> <p>In-network: You pay \$35 copay</p> <p>Out-of-network: You pay 30% of approved amount</p>	<p>Essential & Vitality: Deductible applies to in- and out-of-network Medicare-covered services.</p> <p>Signature & Assure: Deductible applies to out-of-network Medicare-covered services.</p> <p>Routine chiropractic visits give members coverage for one set of X-rays (up to 3 views) per year performed by a chiropractor. Cost share is the same as diagnostic X-rays.</p>
<p>Home Health Care¹</p>	<p>In-network: You pay \$0</p> <p>Out-of-network: You pay 50% of approved amount</p>	<p>In-network: You pay \$0</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$0</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$0</p> <p>Out-of-network: You pay 30% of approved amount</p>	<p>Essential & Vitality: Deductible applies to in- and out-of-network Medicare-covered services.</p> <p>Signature & Assure: Deductible applies to out-of-network Medicare-covered services.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Online Visits</p> <ul style="list-style-type: none"> Remote access technologies give you the opportunity to meet with a health care provider through electronic forms of communication (such as online). This does not replace an in-person visit, but allows you to meet with a health care provider when it is not possible for you to meet with your doctor in the office. 	<p>In-network: \$25 copay for medical, after deductible, \$40 for behavioral health, after deductible.</p> <p>Out-of-network: 50% coinsurance, after deductible.</p>	<p>In-network: \$15 copay for medical, after deductible, \$40 for behavioral health, after deductible.</p> <p>Out-of-network: 40% coinsurance, after deductible.</p>	<p>In-network: \$15 copay for medical, \$40 for behavioral health.</p> <p>Out-of-network: 40% coinsurance, after deductible.</p>	<p>In-network: \$5 copay for medical, \$40 for behavioral health.</p> <p>Out-of-network: 30% coinsurance, after deductible.</p>	<p>You can access online medical and behavioral health services anywhere in the United States. You may also choose to have an online visit with your own provider, if your provider offers this service. Costs for online visits will vary.</p>
<p>Hospice</p>	<p>You pay \$0 for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details (phone numbers are on the back of this booklet).</p>				
<p>Outpatient Substance Abuse¹</p> <ul style="list-style-type: none"> Group therapy visit Individual therapy visit 	<p>In-network: You pay \$50 copay</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$50 copay</p> <p>Out-of-network: You pay 50% of approved amount</p>	<p>In-network: You pay \$50 copay</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$50 copay</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$40 copay</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$40 copay</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$35 copay</p> <p>Out-of-network: You pay 30% of approved amount</p> <p>In-network: You pay \$35 copay</p> <p>Out-of-network: You pay 30% of approved amount</p>	<p>Essential & Vitality: Deductible applies to in- and out-of-network Medicare-covered services</p> <p>Signature & Assure: Deductible applies to out-of-network Medicare-covered services.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
Outpatient Surgery¹ <ul style="list-style-type: none"> o Ambulatory surgical center 	<p>In-network: You pay \$100-\$125 copay, depending on the service</p> <p>Out-of-network: You pay 50% of approved amount</p>	<p>In-network: You pay \$100-\$125 copay, depending on the service</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$75-\$100 copay, depending on the service</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$50-\$75 copay, depending on the service</p> <p>Out-of-network: You pay 30% of approved amount</p>	<p>Essential & Vitality: Deductible applies to in- and out-of-network Medicare-covered services.</p> <p>Signature & Assure: Deductible applies to out-of-network Medicare-covered services.</p>
Renal dialysis¹	<p>In-network: You pay \$30 copay</p> <p>Out-of-network: You pay 50% of approved amount</p>	<p>In-network: You pay \$30 copay</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$30 copay</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$30 copay</p> <p>Out-of-network: You pay 30% of approved amount</p>	<p>Essential & Vitality: Deductible applies to in- and out-of-network Medicare-covered services.</p> <p>Signature & Assure: Deductible applies to out-of-network Medicare-covered services.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Supervised Exercise Therapy (SET)</p> <ul style="list-style-type: none"> ○ SET is covered for members who have symptomatic peripheral artery disease (PAD) and a referral for PAD from the physician responsible for PAD treatment. <p>Up to 36 sessions over a 12-week period are covered if the SET program requirements are met.</p>	<p>In-network: \$30 copay for supervised exercise therapy visits</p> <p>Out-of-network: 50% of the approved amount</p>	<p>In-network: \$30 copay for supervised exercise therapy visits</p> <p>Out-of-network: 40% of the approved amount</p>	<p>In-network: \$30 copay for supervised exercise therapy visits</p> <p>Out-of-network: 40% of the approved amount</p>	<p>In-network: \$30 copay for supervised exercise therapy visits</p> <p>Out-of-network: 30% of the approved amount</p>	<p>Essential & Vitality: Deductible applies to in- and out-of-network Medicare-covered services.</p> <p>Signature & Assure: Deductible applies to out-of-network Medicare-covered services.</p>

Essential

Phase 1: The Deductible Stage

You pay \$405 per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 6 which are excluded from the deductible.

Phase 2: The Initial Coverage Stage

You pay the amounts listed in the tables on the next page until your total yearly drug costs reach \$3,820. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Your share of the cost when you get a *one-month* (31-day) supply of a covered Part D prescription drug:

	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$8	\$2
Tier 2: Generic	\$20	\$11
Tier 3: Preferred Brand	\$47	\$42
Tier 4: Non-Preferred Drug	50%	50%
Tier 5: Specialty	25%	25%
Tier 6: Select Care Drugs	\$5	\$0

Your share of the cost when you get a *long-term* (90-day) supply of a covered Part D prescription drug:

Essential, <i>continued</i>	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$24	\$6
Tier 2: Generic	\$60	\$33
Tier 3: Preferred Brand	\$141	\$126
Tier 4: Non-Preferred Drug	50%	50%
Tier 5: Specialty	Not offered	Not offered
Tier 6: Select Care Drugs	\$15	\$0

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at www.bcbsm.com/medicare.

Phase 3 & 4: The Coverage Gap & The Catastrophic Stages

Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage* online at www.bcbsm.com/medicare.

Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's pharmacy directory at our website (www.bcbsm.com/pharmaciesmedicare).

You can see the most complete and current information about which drugs are covered on our website (www.bcbsm.com/formularymedicare).

Vitality

Phase 1: The Deductible Stage

You pay \$350 per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 6 which are excluded from the deductible.

Phase 2: The Initial Coverage Stage

You pay the amounts listed in the tables on the next page until your total yearly drug costs reach \$3,820. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Your share of the cost when you get a *one-month* (31-day) supply of a covered Part D prescription drug:

	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$8	\$2
Tier 2: Generic	\$20	\$11
Tier 3: Preferred Brand	\$47	\$42
Tier 4: Non-Preferred Drug	50%	50%
Tier 5: Specialty	25%	25%
Tier 6: Select Care Drugs	\$5	\$0

Your share of the cost when you get a *long-term* (90-day) supply of a covered Part D prescription drug:

Vitality, <i>continued</i>	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$24	\$6
Tier 2: Generic	\$60	\$33
Tier 3: Preferred Brand	\$141	\$126
Tier 4: Non-Preferred Drug	50%	50%
Tier 5: Specialty	Not offered	Not offered
Tier 6: Select Care Drugs	\$15	\$0

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at www.bcbsm.com/medicare.

Phase 3 & 4: The Coverage Gap & The Catastrophic Stages

Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage* online at www.bcbsm.com/medicare.

Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's pharmacy directory at our website (www.bcbsm.com/pharmaciesmedicare).

You can see the most complete and current information about which drugs are covered on our website (www.bcbsm.com/formularymedicare).

Signature

Phase 1: The Deductible Stage

Because there is no deductible for the plan, this stage does not apply to you.

Phase 2: The Initial Coverage Stage

You pay the amounts listed in the tables on the next page until your total yearly drug costs reach \$3,820. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Your share of the cost when you get a *one-month* (31-day) supply of a covered Part D prescription drug:

	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$7	\$1
Tier 2: Generic	\$18	\$10
Tier 3: Preferred Brand	\$47	\$42
Tier 4: Non-Preferred Drug	48%	48%
Tier 5: Specialty	33%	33%
Tier 6: Select Care Drugs	\$5	\$0

Your share of the cost when you get a *long-term* (90-day) supply of a covered Part D prescription drug:

Signature, <i>continued</i>	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$21	\$3
Tier 2: Generic	\$54	\$30
Tier 3: Preferred Brand	\$141	\$126
Tier 4: Non-Preferred Drug	48%	48%
Tier 5: Specialty	Not offered	Not offered
Tier 6: Select Care Drugs	\$15	\$0

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at www.bcbsm.com/medicare.

Phase 3 & 4: The Coverage Gap & The Catastrophic Stages

Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage* online at www.bcbsm.com/medicare.

Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's pharmacy directory at our website (www.bcbsm.com/pharmaciesmedicare).

You can see the most complete and current information about which drugs are covered on our website (www.bcbsm.com/formularymedicare).

Assure

Phase 1: The Deductible Stage

Because there is no deductible for the plan, this stage does not apply to you.

Phase 2: The Initial Coverage Stage

You pay the amounts listed in the tables on the next page until your total yearly drug costs reach \$3,820. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Your share of the cost when you get a *one-month* (31-day) supply of a covered Part D prescription drug:

	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$6	\$1
Tier 2: Generic	\$12	\$7
Tier 3: Preferred Brand	\$42	\$37
Tier 4: Non-Preferred Drug	45%	45%
Tier 5: Specialty	33%	33%
Tier 6: Select Care Drugs	\$5	\$0

Your share of the cost when you get a *long-term* (90-day) supply of a covered Part D prescription drug:

Assure, <i>continued</i>	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$18	\$3
Tier 2: Generic	\$36	\$21
Tier 3: Preferred Brand	\$126	\$111
Tier 4: Non-Preferred Drug	45%	45%
Tier 5: Specialty	Not offered	Not offered
Tier 6: Select Care Drugs	\$15	\$0

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at www.bcbsm.com/medicare.

Phase 3 & 4: The Coverage Gap & The Catastrophic Stages

Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage* online at www.bcbsm.com/medicare.

Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's pharmacy directory at our website (www.bcbsm.com/pharmaciesmedicare).

You can see the most complete and current information about which drugs are covered on our website (www.bcbsm.com/formularymedicare).

For more information

A complete list of services is found in the *Evidence of Coverage*. For a copy of the *Evidence of Coverage*, go to www.bcbsm.com/medicare-evidence-of-coverage, or contact customer service at 1-877-241-2583 from October 1 to March 31, 7 days a week from 8:00 a.m. to 9:00 p.m. Eastern time and from April 1 to September 30, Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time, for more information. TTY users call 711.

You can order a copy of the "Medicare & You" handbook at www.medicare.gov, or you can call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

For more information, please call us at the phone number below or visit us at www.bcbsm.com/medicare.

If you are not a member of this plan, call toll-free 1-888-563-3307. TTY users should call 711.

If you are a member of this plan, call toll-free 1-877-241-2583. TTY users should call 711.

From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 9:00 p.m. Eastern time.

From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time.

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.

Medicare PLUS BlueSM PPO



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