Medicare Plus Blue℠ is a PPO plan with a Medicare contract. Enrollment in Medicare Plus Blue depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue 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.

Looking for answers?

Stop by a walk-in center. The list of walk-in centers can be found online at: bcbsm.com/medicare/help/contact-us.html.
Contact your independent licensed agent.

Have questions?
Call customer service at 1-877-241-2583 from 8 a.m. to 9 p.m. Eastern, Monday through Friday, with weekend hours October 1 through March 31. TTY users, call 711.

Know when to add

New and current members can add an optional supplemental package Oct. 15 through Jan. 31 during Medicare’s annual election period.

IMPORTANT: Your enrollment form must be received by Jan. 31. For forms received by Dec. 31, coverage will be effective Jan. 1. For forms received by Jan. 31, coverage will be effective Feb. 1.

If you’re new to Medicare, you can enroll during your initial enrollment period or within the first 30 days following your enrollment effective date.

IMPORTANT: For forms received within the first 30 days of your coverage effective date, coverage will be effective the first of the month following receipt.

The cost of the package you choose will be added to your Medicare Plus Blue PPO monthly plan premium. Simply check the box on the enrollment form for the package you want to select.

It’s gonna be a bright, shiny day …

Add richer dental and vision benefits to your Blue Cross Medicare Plus Blue PPO plan and get generous coverage to improve your smile and enhance your vision.

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Add extra coverage to your PPO plan. Find yours.

### Vitality, Signature and Assure plans (Package 1)

**Monthly premium**  
Dental & vision optional supplemental benefits  
$21.40 per month plus your monthly plan and Medicare Part B premiums

### Essential plan (Package 2)

**Monthly premium**  
Dental & vision optional supplemental benefits  
$28.50 per month plus your monthly plan and Medicare Part B premiums

**Dental**

<table>
<thead>
<tr>
<th>Vitality, Signature and Assure plans</th>
<th>Essential plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vitality, Signature and Assure plans</strong></td>
<td><strong>Essential plan</strong></td>
</tr>
<tr>
<td>• $0 deductible</td>
<td>• $0 deductible</td>
</tr>
<tr>
<td>• Two routine exams, two cleanings, X-rays, one set of up to four bitewings or six periapical (not both) every two calendar years under your plan</td>
<td>• Two routine exams, two cleanings, X-rays, one set of up to four bitewings or six periapical (not both) every two calendar years under your plan</td>
</tr>
<tr>
<td>• $2,500 combined in- and out-of-network allowance each year</td>
<td>• $2,500 combined in- and out-of-network allowance each year</td>
</tr>
<tr>
<td>• 0% coinsurance in-network and 50% out-of-network for one annual fluoride treatment and unlimited brush biopsies</td>
<td>• 0% coinsurance in-network and 50% out-of-network for one annual fluoride treatment and unlimited brush biopsies</td>
</tr>
<tr>
<td>• 25% in-network or 50% out-of-network for fillings, root canals, simple extractions, crowns and crown repairs every 84 months</td>
<td>• 25% in-network or 50% out-of-network for fillings, root canals, simple extractions, crowns and crown repairs every 84 months</td>
</tr>
<tr>
<td>• No waiting period in- and out-of-network</td>
<td>• No waiting period in- and out-of-network</td>
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</tbody>
</table>

**You may save money** by using an **in-network** provider for your dental care. Search for an in-network dentist at [www.mibluedentist.com](http://www.mibluedentist.com). Your plan type is BCBSM Medicare Advantage PPO and the dentist type is PPO dentist.

### Vision

<table>
<thead>
<tr>
<th>Vitality, Signature and Assure plans</th>
<th>Essential plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In Network</strong></td>
<td><strong>In Network</strong></td>
</tr>
<tr>
<td>• A $400 (in addition to the standard benefit) combined in and out-of-network benefit maximum that can be used for elective contact lenses or frames but not both, every 24 months</td>
<td>• A $500 combined in and out-of-network benefit maximum that can be used for elective contact lenses or frames but not both, every 24 months</td>
</tr>
<tr>
<td>• Lenses are covered in full under standard benefit every 24 months</td>
<td>• Lenses are covered in full under standard benefit every 24 months</td>
</tr>
<tr>
<td><strong>Out of Network</strong></td>
<td><strong>Out of Network</strong></td>
</tr>
<tr>
<td>• Elective contact lenses or frames reimbursed at 50% coinsurance up to $400 (in addition to the standard benefit) combined in- and out-of-network benefit maximum every 24 months</td>
<td>• Elective contact lenses or frames reimbursed at 50% coinsurance up to $500 combined in- and out-of-network benefit maximum every 24 months</td>
</tr>
<tr>
<td>• Lenses for glasses reimbursed at 50% coinsurance up to allowed amounts under standard benefit every 24 months</td>
<td>• Lenses for glasses reimbursed at 50% coinsurance up to allowed amounts</td>
</tr>
</tbody>
</table>

**Vision benefit covers one of the following every 24 months:**

- Elective contact lenses
- One pair of lenses
- One frame
- One complete pair of eyeglasses (lenses and frames)

**In Network**

- Elective contact lenses

**Out of Network**

- Elective contact lenses or frames reimbursed at 50% coinsurance up to $500 combined in- and out-of-network benefit maximum every 24 months

**Vision benefit covers one of the following every 24 months:**

- Elective contact lenses
- One pair of lenses
- One frame
- One complete pair of eyeglasses (lenses and frames)

You can save money when you use our contracted VSP Choice Network providers for your care. Visit [www.vsp.com](http://www.vsp.com) to find a VSP network eye doctor or to see if your eye doctor participates. Supplemental vision benefit frequency limits are coordinated with the standard vision benefit.

Supplemental benefits do not count toward your maximum out-of-pocket.