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Medicare Plus BlueSM PPO — Essential, Vitality, Signature and Assure

Summary of Benefits

January 1, 2020 — December 31, 2020

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.

www.bcbsm.com/medicare



Medicare
Advantage Plans

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.

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	\$7	\$39	\$96	\$199
Region 2 Berrien, Branch, Calhoun, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Monroe, Montcalm, St. Joseph and Van Buren counties	\$9	\$69	\$151	\$256
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	\$18	\$84	\$151	\$299
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	\$9	\$79	\$121	\$259
Region 6 Macomb, Oakland, Washtenaw and Wayne counties	\$9	\$76	\$134	\$298.10
Optional Supplemental Dental and Vision Package	\$28.50	\$21.40		

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>\$160 deductible for medical services you receive out-of-network.</p> <p>No deductible on Part D prescription drugs in Tier 1 and Tier 6. \$200 deductible 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>\$65 deductible for medical services you receive out-of-network.</p> <p>No deductible on Part D prescription drugs in Tier 1 and Tier 6. \$100 deductible for Part D prescription drugs in Tiers 2, 3, 4, and 5.</p>	<p>This plan does not have a deductible for hospital and medical services.</p> <p>This plan does not have a deductible for Part D prescription drugs.</p>	<p>This plan does not have a deductible for hospital and medical 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>The most you could pay is \$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>The most you could pay is \$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>The most you could pay is \$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>The most you could pay is \$3,425 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>You will still need to pay your 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.</p> <p>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.</p> <p>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 out-of-network Medicare-covered services.</p> <p>Signature & Assure: No deductible for 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</p> <p>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</p> <p>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</p> <p>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</p> <p>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 \$250 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 \$200 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 \$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 \$75 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 30% of the approved amount.</p>	<p>Essential & Vitality: Deductible applies to out-of-network Medicare-covered services.</p> <p>Signature & Assure: No deductible for Medicare-covered services.</p>
<p>Doctor Visits</p> <ul style="list-style-type: none"> ○ Primary ○ Specialists 	<p>In-network: You pay \$10 copay</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$45 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 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 \$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 \$0</p> <p>Out-of-network: You pay 30% of approved amount</p> <p>In-network: You pay \$20 copay</p> <p>Out-of-network: You pay 30% of approved amount</p>	<p>Essential & Vitality: Deductible applies to out-of-network Medicare-covered services.</p> <p>Signature & Assure: No deductible for 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 • Annual physical exam • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • 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"> • Immunizations, including Flu shots, Hepatitis B shots, Pneumococcal shots • 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) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • “Welcome to Medicare” preventive visit (one-time) </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 • Annual physical exam • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • 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"> • Immunizations, including Flu shots, Hepatitis B shots, Pneumococcal shots • 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) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • “Welcome to Medicare” preventive visit (one-time)
<ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual physical exam • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • 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"> • Immunizations, including Flu shots, Hepatitis B shots, Pneumococcal shots • 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) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • “Welcome to Medicare” preventive visit (one-time) 						
Emergency Care	In- and Out-of-network: You pay \$90 copay				The copay is waived if you are admitted to the hospital within three days for the same condition.		
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	Charge is for each Medicare-covered visit.		

Benefits	Essential	Vitality	Signature	Assure	What you should know
Diagnostic Services/ Labs/Imaging¹ <ul style="list-style-type: none"> <li data-bbox="121 261 401 402">○ Diagnostic radiology service (e.g., MRI, high-tech) <li data-bbox="121 475 327 505">○ Lab services <li data-bbox="121 764 380 833">○ Diagnostic tests and procedures <li data-bbox="121 979 394 1008">○ Outpatient X-rays <li data-bbox="121 1195 401 1263">○ 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 \$45 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 \$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 \$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 \$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>In-network: You pay \$35 copay</p> <p>Out-of-network: You pay 30% of approved amount</p>	<p>Essential & Vitality: Deductible applies to out-of-network Medicare-covered services.</p> <p>Signature & Assure: No deductible for 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 \$10-\$45 copay, depending on the service</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>Routine hearing exams are not a covered benefit for the the Essential plan.</p> <p>Hearing aid fitting/ evaluation are not a covered benefit for the the Essential plan.</p> <p>Hearing aids are not a covered benefit for the Essential plan.</p>	<p>In-network: You pay \$10-\$40 copay, depending on the service</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$10-\$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 \$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 \$0-\$20 copay, depending on the service</p> <p>Out-of-network: You pay 50% of approved amount</p> <p>In-network: You pay \$0-\$20 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 out-of-network Medicare-covered services.</p> <p>Signature & Assure: No deductible for 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 \$10-\$45 copay</p> <p>Out-of-network: You pay 50% of approved amount</p>	<p>In-network: You pay \$10-\$40 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 \$0-\$20 copay</p> <p>Out-of-network: You pay 30% of approved amount</p>	<p>Essential & Vitality: Deductible applies to out-of-network Medicare-covered services.</p> <p>Signature & Assure: No deductible for Medicare-covered services.</p>
<p>Preventive dental services (Vitality, Signature and Assure)</p> <ul style="list-style-type: none"> ○ Cleaning (up to 2 every year) ○ Dental X-rays (up to 1 every two years) ○ Periodic oral exam (up to 2 every year) 	<p>Preventive dental services are not a covered benefit for the Essential plan.</p>	<p>In-network: You pay \$0</p> <p>Out-of-network: You pay 50% of approved amount</p>			<p>Vitality, Signature & Assure: Deductible does not apply.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Optional Supplemental Dental</p>	<p>In-network: 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>Fluoride treatment and brush biopsies at \$0 copay.</p> <p>Out-of-network: Routine dental exams, cleanings and X-rays with a 50% coinsurance.</p> <p>One fluoride treatment and one brush biopsy per calendar year with 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: 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>Fluoride treatment and brush biopsies at \$0 copay.</p> <p>Out-of-network: Fluoride treatment (one per calendar year) and brush biopsies at 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: 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>Fluoride treatment and brush biopsies at \$0 copay.</p> <p>Out-of-network: Fluoride treatment (one per calendar year) and brush biopsies at 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: 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>Fluoride treatment and brush biopsies at \$0 copay.</p> <p>Out-of-network: Fluoride treatment (one per calendar year) and brush biopsies at 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>Deductible does not apply.</p> <p>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
<p>Vision Services</p> <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 	<p>In-network: You pay \$0-\$45 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 \$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 \$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 \$0-\$20 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>Essential & Vitality: Deductible applies to out-of-network Medicare-covered services.</p> <p>Signature & Assure: No deductible for Medicare-covered services.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Vision Services, continued</p> <p>Enhanced Vision Benefits</p> <ul style="list-style-type: none"> ○ Elective Lasik and RK surgery ○ Routine eye exam ○ One pair of eyeglasses (lenses and/or frames) every two years ○ Contact lenses instead of eyeglasses and/or frames up to 1 pair every two years 	<p>In-network: You pay \$45 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: Reimbursed up to 50% of the allowed amount</p> <p>The Essential plan does not cover contact lenses or other supplemental eyewear</p> <p>The Essential plan does not cover contact lenses or other supplemental eyewear</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: Reimbursed up to 50% of the allowed amount</p> <p>In-network: You pay \$0 for frames and lenses</p> <p>Out-of-network: Frames are reimbursed at 50% of the allowed amount, up to \$100. Lenses are reimbursed up to 50% of the allowed amount</p> <p>In-network: You pay \$0 up to \$100.</p> <p>Out-of-network: Contact lenses are reimbursed at 50% of the allowed amount, up to \$100.</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: Reimbursed up to 50% of the allowed amount</p> <p>In-network: You pay \$0 for frames and lenses</p> <p>Out-of-network: Frames are reimbursed at 50% of the allowed amount, up to \$100. Lenses are reimbursed up to 50% of the allowed amount</p> <p>In-network: You pay \$0 up to \$100.</p> <p>Out-of-network: Contact lenses are reimbursed at 50% of the allowed amount, up to \$100.</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 \$0</p> <p>Out-of-network: Reimbursed up to 50% of the allowed amount</p> <p>In-network: You pay \$0 for frames and lenses</p> <p>Out-of-network: Frames are reimbursed at 50% of the allowed amount, up to \$100. Lenses are reimbursed up to 50% of the allowed amount</p> <p>In-network: You pay \$0 up to \$100.</p> <p>Out-of-network: Contact lenses are reimbursed at 50% of the allowed amount, up to \$100.</p>	<p>Deductible does not apply.</p>
		<p>Our plan pays up to \$100 for contacts or frames every two years from any provider.</p>			

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Optional Supplemental Vision</p>	<p>In-network: Optional eye wear benefit provides a combined in and out-of-network maximum benefit with 50% coinsurance up to \$500 every 24 months and may be used for one pair of either (a) elective contact lenses or, (b) frames. One pair of lenses is covered in full.</p> <p>Out-of-network: Optional eye wear benefit provides a combined in- and out-of-network maximum benefit with 50% coinsurance up to \$500 every 24 months and may be used for either (a) elective contact lenses or, (b) one frame. Eye wear purchased out-of-network is reimbursed at up to 50% of allowed amount.</p> <p>Lenses are reimbursed up to 50% of the allowed amount.</p>	<p>In-network: Optional eye wear benefit provides a combined in- and out-of-network maximum vision benefit up to \$400 (in addition to the standard benefit) every 24 months and may be used for either (a) elective contact lenses or (b) one frame. One pair of lenses is covered in full as part of the standard benefit.</p> <p>Out-of-network: Optional eye wear benefit provides a combined in- and out-of-network maximum vision benefit with 50% coinsurance up to \$400 (in addition to the standard benefit) every 24 months and may be used for either (a) elective contact lenses or (b) frames. Eye wear purchased out-of-network is reimbursed at up to 50% of allowed amount.</p> <p>Lenses are reimbursed up to 50% of the allowed amount.</p>	<p>In-network: Optional eye wear benefit provides a combined in- and out-of-network maximum vision benefit up to \$400 (in addition to the standard benefit) every 24 months and may be used for either (a) elective contact lenses or (b) one frame. One pair of lenses is covered in full as part of the standard benefit.</p> <p>Out-of-network: Optional eye wear benefit provides a combined in- and out-of-network maximum vision benefit with 50% coinsurance up to \$400 (in addition to the standard benefit) every 24 months and may be used for either (a) elective contact lenses or (b) frames. Eye wear purchased out-of-network is reimbursed at up to 50% of allowed amount.</p> <p>Lenses are reimbursed up to 50% of the allowed amount.</p>	<p>In-network: Optional eye wear benefit provides a combined in- and out-of-network maximum vision benefit up to \$400 (in addition to the standard benefit) every 24 months and may be used for either (a) elective contact lenses or (b) one frame. One pair of lenses is covered in full as part of the standard benefit.</p> <p>Out-of-network: Optional eye wear benefit provides a combined in- and out-of-network maximum vision benefit with 50% coinsurance up to \$400 (in addition to the standard benefit) every 24 months and may be used for either (a) elective contact lenses or (b) frames. Eye wear purchased out-of-network is reimbursed at up to 50% of allowed amount.</p> <p>Lenses are reimbursed up to 50% of the allowed amount.</p>	<p>Routine vision care must be from a VSP Network provider to qualify for in-network cost-sharing. 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>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Mental Health Services¹</p>	<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>				
<p>○ Inpatient visit¹</p> <p>○ Outpatient group or individual therapy visit</p>	<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 out-of-network Medicare-covered services.</p> <p>Signature & Assure: No deductible for Medicare-covered services.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
Skilled Nursing Facility (SNF)¹	<p>In-network: You pay \$0 per day for days 1 through 20</p> <p>You pay \$178 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 \$178 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 \$178 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 \$178 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 out-of-network Medicare-covered services.</p> <p>Signature & Assure: No deductible for Medicare-covered services.</p>
Physical Therapy¹	<p>In-network: You pay \$40 copay</p> <p>Out-of-network: You pay 50% 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 \$30 copay</p> <p>Out-of-network: You pay 30% of approved amount</p>	<p>Essential & Vitality: Deductible applies to out-of-network Medicare-covered services.</p> <p>Signature & Assure: No deductible for Medicare-covered services.</p>
Ambulance¹	<p>In-network: You pay \$230 copay</p> <p>Out-of-network: You pay \$230 copay or 50% of approved amount, depending on the service</p>	<p>In-network: You pay \$230 copay</p> <p>Out-of-network: You pay \$230 copay or 40% of approved amount, depending on the service</p>	<p>In-network: You pay \$230 copay</p> <p>Out-of-network: You pay \$230 copay or 40% of approved amount, depending on the service</p>	<p>In-network: You pay \$230 copay</p> <p>Out-of-network: You pay \$230 copay or 30% of approved amount, depending on the service</p>	<p>Essential & Vitality: Deductible applies to out-of-network Medicare-covered services.</p> <p>Signature & Assure: No deductible for Medicare-covered services.</p>
Transportation	Not covered				

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Medicare Part B Drugs¹</p> <ul style="list-style-type: none"> Part B drugs such as chemotherapy drugs and 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 \$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 \$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 \$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 \$0</p> <p>Out-of-network: You pay \$0</p>	<p>Essential & Vitality: Deductible applies to out-of-network Medicare-covered services.</p> <p>Signature & Assure: No deductible for Medicare-covered services.</p> <p>Step therapy may be required.</p> <p>Flu and pneumonia shots are also available at retail network pharmacies.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
Rehabilitation Services¹ <ul style="list-style-type: none"> ○ Cardiac rehabilitation/intensive cardiac services ○ Pulmonary rehabilitation ○ Occupational therapy visit ○ Speech and language therapy visit 	<p>In-network: You pay \$0 to \$45 copay, depending on the service.</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 50% of approved amount</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 \$40 copay</p> <p>Out-of-network: You pay 50% of approved amount</p>	<p>In-network: You pay \$0 to \$40 copay, depending on the service.</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 \$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 \$0 to \$40 copay, depending on the service.</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 \$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 \$0 to \$20 copay, depending on the service.</p> <p>Out-of-network: You pay 30% of approved amount</p> <p>In-network: You pay \$30 copay</p> <p>Out-of-network: You pay 30% of approved amount</p> <p>In-network: You pay \$30 copay</p> <p>Out-of-network: You pay 30% 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 out-of-network Medicare-covered services.</p> <p>Signature & Assure: No deductible for Medicare-covered services.</p>

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 \$45 copay</p> <p>Out-of-network: You pay 50% 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 \$20 copay</p> <p>Out-of-network: You pay 30% of approved amount</p>	<p>Essential & Vitality: Deductible applies to out-of-network Medicare-covered services.</p> <p>Signature & Assure: No deductible for Medicare-covered services.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<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, including therapeutic continuous monitors and supplies as covered by Original Medicare, 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 out-of-network Medicare-covered services.</p> <p>Signature & Assure: No deductible for Medicare-covered services.</p> <p>Member must obtain diabetic supplies (except diabetic shoes) from our supplier, J&B Medical Supply Company at 1-888-896-6233 from 8 a.m. to 5 p.m., Monday through Friday. TTY users call 711.</p> <p>Member must obtain diabetic shoes and inserts from our DME supplier, Northwood at 1-800-667-8496, 8:30 a.m. to 5 p.m., Monday through Friday. TTY users call 711.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Wellness Programs (e.g., fitness)</p>	<p>You pay \$0 to join the SilverSneakers® Fitness program. 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>				
<p>Bathroom Safety Items</p> <p>Covered items include shower/bathtub grab bar and bench, commode rails, and elevated toilet seats.</p>	<p style="text-align: center;">You pay \$0 copay for covered items. Benefit is limited to \$100 per calendar year.</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 one or more of the bones of your spine move out of position) ○ Chiropractic X-rays <p>Members have 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>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 out-of-network Medicare-covered services.</p> <p>Signature & Assure: No deductible for Medicare-covered services.</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 out-of-network Medicare-covered services.</p> <p>Signature & Assure: No deductible for Medicare-covered services.</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>				

Benefits	Essential	Vitality	Signature	Assure	What you should know
Outpatient Substance Abuse¹ <ul style="list-style-type: none"> Group and individual therapy visit 	In-network: You pay \$45 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 \$40 copay Out-of-network: You pay 40% of approved amount	In-network: You pay \$20 copay Out-of-network: You pay 30% of approved amount	Essential & Vitality: Deductible applies to out-of-network Medicare-covered services. Signature & Assure: No deductible for Medicare-covered services.
Outpatient Surgery¹ <ul style="list-style-type: none"> Ambulatory surgical center 	In-network: You pay \$100-\$125 copay, depending on the service Out-of-network: You pay 50% of approved amount	In-network: You pay \$100-\$125 copay, depending on the service Out-of-network: You pay 40% of approved amount	In-network: You pay \$75-\$100 copay, depending on the service Out-of-network: You pay 40% of approved amount	In-network: You pay \$50-\$75 copay, depending on the service Out-of-network: You pay 30% of approved amount	Essential & Vitality: Deductible applies to out-of-network Medicare-covered services. Signature & Assure: No deductible for Medicare-covered services.
Renal dialysis¹	In-network: You pay 20% coinsurance Out-of-network: You pay 50% of approved amount	In-network: You pay 20% coinsurance Out-of-network: You pay 40% of approved amount	In-network: You pay 20% coinsurance Out-of-network: You pay 40% of approved amount	In-network: You pay 20% coinsurance Out-of-network: You pay 30% of approved amount	Essential & Vitality: Deductible applies to out-of-network Medicare-covered services. Signature & Assure: No deductible for Medicare-covered services.

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: You pay \$30 copay</p> <p>Out-of-network: You pay 50% of the approved amount</p>	<p>In-network: You pay \$30 copay</p> <p>Out-of-network: You pay 40% of the approved amount</p>	<p>In-network: You pay \$30 copay</p> <p>Out-of-network: You pay 40% of the approved amount</p>	<p>In-network: You pay \$30 copay</p> <p>Out-of-network: You pay 30% of the approved amount</p>	<p>Essential & Vitality: Deductible applies to out-of-network Medicare-covered services.</p> <p>Signature & Assure: No deductible for Medicare-covered services.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Over-the-counter items (from authorized vendor only) *</p> <p>Items are drugs and health-related products that do not need a prescription.</p> <p>There are three ways to use the benefit:</p> <p>1) Online. Beginning 1/1/2020 you can go to bcbsm.com/medicareotc and follow the prompts to place the order using the online catalog.</p> <p>2) Mail. Complete and mail the order form included with the catalog that you'll receive in the mail.</p> <p>3) Phone. Select items using the catalog and call 1-855-856-7878, Monday – Friday, 8:00 a.m. – 11:00 p.m. Eastern time (TTY: 711), to place an order. Items will be mailed to you.</p>		<p>You get up to \$25 every quarter to spend on certain approved non-prescription over-the-counter drugs and health-related items. One order can be placed per quarter. Benefits are available each quarter (January, April, July, October).</p> <p>Covered items include but are not limited to antacids, cough drops, denture adhesive, eye drops, ibuprofen, toothpaste and first aid items.</p>			<p>There is a limit on the total dollar amount you can order each quarter. All orders must be placed through the plan's approved vendor. Unused OTC amounts do not carry over from quarter to quarter.</p> <p>Note: Items cannot be obtained from any other vendor or retailer. Direct member reimbursement is not available.</p>

Outpatient Prescription Drugs - Essential

Phase 1: The Deductible Stage

You pay \$0 deductible for Part D prescription drugs on Tier 1 and Tier 6. You pay \$200 deductible for Part D prescription drugs on Tiers 2, 3, 4 and 5.

Phase 2: The Initial Coverage Stage

You pay the amounts listed in the tables below, and on the next page, until your total yearly drug costs reach \$4,020. 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	29%	29%
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).

Outpatient Prescription Drugs - Vitality

Phase 1: The Deductible Stage

You pay \$0 deductible for Part D prescription drugs on Tier 1 and Tier 6. You pay \$100 deductible for Part D prescription drugs on Tiers 2, 3, 4 and 5.

Phase 2: The Initial Coverage Stage

You pay the amounts listed in the tables below, and on the next page, until your total yearly drug costs reach \$4,020 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	31%	31%
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

You have additional coverage in the Coverage Gap stage for Tier 6 drugs. For generic drugs, you pay a \$0 copayment for Tier 6 drugs at a preferred pharmacy or 25% of the cost, whichever is lower, for up to a 31-day supply. You pay 25% of the cost for all other generic drugs. For brand-name drugs, you pay 25% of the price (plus a portion of the dispensing fee). Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage. For detailed 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).

Outpatient Prescription Drugs - 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 below, and on the next page, until your total yearly drug costs reach \$4,020. 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

You have additional coverage in the Coverage Gap stage for Tier 6 drugs. For generic drugs, you pay a \$0 copayment for Tier 6 drugs at a preferred pharmacy or 25% of the cost, whichever is lower, for up to a 31-day supply. You pay 25% of the cost for all other generic drugs. For brand-name drugs, you pay 25% of the price (plus a portion of the dispensing fee). Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage. For detailed 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).

Outpatient Prescription Drugs - 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 below, and on the next page, until your total yearly drug costs reach \$4,020. 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

You have additional coverage in the Coverage Gap stage for Tier 6 drugs. For generic drugs, you pay a \$0 copayment for Tier 6 drugs at a preferred pharmacy or 25% of the cost, whichever is lower, for up to a 31-day supply. You pay 25% of the cost for all other generic drugs. For brand-name drugs, you pay 25% of the price (plus a portion of the dispensing fee). Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage. For detailed 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 is a PPO plan with a Medicare contract. Enrollment in Medicare Plus Blue depends on contract renewal.

Confidence
comes with every card.

Medicare PLUS BlueSM PPO



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