Medicare Plus Blue SM Group PPO

Resource Guide

Understanding your coverage just got easier

Michigan Public School Employees' Retirement System

www.bcbsm.com/mpsers
What's new for 2020?

- Getting a flu shot is easier than ever. (See Page 4.)
- Online visits let you see a doctor when your primary care doctor isn’t available. (See Page 7.)
- Check out the free Blue Cross® Virtual Well-Being webinars. (See Page 10.)
- How to manage your costs online. (See Page 17.)

Make your coverage work for you

Whether you’re new to Blue Cross or an existing member, you’ve made a smart choice by enrolling in this plan. We value you as a customer and strive to do our best to serve you. You might be wondering what you should do to make the most out of your coverage this year. Here's an easy guide so you can start taking advantage of Blue Cross benefits.

Getting to know your plan

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Your health

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- Frequently asked questions .................................................... 14 & 15
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You're a member of a Medicare Advantage PPO plan

This preferred provider organization covers everything that Original Medicare does, plus more, all in one plan.

You have access to thousands of primary care doctors and specialists, as well as hundreds of hospitals. These health care providers accept your retirement system medical plan payment, and the share of the costs that you pay, as payment in full. So, you save money when you use a Medicare Plus Blue PPO network doctor. The choice is yours: You can go to any provider who accepts both Original Medicare and your Medicare Plus Blue PPO member ID card, but you pay more to use doctors, hospitals and other providers outside of the network.

Health care works best when you have a steady relationship with a trusted primary care provider for ongoing care. Your primary provider helps coordinate all your care, which helps ensure he or she stays informed of your current health status. As a PPO plan member, you don’t need a referral to see a specialist.

Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue Group PPO members, except in emergency situations. Please call Blue Cross Customer Service or see your Evidence of Coverage for more information, including the cost that applies to out-of-network services.
What you can expect

Part of our commitment to you is to help you make the best possible use of your plan. You’ll hear from us throughout the year as we keep you informed about your plan and your health.

For all members

<table>
<thead>
<tr>
<th>Doctor visit</th>
<th>Make an appointment for either your Annual Wellness Visit or Annual Physical Exam with your provider so you can begin taking advantage of your preventive benefits. (See Page 8.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Download our mobile app</td>
<td>Access your electronic Blue Cross member ID Card and coverage, claim and cost information anytime, wherever you go. (See Page 17.)</td>
</tr>
<tr>
<td>Guide to your costs</td>
<td>We send you a wallet-sized card that lists the out-of-pocket costs for the medical services members use most.</td>
</tr>
<tr>
<td>Medicare Advantage health assessment</td>
<td>Complete a brief health survey, and we’ll give you a personalized health status report you can share with your doctor. It’s secure, completely confidential and your responses don’t affect your coverage. For the assessment in the mail. You can return the paper copy or complete it online using the code provided with the assessment. This easy tool can help your doctor keep you on the road to living well.</td>
</tr>
<tr>
<td>Explanation of Benefits</td>
<td>When you use your coverage, we’ll send you a detailed statement. You’ll receive an Explanation of Benefits the month after the claim is processed. Pages 12 and 13 have more information about your Explanation of Benefits.</td>
</tr>
<tr>
<td>Member news</td>
<td>We combine helpful information, useful reminders and healthy tips to help you get more out of your plan in Best of Health, our quarterly newsletter, and MyBlueSM Medicare, our member magazine.</td>
</tr>
<tr>
<td>Special information</td>
<td>There may be events during the year that we want you to be aware of, so we’ll notify you. If you need help with a chronic illness, such as heart disease or diabetes, we may send you materials or call you about a specific program.</td>
</tr>
<tr>
<td>Surveys</td>
<td>You may receive surveys asking for your opinion of our plan, our network providers and the care you receive. This is important feedback that helps us respond to your needs. We’re always exploring new, innovative ways to provide you with better coverage and service. Your answers are confidential. They don’t affect your coverage or costs. We appreciate your honest feedback as we strive to see your experience through your eyes.</td>
</tr>
</tbody>
</table>

For new members only

| Membership ID card | We send you a new Blue Cross membership ID card. You can put your red, white and blue Medicare card away in a safe place and use your Blue Cross membership ID card instead. Show your doctor and other providers this card every time you need care. You can use the BCBSM mobile app to show your electronic ID card. (See Page 17.) |
| Welcome call | When you are a new member, we call you to make sure you received your welcome kit and membership ID card, help answer any questions about your coverage and tell you about programs we offer to help you stay healthy. |
| Gotta doc? | If you don’t have one, pick a primary care doctor. Page 7 explains how to find a doctor online. You can also look in your copy of our Provider Directory or call Customer Service at the number on the back cover of this booklet (this number is also on your Blue Cross membership ID card). |
| Blue Cross online member account | From coverage details and claims information to ideas for healthier living, there’s loads of valuable content. Be sure to register for your secure Blue Cross member account:  
- Using the BCBSM mobile app  
- At www.bcbsm.com/register  
- By texting REGISTER to 222764  
Message and data rates may apply. Learn more on Page 17. |
| Newbies get a special preventive visit | If you are new to Medicare, you can make an appointment for your Welcome to Medicare Preventive Visit. It’s a one-time visit that takes place during the first 12 months after your Medicare Part B coverage takes effect. Also known as the Initial Preventive Physical Examination, the visit includes a review of your health, as well as education and counseling about the preventive services you need (including certain screenings and shots), and coordination of other care if needed. |
Take charge of your health

You have coverage that works for you at every stage. Your benefits aren’t just for when you’re feeling sick or coping with a chronic condition. They can help you take charge of your health.

Getting flu and pneumonia vaccines just got easier
Participating network pharmacies can now bill Blue Cross for flu and pneumonia vaccines under your medical plan at no cost to you. Here’s how you find a participating pharmacy wherever you are:

1. Go to www.bcbsm.com/mpsers and select Medicare PPO from the Medical Plans tab at the top. Then click Find a Pharmacy in the Medicare Pharmacy Directory box.

2. Use the Blue Cross mobile app: Go to Express Scripts, open the main menu and select Find a Pharmacy.

You can also get these vaccines at your provider’s office, but you may have some cost for an office visit. If you choose to get the vaccines from a local health department or community center, you have to pay up front and send Blue Cross your receipt with a completed claim form.

Medicare Diabetes Prevention Program
Your risk of developing Type 2 diabetes can be radically decreased through this 12-month Type 2 diabetes prevention benefit. It’s focused on healthy lifestyle changes for qualified members and covered under your plan at no additional cost. Participants report 5 to 7 percent weight loss, increased energy and better sleep.

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You can find the claim form online at www.bcbsm.com/mpsers.

Or call the Blue Cross Customer Service team at the number on the back cover of this booklet. After the greeting and entering your information, say “reimbursement form” to get to the correct prompt.

Good to know: The Centers for Disease Control and Prevention recommends getting your flu vaccine in October before the flu season begins because it takes about two weeks after vaccination for the antibodies that protect against the flu to develop in the body. Getting vaccinated later can still be beneficial and vaccinations are offered throughout flu season.

Emotional and mental wellness
Your health is not just determined by your physical fitness, but by your overall wellness. Your physical health improves when you get enough sleep, eat healthy and exercise. Likewise, your emotional well-being improves when you have support through life’s trials, manage stress and have positive social interactions. Behavioral health care benefits are available to help you transition through difficult times. This benefit also helps those struggling with substance abuse. When you call, we’ll discuss your needs and arrange for services.

1-800-775-BLUE (2583), TTY users call 711, 8 a.m. to 6 p.m. Monday through Friday

Care management support
Some health decisions aren’t easy. Coordinated Care care management programs are available to assist you whether you’re coping with a life-changing illness, unsure about your medications or need help as you leave the hospital. Blue Cross specialists can connect you to Coordinated Care care management programs.

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Review all the health and wellness programs online at www.bcbsm.com/mpsers.

1. Click on the LOGIN tab and log in to your secure Blue Cross online member account.
2. Click on the Health & Wellness tab.

Chronic conditions
Care management nurses help you understand and cope with your condition, develop skills for managing it and feel in control again. You’ll work with your nurse to create a care plan and set goals to improve your health.

Quit tobacco for good
Increase your chances for successfully quitting with support and resources through a 12-week phone-based Tobacco Coaching program from WebMD®. You’re eligible if you’re ready to set a quit date within 30 days and you’ve used tobacco within seven days of your initial call. WebMD Health Services is an independent company supporting Blue Cross by providing health and well-being services.

www.bcbsm.com/medicare/help/faqs/other/quit-smoking.html
1-855-326-5102, TTY users call 711. Monday through Thursday from 9 a.m. to 11:30 p.m.; Friday from 9 a.m. to 8 p.m.; Saturday from 9:30 a.m. to 6 p.m.; and Sunday from 1 p.m. to 11:30 p.m.

A personal care management nurse will support you and your loved ones as you consider options, make treatment decisions and handle emotional concerns. You’ll find the support you need to feel more in control.

If you’re hospitalized, Blue Cross can also help with the transition to your home or another facility to ensure you get the care you need.

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Know where to go for care

When it’s not an emergency, you have choices for when and where to get health care. Know your options so you can get the treatment you need, right when you need it. Costs vary for each care option, so it’s important to think about what kind of care you really need:

24-Hour Nurse Line
Talk to a registered nurse at no additional cost, anytime day or night, when you have questions about an illness or injury. The nurse line can help you determine if you can treat things at home. Call 1-800-775-BLUE (2583). TTY users call 711.

Primary care provider
Call your primary care provider first when you’re not feeling well. He or she knows you best and understands your health history. A patient-centered medical home (PCMH) is a care team led by a primary care doctor that focuses on your health goals and needs. They offer 24-hour access to your medical team and a personalized approach to managing your health.

Blue Cross Online Visits℠
Connect online with a doctor or therapist when your primary doctor is unavailable by using a smartphone, tablet or computer. Visit www.bcbsmonlinevisits.com or call 1-844-606-1608. TTY users call 711.

Urgent care centers
Get non-emergency, in-person care conveniently, after hours or on weekends. You can save money by seeing your doctor or going to urgent care or a convenient retail clinic for minor illnesses and injuries.

Emergency room
For serious or life-threatening illnesses or injuries.

Emergency rooms cost more because they are equipped to handle trauma and life-threatening situations, such as heart attacks, strokes, broken bones and serious injuries.

New ways to seek medical help

Online Visits: Convenient online care for body and mind
It’s as simple as using your smartphone, tablet or computer anywhere in the U.S. to meet with:
- A doctor for minor illnesses such as a cold, flu or sore throat when your primary care provider isn’t available
- A behavioral health professional or psychiatrist to help work through different challenges, such as anxiety or grief

Fast and convenient
Call 1-844-606-1608, 24 hours a day, seven days a week. TTY users call 711.
Download the BCBSM Online Visits app.

Remember to coordinate all care through your primary care provider. You are not limited to the providers available via Blue Cross Online Visits℠. You can also receive primary care physician services and behavioral health services online or over the phone directly from a network provider that offers telehealth services.

Blue Cross Online Visits is powered by American Well®, an independent company that provides online visits for Blue Cross Blue Shield of Michigan and Blue Care Network members.

Find a doctor online

It’s easy:
2. Click on the blue Find a Doctor box to go to the provider locator page.
3. Once on the provider locator page, you’ll need to select your plan network:
   - Click on All Plans in the upper left.
   - Scroll down the list until you get to the Medicare (65 and over) section.
   - Click on Medicare Plus Blue (PPO) and then click on Confirm selection
4. You can now search for an in-network doctor, hospital and clinic by name or specialty.

If you log in to your secure Blue Cross online member account before you search for a provider, the system will automatically select your plan’s network and you can skip step 3 above.
Are you up to date on your screenings?

Ask your doctor if you need to schedule any of these regular services.

<table>
<thead>
<tr>
<th>Preventive screenings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breast cancer screening</strong></td>
</tr>
<tr>
<td><strong>Colorectal cancer screening</strong></td>
</tr>
<tr>
<td><strong>Bone density screening for osteoporosis</strong></td>
</tr>
<tr>
<td><strong>Cholesterol</strong></td>
</tr>
<tr>
<td>annually</td>
</tr>
<tr>
<td>1 to 10 years depending on test</td>
</tr>
<tr>
<td>every 2 years</td>
</tr>
<tr>
<td>annually</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccines</th>
</tr>
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<tbody>
<tr>
<td><strong>Flu shot</strong></td>
</tr>
<tr>
<td><strong>Pneumonia vaccine</strong></td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
</tr>
<tr>
<td>every year</td>
</tr>
<tr>
<td>the number of shots per lifetime will depend on vaccine used and time between doses if you are at risk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diabetic services (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A1c test</strong></td>
</tr>
<tr>
<td><strong>Diabetic retinal eye exam</strong></td>
</tr>
<tr>
<td><strong>Urine protein screening</strong></td>
</tr>
<tr>
<td><strong>Treatment for urine protein</strong></td>
</tr>
<tr>
<td>2 to 4 times a year</td>
</tr>
<tr>
<td>annually</td>
</tr>
<tr>
<td>annually</td>
</tr>
<tr>
<td>as applicable</td>
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</table>

Reach your health goals

The Blue Cross® Health & Wellness website, powered by WebMD®, can help you start making the healthy lifestyle changes you’d like to see.

There are six Digital Health Assistant programs available at no additional cost to you focusing on a variety of health goals, including eating better, conquering stress, feeling happier, enjoying exercise and more. All tips come straight from WebMD’s expert health coaches.

Set your goal, choose your level (easy, moderate or challenging) then choose from more than 400 activities that appeal to your lifestyle, interests and schedule.

To learn more or to start working on a Digital Health Assistant program, log in to or register for the members-only website at www.bcbsm.com/mpsers, or open the Blue Cross mobile app, then click on Health & Wellness. From there, click on My Health Assistant under the Healthy Living tab.

WebMD Health Services is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing health and wellness services.

Take an active role in your care

Your plan offers more than 20 preventive services covered at 100 percent, including flu and pneumonia vaccines, mammograms and colorectal cancer screenings. Ask your doctor which preventive services are right for you. If you are new to Medicare, schedule a Welcome to Medicare Exam. If you’ve been enrolled in Medicare for more than a year, you can take advantage of your Annual Wellness Visit, which includes a personalized prevention plan, screening schedules, referrals and education based on your specific health situation. Annual Routine Physicals (checkups) and standard, routine laboratory tests done in conjunction with physicals are covered at 100 percent. An Annual Routine Physical is more comprehensive than an Annual Wellness Visit – ask your doctor which preventive service is right for you.

Get more out of your doctor visits by:

- Writing down questions you want to ask as well as symptoms you want your doctor to be aware of
- Taking notes as the doctor answers your questions
- Reviewing your medications (dose, side effects and over-the-counter supplements)
- Speaking up if you have any health concerns
- Being involved in your care decisions

You are a key player on your health care team.

Talk to your doctor

Don’t hide it

<table>
<thead>
<tr>
<th>Physical activity</th>
<th>Discuss issues that limit your physical activity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder control</td>
<td>Discuss if you accidentally leak urine.</td>
</tr>
<tr>
<td>Risk of falling</td>
<td>If you’ve fallen, make sure to call your doctor. Don’t wait until your next appointment.</td>
</tr>
</tbody>
</table>

Good to know

<table>
<thead>
<tr>
<th>Physical activity</th>
<th>If pain limits your physical activity, there are ways to address it.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder control</td>
<td>It’s a common problem.</td>
</tr>
<tr>
<td>Risk of falling</td>
<td>There may be simple solutions, such as a medication dosage change.</td>
</tr>
</tbody>
</table>

Ask your doctor

<table>
<thead>
<tr>
<th>Physical activity</th>
<th>Should you start, increase or maintain your level of exercise?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder control</td>
<td>What are your treatment options?</td>
</tr>
<tr>
<td>Risk of falling</td>
<td>If receiving treatment, discuss the effectiveness.</td>
</tr>
</tbody>
</table>

Going in-depth

<table>
<thead>
<tr>
<th>Physical activity</th>
<th>What types of exercise are right for you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder control</td>
<td></td>
</tr>
<tr>
<td>Risk of falling</td>
<td></td>
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</table>
Blue Cross® Virtual Well-Being

Let Blue Cross Virtual Well-Being give you the guidance and support you need on your personal well-being journey.

Virtual well-being:
- Features short, high-energy, live webinars every Thursday at noon Eastern time.
- Focuses on a different well-being topic each week.
- Topics include mindfulness, resilience, social connectedness, emotional health, financial wellness, gratitude, meditation and physical health.
- Offers informational materials you can download to save and share.

Conveniently watch Blue Cross Virtual Well-Being webinars on your computer, tablet or mobile phone. Learn more, register or watch past webinars at www.bluecrossvirtualwellbeing.com.

Save money on routine procedures

You have outpatient surgery options. This is important because outpatient surgical costs are driven in large part by where you receive the procedure. That means a colonoscopy done in an outpatient colonoscopy clinic may cost you significantly less than one done at a hospital.

If you’re in good health with no chronic conditions and have never had an adverse reaction to anesthesia, you can save money on your out-of-pocket costs by having routine, non-invasive or low-invasive outpatient procedures performed at a professional outpatient clinic versus at the hospital. Outpatient surgical facilities (also known as ambulatory surgical centers) provide the same outpatient procedures while helping you avoid paying hospital overhead costs.

Be sure to ask about the different options on where to get the procedure done the next time your doctor suggests an outpatient procedure, such as:
- Lens and cataract procedures
- Colonoscopy and biopsy
- Upper gastrointestinal endoscopy and biopsy
- Hip and knee arthroplasty

A closer look at your cost sharing

Here’s a snapshot of your out-of-pocket costs:

**Coinsurance**: 10 percent for in-network covered services
A coinsurance is a fixed percentage of the costs you pay for most covered medical services. Because it is a percentage, coinsurance math is like the math you use for calculating a tip at a restaurant. Your coinsurance is applied before you pay toward your deductible.

**Copays**: Emergency room: $120 per visit, Urgent care: $65 per visit, Routine hearing exam through TruHearing™ network providers: $45, TruHearing Advanced hearing aid: $499 per hearing aid, TruHearing Premium hearing aid: $799 per hearing aid
A copay is a flat dollar amount you pay for specific services.

**Annual deductible**: $800
You pay your deductible before your plan begins to pay.

**Annual coinsurance/copay maximum**: $900
The most you will pay in coinsurance and copays in a calendar year, excluding copays for routine hearing care.

**Annual out-of-pocket maximum**: $1,700
This includes the amount you pay each year toward your coinsurance, copays and deductible. Excluding routine hearing care services, after you have met this amount, your plan pays 100 percent of the costs for covered services for the remainder of the year.

**How it all comes together:**
The amount you pay out of pocket varies based on how much you have paid toward your annual coinsurance maximum, copays and deductible throughout the year. Here are a few examples:

<table>
<thead>
<tr>
<th>Total cost (allowed amount the plan has approved)</th>
<th>Amount you owe in coinsurance</th>
<th>Amount you owe toward your annual deductible</th>
<th>Your share of cost</th>
<th>Your health care plan pays the remaining balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before you’ve paid any deductible</td>
<td>$1,500</td>
<td>$150 + $800</td>
<td>$950</td>
<td>$550</td>
</tr>
<tr>
<td>After you’ve paid $500 toward the deductible</td>
<td>$1,500</td>
<td>$150 + $300</td>
<td>$450</td>
<td>$1,050</td>
</tr>
<tr>
<td>After you’ve paid all the deductible</td>
<td>$1,500</td>
<td>$150 + $0</td>
<td>$150</td>
<td>$1,350</td>
</tr>
<tr>
<td>After you’ve paid annual coinsurance/copay maximum &amp; deductible</td>
<td>$1,500</td>
<td>$0 + $0</td>
<td>$0</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

*The above examples exclude copays for routine hearing care service, such as exams and hearing aids.*
Your **Explanation of Benefits** has important information

**What is an EOB?**
The EOB is your **source of truth** for how much you owe health care providers. However, an EOB is not a bill. EOBS help you track your medical costs.

**What am I supposed to do with an EOB?**
Compare it to your medical bills. If a bill from your provider doesn’t look like the correct amount based on your EOB and benefits, please call us.

**What if my medical bill doesn’t show any insurance payments?**
If you receive a medical bill for covered services that doesn’t show any Blue Cross payments and you never received an EOB, then call your provider to ask them to file an insurance claim. Wait to pay until you have a bill showing that we paid our share of the cost.

**When should I pay my medical bills?**
Your doctors may charge you a copay at the time of service or bill you later. You can wait to pay medical bills that you receive in the mail until you receive an EOB that shows your share of the costs.

**How often will I get an EOB?**
We send EOBS monthly, when you’ve used your benefits. However, we can only process payments and list them on EOBS after your provider sends the service information to us.

**Can I view my EOBS online?**
Yes. You can see your benefits, claims, balances and electronic medical EOBS using your secure Blue Cross online member account at www.bcbsm.com/mpsers. (Page 17 has more information and easy ways to register.)

**Will my EOB show my premiums?**
No. EOBS only show variable costs. Premiums are a fixed monthly cost and don’t count toward your out-of-pocket maximum.

**What can you find on an EOB?**
The medical EOB shows what you’ve paid or need to pay your provider, if anything. For example:

<table>
<thead>
<tr>
<th>Amount providers have billed the plan</th>
<th>Total cost (amount the plan has approved)</th>
<th>Plan’s share</th>
<th>Your share</th>
</tr>
</thead>
<tbody>
<tr>
<td>$810.00</td>
<td>$552.00</td>
<td>$337.60</td>
<td>$214.40</td>
</tr>
</tbody>
</table>

The EOB shows what your deductible and yearly out-of-pocket limits are, and how much you’ve paid toward them. For example, this is how your first medical EOB of the year might read:

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

As of February 01, 2020 you have paid $214.40 toward your $800 yearly deductible.

**YEARLY LIMITS**
These limits tell the most you will have to pay in 2020 in "out-of-pocket" costs (copays, coinsurance and your deductible) for medical and hospital services covered by the plan.

These yearly limits are called your "out-of-pocket maximums." They put a limit on how much you have to pay, but they do not put a limit on how much care you can get.

If we deny payment for all or part of a claim, the EOB explains why.

**Things to know about your denied claim:**
- Denial code 09, Provider ID does not exist
- Denial code 07, Professional ID does not exist
- **NOTE:** We have denied all or part of this claim. However, you are not responsible for paying the billed amount.
Why am I being billed for my colonoscopy? I thought it was a free preventive screening?

A preventive colonoscopy screening checks to see that you’re healthy (no sign, symptom or disease present). Preventive screenings are covered at 100 percent. When a sign or symptom is discovered during a preventive exam, all further testing and exams are considered diagnostic procedures and diagnostic cost sharing will apply.

A diagnostic exam is performed to diagnose and, consequently, start treatment if you’re unhealthy (there is a sign, symptom or disease present). Diagnostic exams are prescribed when there are health concerns, such as certain symptoms or medical history. Diagnostic exams incur cost sharing.

Will I be paying inpatient or outpatient cost sharing?

If you’re having a service in a hospital, you should ask your provider beforehand to see if the service is inpatient or outpatient, as this will affect your cost sharing. Even if you stay in the hospital overnight, the service might still be considered outpatient if you haven’t been formally admitted as an inpatient by your doctor. If you’re not sure if the service is considered outpatient, you should ask the hospital staff.

Do you have any tips that will save money?

You can save money by receiving care in facilities that don’t charge hospital facility fees or usage fees. The best way to determine this is to ask your provider about what fees are associated with each visit or procedure. For example, many provider offices, health centers or hospital-based outpatient clinics owned and operated by hospitals charge an additional hospital usage fee or facility charge when you see any provider in the office, health center or clinic. These offices may cost you more. Additionally, your services may cost a different amount based on where they’re performed (in office, outpatient in an ambulatory surgical center, outpatient hospital facility or hospital owned doctor office).
A closer look at prior authorizations

Before getting certain treatments your doctor will request prior authorization from Blue Cross on your behalf. This helps ensure that the recommended treatment is safe, appropriate for your condition and follows guidelines based on the latest medical research.

How can you help the process?

• **Collaborate** with your doctor during your care. Be sure to tell your doctor about all earlier treatment because prior authorization requests require the provider to list other treatment you’ve had.

• **Ask your doctor** if the treatment requires prior authorization or call us before you get treatment. Services that need prior authorization are noted in the medical benefits chart included with your Evidence of Coverage booklet available online at [www.bcbsm.com/mpsers/medical-plans/medicare-ppo.html](http://www.bcbsm.com/mpsers/medical-plans/medicare-ppo.html).

Here’s how the process works:

First, a doctor sends a written request detailing the diagnosis and recommended treatment.

Then, we review the request and either:

• **Approve the request**, which means the treatment is covered. Your out-of-pocket cost is determined by your plan benefits.

• **Approve the request on a trial basis**. Part of the initial treatment will be covered to see if it produces the desired outcome. Additional medically necessary treatment may be covered once it is established the initial treatment is producing positive results. Your out-of-pocket cost is determined by your plan benefits.

• **Ask for more information** from your doctor to document medical necessity based on clinical guidelines.

• **Deny the request**, which means the treatment is not covered. We’ll explain the reason for the denial to the provider, and mail you a denial letter that explains your options, including how to appeal the denial. If a doctor provides a service requiring approval without a prior authorization, they are usually held responsible for the cost. If your provider has told you a service wasn’t approved, your provider may ask you to pay the full cost.

Tap into your health care plan — anytime, anywhere

The [Blue Cross mobile app](https://www.bcbsm.com/mpsers/) helps you understand your retirement system medical plan and how it works. From deductible to claims to out-of-pocket costs, you’ll have the information you need to manage your plan and get the most from your coverage, **wherever you go**.

Find care in your network and check doctor and hospital quality.

Show your Blue Cross member ID card to your doctor’s office staff so they have the information they need to look up your coverage.

Register for a Blue Cross member account:

• Using the app

• At [www.bcbsm.com/register](http://www.bcbsm.com/register)

• By texting REGISTER to 222764

Message and data rates may apply.

**BCBSM app questions:**

[www.bcbsm.com/app](http://www.bcbsm.com/app)

1-888-417-3479

8 a.m. to 8 p.m. Monday through Friday

TTY 711

Manage your costs with confidence

Informed decisions are confident decisions, especially when it comes to medical costs. That’s where your Blue Cross online member account can help.

Keep track of your deductible and out-of-pocket maximum

Your deductible is how much you’ll pay for care before your plan starts to pay. Your out-of-pocket max is the most you’ll pay before costs are covered completely. You can see how close you are to meeting both.

Review your claims and Explanation of Benefits

Claims and EOBs show you how much a provider charged for services, what your retirement system plan paid, and any Blue Cross discounts that were applied. They also tell you what services you’ve already paid for, and if your payment amount is correct.
Important contact information

**BCBSM Customer Service**
1-800-422-9146. TTY users call 711.
8:30 a.m. to 5 p.m. Eastern time
Monday through Friday

**24-Hour Nurse Line**
1-800-775-BLUE (2583), TTY users call 711.
24 hours a day, seven days a week.

**Behavioral health and substance abuse care**
1-888-803-4960. TTY users call 711.
Routine issues:
8 a.m. to 5 p.m. Monday through Friday
Emergencies:
24 hours a day, seven days a week

**TruHearing™**
TTY users call 711.
8 a.m. to 8 p.m.
Monday through Friday

**Report fraud**
1-888-650-8136. TTY users call 711.
8:30 a.m. to 4:30 p.m. Monday through Friday

**Michigan Office of Retirement Services**
For information about your pension account, health insurance enrollment and eligibility:
1-800-381-5111
8:30 a.m. to 5 p.m., Eastern time
Monday through Friday

Address and membership changes:
[www.michigan.gov/orsmiaccount](http://www.michigan.gov/orsmiaccount)

Your prescription, dental and vision coverage are provided by other vendors who partner with Michigan Public School Employees' Retirement System — not through Blue Cross.

Blue Cross Blue Shield of Michigan and Blue Care Network of Michigan are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

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