

Vision care Applies to:



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Medicare Plus BlueSM PPO Medicare Plus BlueSM Group PPO Both

Vision care

Vision care is designed to cover visual needs for people that are at high risk of glaucoma, such as people with a family history of glaucoma, people with diabetes, and African–Americans who are age 50 and older.

Original Medicare

Original Medicare covers glaucoma tests once every 12 months for people at high risk for the eye disease glaucoma. The beneficiary is at high risk if they have diabetes, a family history of glaucoma, are African–American and 50 or older, or are Hispanic and 65 or older. An eye doctor who is legally allowed by the state must do the tests.

Medicare Plus Blue PPO

Medicare Plus Blue PPO plans provide at least the same level of benefit coverage as Original Medicare (Part A and Part B) and provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows BCBSM to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for additional, routine vision care benefits is provided to members under select individual Medicare Plus Blue PPO plans. The scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member cost-sharing are determined by the individual plans.

Conditions for payment

In-network benefits are provided by Vision Service Plan (VSP) vision providers.

Reimbursement

Provider reimbursement is handled directly through Vision Service Plan. The provider will be paid the lesser of the allowed amount or the provider's charge, minus the member's cost-share. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

Member cost-sharing

- Medicare Plus Blue PPO providers should collect the applicable cost-sharing from the member at the time of the service when possible. Cost-sharing refers to a flat-dollar copayment, a percentage coinsurance or a deductible. You can only collect the appropriate Medicare Plus Blue PPO cost-sharing amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the noncovered service.

For detailed information about a Medicare Plus Blue PPO member's benefits and cost-share, providers may verify member benefits via web–DENIS or call CAREN at 1–866–309–1719.

Blue Cross Blue Shield of Michigan

bcbsm.com/provider/ma

Billing instructions for members

Providers should contact VSP directly for billing instructions. The VSP website is www.vsp.com.*

Members can find a VSP provider by calling 1-800-877-7195. TTY users call 1-800-428-4833.

Hours are 8 a.m. to 6 p.m., Monday through Friday.

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