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

Summary of Benefits

January 1, 2023 — December 31, 2023

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	\$0	\$38	\$95	\$184
Region 2 Berrien, Branch, Calhoun, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Monroe, Montcalm, St. Joseph and Van Buren counties	\$0	\$68	\$120	\$246
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	\$0	\$83	\$150	\$284
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	\$0	\$78	\$120	\$244
Region 6 Macomb, Oakland, Washtenaw and Wayne counties	\$0	\$75	\$133	\$283
Optional Supplemental Dental and Vision	\$20.50 (additional monthly premium)			

Region 5 is not being used at this time.

Benefits	Essential	Vitality	Signature	Assure	What you should know
Deductible	<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	There is no deductible				
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	<p>The most you could pay is \$5,200 for services you receive from in-network providers.</p> <p>You pay \$5,200 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 \$6,700 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 \$5,150 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. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital copay for each benefit period. There's no limit to the number of benefit periods.</p>				<p>Our plan covers an unlimited number of days for an inpatient stay.</p>
<p>In-network: You pay \$325 copay per day for days 1 through 6 You pay \$0 per day for days 7 through 90 You pay \$0 per day for days 91 and beyond Out-of-network: You pay 50% of approved amount per stay</p>	<p>In-network: You pay \$250 copay per day for days 1 through 6 You pay \$0 per day for days 7 through 90 You pay \$0 per day for days 91 and beyond Out-of-network: You pay 40% of approved amount per stay</p>	<p>In-network: You pay \$175 copay per day for days 1 through 6 You pay \$0 per day for days 7 through 90 You pay \$0 per day for days 91 and beyond Out-of-network: You pay 40% of approved amount per stay</p>	<p>In-network: You pay \$100 copay per day for days 1 through 6 You pay \$0 per day for days 7 through 90 You pay \$0 per day for days 91 and beyond Out-of-network: You pay 30% of approved amount per stay</p>		

Benefits	Essential	Vitality	Signature	Assure	What you should know
Outpatient Hospital Coverage¹	<p>In-network You pay \$150 copay for Medicare-covered outpatient hospital non-surgical services.</p> <p>You pay \$275 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 \$220 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 \$205 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>You may receive other services while in an outpatient hospital facility.</p>
Ambulatory Surgical Center (ASC) Services¹	<p>In-network You pay \$0 copay for Medicare-covered arthroplasty knee and hip services in an ambulatory surgical center.</p> <p>You pay \$100 for non-surgical services in an ambulatory surgical center.</p> <p>You pay \$125 copay for Medicare-covered outpatient surgery in an ambulatory surgical center.</p> <p>Out-of-network 50% of the approved amount.</p>	<p>In-network You pay \$0 copay for Medicare-covered arthroplasty knee and hip services in an ambulatory surgical center.</p> <p>You pay \$100 for non-surgical services in an ambulatory surgical center.</p> <p>You pay \$125 copay for Medicare-covered outpatient surgery in an ambulatory surgical center.</p> <p>Out-of-network 40% of the approved amount.</p>	<p>In-network You pay \$0 copay for Medicare-covered arthroplasty knee and hip services in an ambulatory surgical center.</p> <p>You pay \$75 for non-surgical services in an ambulatory surgical center.</p> <p>You pay \$100 copay for Medicare-covered outpatient surgery in an ambulatory surgical center.</p> <p>Out-of-network 40% of the approved amount.</p>	<p>In-network You pay \$0 copay for Medicare-covered arthroplasty knee and hip services in an ambulatory surgical center.</p> <p>You pay \$50 for non-surgical services in an ambulatory surgical center.</p> <p>You pay \$75 copay for Medicare-covered outpatient surgery in an ambulatory surgical center.</p> <p>Out-of-network 30% of the approved amount.</p>	

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Doctor Visits <ul style="list-style-type: none"> ○ Primary ○ Specialists 	In-network: You pay \$0 Out-of-network: You pay \$25 copay In-network: You pay \$45 copay Out-of-network: You pay \$50 copay	In-network: You pay \$0 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 \$0 Out-of-network: You pay 40% of approved amount In-network: You pay \$35 copay Out-of-network: You pay 40% of approved amount	In-network: You pay \$0 Out-of-network: You pay 30% of approved amount In-network: You pay \$0 Out-of-network: You pay 30% of approved amount	Our plan also covers telehealth services including those for primary care physician services and behavioral health providers.		
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 COVID-19, flu, hepatitis B, and pneumococcal vaccines ● 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>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 COVID-19, flu, hepatitis B, and pneumococcal vaccines ● 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 COVID-19, flu, hepatitis B, and pneumococcal vaccines ● 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) 						

Benefits	Essential	Vitality	Signature	Assure	What you should know
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. You are covered for emergency medical care worldwide.
Urgently Needed Services	In- and Out-of-network: You pay \$50 copay at an urgent care center You pay \$0 copay at a primary care physician's office	In- and Out-of-network: You pay \$50 copay at an urgent care center You pay \$0 copay at a primary care physician's office	In- and Out-of-network: You pay \$50 copay at an urgent care center You pay \$0 copay at a primary care physician's office	In- and Out-of-network: You pay \$40 copay at an urgent care center You pay \$0 copay at a primary care physician's office	You have coverage for worldwide urgently needed services.
Diagnostic Services/ Labs/Imaging¹ <ul style="list-style-type: none"> ○ Diagnostic radiology services (e.g., MRI, high-tech) ○ Lab services ○ COVID-19 testing 	In-network: You pay \$100 copay Out-of-network: You pay 50% of approved amount In-network: You pay \$0-\$40 copay, depending on the service Out-of-network: You pay 50% of approved amount In-network: You pay \$0 copay Out-of-network: You pay \$0 copay	In-network: You pay \$100 copay Out-of-network: You pay 40% of approved amount In-network: You pay \$0-\$40 copay, depending on the service Out-of-network: You pay 40% of approved amount In-network: You pay \$0 copay Out-of-network: You pay \$0 copay	In-network: You pay \$100 copay Out-of-network: You pay 40% of approved amount In-network: You pay \$0-\$30 copay, depending on the service Out-of-network: You pay 40% of approved amount In-network: You pay \$0 copay Out-of-network: You pay \$0 copay	In-network: You pay \$75 copay Out-of-network: You pay 30% of approved amount In-network: You pay \$0-\$20 copay, depending on the service Out-of-network: You pay 30% of approved amount In-network: You pay \$0 copay Out-of-network: You pay \$0 copay	Using in-network providers lowers your costs.

Benefits	Essential	Vitality	Signature	Assure	What you should know
<ul style="list-style-type: none"> ○ Diagnostic tests and procedures ○ Outpatient X-rays ○ Therapeutic radiology services 	<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 \$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 \$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 \$35 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 \$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>Using in-network providers lowers your costs.</p>
<p>Hearing Services</p> <ul style="list-style-type: none"> ○ Hearing exam to diagnose and treat hearing and balance issues 	<p>In-network: You pay \$0 copay for Medicare-covered hearing services from a primary care provider.</p> <p>You pay \$45 copay for Medicare-covered hearing services from a specialist.</p> <p>Out-of-network: You pay 50% of approved amount</p>	<p>In-network: You pay \$0 copay for Medicare-covered hearing services from a primary care provider.</p> <p>You pay \$40 copay for Medicare-covered hearing services from a specialist.</p> <p>Out-of-network: You pay 50% of approved amount</p>	<p>In-network: You pay \$0 copay for Medicare-covered hearing services from a primary care provider.</p> <p>You pay \$35 copay for Medicare-covered hearing services from a specialist.</p> <p>Out-of-network: You pay 50% of approved amount</p>	<p>In-network: You pay \$0 copay for Medicare-covered hearing services from a primary care provider</p> <p>You pay \$0 copay for Medicare-covered hearing services from a specialist.</p> <p>Out-of-network: You pay 50% of approved amount</p>	

Benefits	Essential	Vitality	Signature	Assure	What you should know
<ul style="list-style-type: none"> ○ Routine hearing exam (1 every year) 	<p>In-network: You pay \$0 copay for Medicare-covered hearing services from a primary care provider.</p> <p>You pay \$45 copay for Medicare-covered hearing services from a specialist.</p> <p>Out-of-network: You pay 50% of approved amount</p>	<p>In-network: You pay \$0 copay for Medicare-covered hearing services from a primary care provider.</p> <p>You pay \$40 copay for Medicare-covered hearing services from a specialist.</p> <p>Out-of-network: You pay 50% of approved amount</p>	<p>In-network: You pay \$0 copay for Medicare-covered hearing services from a primary care provider.</p> <p>You pay \$35 copay for Medicare-covered hearing services from a specialist.</p> <p>Out-of-network: You pay 50% of approved amount</p>	<p>In-network: You pay \$0 copay for Medicare-covered hearing services from a primary care provider.</p> <p>You pay \$0 copay for Medicare-covered hearing services from a specialist.</p> <p>Out-of-network: You pay 50% of approved amount</p>	
<ul style="list-style-type: none"> ○ Hearing aid fitting/evaluation (1 every three years) 	<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 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 50% of approved amount</p>	<p>Plan covers a \$1,500 allowance maximum for both ears (up to \$750 per ear) every three years for new hearing aids, including applicable dispensing fee.</p>
<ul style="list-style-type: none"> ○ Hearing aids 	<p>In-network: You pay \$0</p> <p>Out-of-network: You pay \$0</p>	<p>In-network: You pay \$0</p> <p>Out-of-network: You pay \$0</p>	<p>In-network: You pay \$0</p> <p>Out-of-network: You pay \$0</p>	<p>In-network: You pay \$0</p> <p>Out-of-network: You pay \$0</p>	

Benefits	Essential	Vitality	Signature	Assure	What you should know
Dental Services (Medicare covered)	<p>In-network: You pay \$0 copay for Medicare-covered dental services from a primary care provider</p> <p>You pay \$45 copay for Medicare-covered dental services from a specialist.</p> <p>Out-of-network: You pay 50% of approved amount</p>	<p>In-network: You pay \$0 copay for Medicare-covered dental services from a primary care provider</p> <p>You pay \$40 copay for Medicare-covered dental services from a specialist.</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$0 copay for Medicare-covered dental services from a primary care provider</p> <p>You pay \$35 copay for Medicare-covered dental services from a specialist.</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$0 copay for Medicare-covered dental services from a primary care provider</p> <p>You pay \$0 copay for Medicare-covered dental services from a specialist.</p> <p>Out-of-network: You pay 30% of approved amount</p>	
Dental services (Preventive and Comprehensive)	<p>This benefit provides a \$1,500 annual maximum (combined in- and out-of-network) for preventive and comprehensive dental services.</p>				<p>To find a participating dentist, visit www.mibluedentist.com and search for PPO dentists in the BCBSM Medicare Advantage PPO network.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<ul style="list-style-type: none"> ○ Preventive <ul style="list-style-type: none"> • Oral exams (up to 2 every calendar year) • Routine cleanings (up to 2 every calendar year) • Dental X-rays (1 set of up to 4 bitewing X-rays, or 1 set of up to 6 periapical films every 2 calendar years) • Fluoride treatment (1 every calendar year) 	<p>In-network: You pay 0% coinsurance</p> <p>Out-of-network: You pay 50% of approved amount</p>				

Benefits	Essential	Vitality	Signature	Assure	What you should know
<ul style="list-style-type: none"> ○ Comprehensive <ul style="list-style-type: none"> • Brush biopsies (2 per calendar year) • Resin and amalgam fillings (once per tooth per surface every 48 months) • Crowns for permanent teeth only (once per tooth every 84 months) • Crown repairs (3 per permanent tooth per calendar year) • Root canals (once per tooth per lifetime) • Deep cleaning (once per quadrant per 24 months) • Extractions (one time per tooth per lifetime) • Oral Surgery (two times per tooth per lifetime) 	<p>In-network: You pay 0% coinsurance</p> <p>Out-of-network: You pay 50% coinsurance</p>				

Benefits	Essential	Vitality	Signature	Assure	What you should know
Dental - Optional Supplemental Benefit	<p>The benefit provides another \$1,500 annual maximum bringing your total annual maximum to \$3,000 (combined in- and out-of-network) for preventive and comprehensive dental services. No Deductible.</p> <p>In-network: 25% coinsurance for:</p> <ul style="list-style-type: none"> • Onlays • Periodontics • Bridges • Dentures • Denture adjustments • Denture repairs • Denture relines • Denture rebase • Implants • Implant maintenance and repairs • Anesthesia • Consultation exams <p>Out-of-network: 50% coinsurance for:</p> <ul style="list-style-type: none"> • Onlays • Periodontics • Bridges • Dentures • Denture adjustments • Denture repairs • Denture relines • Denture rebase • Implants • Implant maintenance and repairs • Anesthesia • Consultation exams 				<p>This optional supplemental benefit is available for an additional premium.</p> <p>The additional optional supplemental \$1,500 annual maximum applies to all dental services listed in this document. This is in addition to the \$1,500 annual maximum for preventive and comprehensive dental services.</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 copay for Medicare-covered vision services from a primary care provider.</p> <p>You pay \$45 copay for Medicare-covered vision services from a specialist.</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 copay for Medicare-covered vision services from a primary care provider</p> <p>You pay \$40 copay for Medicare-covered vision services from a specialist.</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 copay for Medicare-covered vision services from a primary care provider</p> <p>You pay \$35 copay for Medicare-covered vision services from a specialist.</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 copay for Medicare-covered vision services from a primary care provider</p> <p>You pay \$0 copay for Medicare-covered vision services from a specialist.</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>People with diabetes, screening for diabetic retinopathy is covered once per year.</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 (not provided by VSP) ○ Routine eye exam ○ You are eligible for ONE of the following, every 12 months: <ul style="list-style-type: none"> ● Elective contacts OR ● One pair standard lenses OR ● One frame OR ● One complete pair of eyeglasses 	<p>In-network: You pay \$45 copay</p> <p>Out-of-network: You pay 50% 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: Eyewear benefit provides a combined in- and out-of-network maximum benefit up to \$150 every 12 months and may be used for either (a) elective contact lenses or, (b) one frame. One pair of standard eyeglass lenses is covered in full every 12 months</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: Eyewear benefit provides a combined in- and out-of-network maximum benefit up to \$150 every 12 months and may be used for either (a) elective contact lenses or, (b) one frame. One pair of standard eyeglass lenses is covered in full every 12 months.</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</p> <p>Out-of-network: Reimbursed up to 50% of the allowed amount</p> <p>In-network: Eyewear benefit provides a combined in- and out-of-network maximum benefit up to \$150 every 12 months and may be used for either (a) elective contact lenses or, (b) one frame. One pair of standard eyeglass lenses is covered in full every 12 months.</p>	<p>In-network: You pay \$0 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: Eyewear benefit provides a combined in- and out-of-network maximum benefit up to \$150 every 12 months and may be used for either (a) elective contact lenses or, (b) one frame. One pair of standard eyeglass lenses is covered in full every 12 months.</p>	<p>VSP Vision Care providers represent the plan's vision network. Routine vision care must be provided by a VSP provider for services to be considered in-network. To locate a VSP Choice Network provider you can access VSP.com or call 1-877-365-5430, 8 a.m. to 8 p.m. local time, Monday - Saturday. Hearing impaired customers may call 1-800-428-4833 for assistance.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Vision Services, continued</p> <ul style="list-style-type: none"> ○ An allowance (every 12 months) is provided for: <ul style="list-style-type: none"> ● Elective contacts OR ● One frame <p>For a complete pair of eyeglasses, allowance is available for the frame only.</p> <p>Standard eyeglass lenses are covered in full every 12 months.</p>	<p>Out-of-network: Eyewear benefit provides a combined in- and out-of-network maximum benefit with 50% of allowed amounts up to \$150 every 12 months and may be used for either (a) elective contact lenses or, (b) one frame.</p> <p>Standard eyeglass lenses are reimbursed up to 50% of the allowed amount</p>	<p>Out-of-network: Eyewear benefit provides a combined in- and out-of-network maximum benefit with 50% of allowed amounts up to \$150 every 12 months and may be used for either (a) elective contact lenses or, (b) one frame.</p> <p>Standard eyeglass lenses are reimbursed up to 50% of the allowed amount</p>	<p>Out-of-network: Eyewear benefit provides a combined in- and out-of-network maximum benefit with 50% of allowed amounts up to \$150 every 12 months and may be used for either (a) elective contact lenses or, (b) one frame.</p> <p>Standard eyeglass lenses are reimbursed up to 50% of the allowed amount</p>	<p>Out-of-network: Eyewear benefit provides a combined in- and out-of-network maximum benefit with 50% of allowed amounts up to \$150 every 12 months and may be used for either (a) elective contact lenses or, (b) one frame.</p> <p>Standard eyeglass lenses are reimbursed up to 50% of the allowed amount</p>	

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Optional Supplemental Vision</p> <p>You are eligible for ONE of the following, every 12 months:</p> <ul style="list-style-type: none"> • Elective contact lenses OR • One pair of standard eyeglass lenses OR • One frame OR • One complete pair of eyeglasses <p>An allowance every 12 months is provided for:</p> <ul style="list-style-type: none"> • Elective contact lenses OR • One frame <p>For a complete pair of eyeglasses, the vision allowance is available for the frame only. If standard eyeglass lenses or one complete pair of eyeglasses are chosen, lenses have the options of polycarbonate lenses and anti-reflective coating.</p>	<p>In-network</p> <p>You have an allowance that can be used toward either elective contact lenses or one frame.</p> <p>The optional eyewear benefit provides a \$250 (in addition to the enhanced vision benefit) combined in and out-of-network benefit maximum every 12 months and may be used for either (a) elective contact lenses or (b) one frame.</p> <p>Standard eyeglass lenses are covered in full every 12 months as part of the Enhanced Vision benefit.</p>				<p>Optional supplemental vision benefits are provided in conjunction with the Enhanced Vision benefits. Frequency limits apply.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Optional Supplemental Vision <i>continued</i></p> <p>If elective contact lenses are chosen, they are covered up to the maximum vision benefit.</p> <p>You may pay higher out-of-pocket amounts if you receive services from out-of-network providers.</p> <p>Routine vision care must be from a participating VSP Choice Network provider. To locate a VSP Choice Network provider, call 1-877-365-5430 from 8 a.m. to 8 p.m. local time, Monday through Friday. TTY users call 1-800-428-4833 or visit www.vsp.com.</p>	<p>Out-of-network</p> <p>You have an allowance that can be used toward either elective contact lenses or one frame.</p> <p>The optional eyewear benefit provides (in addition to the Enhanced vision benefit) a combined in- and out-of-network benefit maximum with 50% coinsurance up to \$250 every 12 months and may be used for either (a) elective contact lenses or (b) frames</p> <p>Standard eyeglass lenses are reimbursed at 50% coinsurance up to allowed amounts every 12 months, as part of the Enhanced Vision benefit.</p> <p>Exams are reimbursed at 50% coinsurance up to allowed amounts. Routine eye exams are limited to 1 every 12 months.</p> <p>For out-of-network services, you may be required to pay the cost up front and submit for reimbursement.</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 \$188 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 \$188 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 \$188 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 \$188 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>No prior hospital stay is required for a skilled nursing facility stay.</p>
Physical Therapy	<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>Physical Therapy is available in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities.</p>
Ambulance (Ground or Air)	<p>In-network: You pay \$275 copay</p> <p>Out-of-network: You pay \$275 copay or 50% of approved amount, depending on the service</p>	<p>In-network: You pay \$275 copay</p> <p>Out-of-network: You pay \$275 copay or 40% of approved amount, depending on the service</p>	<p>In-network: You pay \$250 copay</p> <p>Out-of-network: You pay \$250 copay or 40% of approved amount, depending on the service</p>	<p>In-network: You pay \$250 copay</p> <p>Out-of-network: You pay \$250 copay or 30% of approved amount, depending on the service</p>	<p>Copay is for each one-way trip.</p>

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 	<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 40% of approved amount</p>	<p>In-network: You pay 20% of approved amount</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay 20% of approved amount</p> <p>Out-of-network: You pay 30% of approved amount</p>	<p>Step therapy may be required.</p>
<p>Rehabilitation Services</p> <ul style="list-style-type: none"> Occupational therapy visit Speech and language therapy visit 	<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 \$40 copay</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$40 copay</p> <p>Out-of-network: You pay 40% of approved amount</p>	<p>In-network: You pay \$35 copay</p> <p>Out-of-network: You pay 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>In-network: You pay \$30 copay</p> <p>Out-of-network: You pay 30% of approved amount</p>	<p>Rehabilitation services are available in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Cardiac rehabilitation services</p> <p>Comprehensive programs of cardiac rehabilitation services that include exercise, education, and counseling are covered for members who meet certain conditions with a doctor's order.</p> <p>The plan also covers intensive cardiac rehabilitation programs that are typically more rigorous or more intense than cardiac rehabilitation programs.</p>	<p>In-network: You pay \$0 copay for Medicare-covered cardiac rehabilitation and intensive cardiac rehabilitation services.</p> <p>Out-of-network: You pay 50% of the approved amount for Medicare-covered cardiac rehabilitation and intensive cardiac rehabilitation services.</p>	<p>In-network: You pay \$0 copay for Medicare-covered cardiac rehabilitation and intensive cardiac rehabilitation services.</p> <p>Out-of-network: You pay 40% of the approved amount for Medicare-covered cardiac rehabilitation and intensive cardiac rehabilitation services.</p>	<p>In-network: You pay \$0 copay for Medicare-covered cardiac rehabilitation and intensive cardiac rehabilitation services.</p> <p>Out-of-network: You pay 40% of the approved amount for Medicare-covered cardiac rehabilitation and intensive cardiac rehabilitation services.</p>	<p>In-network: You pay \$0 copay for Medicare-covered cardiac rehabilitation and intensive cardiac rehabilitation services.</p> <p>Out-of-network: You pay 30% of the approved amount for Medicare-covered cardiac rehabilitation and intensive cardiac rehabilitation services.</p>	
<p>Pulmonary rehabilitation services</p> <p>Comprehensive programs of pulmonary rehabilitation are covered for members who have moderate to very severe chronic obstructive pulmonary disease (COPD) and an order for pulmonary rehabilitation from the doctor treating the chronic respiratory disease.</p>	<p>In-network: You pay \$0 copay for Medicare-covered pulmonary rehabilitation services.</p> <p>Out-of-network: You pay 50% of the approved amount for Medicare-covered pulmonary rehabilitation services.</p>	<p>In-network: You pay \$0 copay for Medicare-covered pulmonary rehabilitation services.</p> <p>Out-of-network: You pay 40% of the approved amount for Medicare-covered pulmonary rehabilitation services.</p>	<p>In-network: You pay \$0 copay for Medicare-covered pulmonary rehabilitation services.</p> <p>Out-of-network: You pay 40% of the approved amount for Medicare-covered pulmonary rehabilitation services.</p>	<p>In-network: You pay \$0 copay for Medicare-covered pulmonary rehabilitation services.</p> <p>Out-of-network: You pay 30% of the approved amount for Medicare-covered pulmonary rehabilitation services.</p>	

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Foot Care (podiatry services)¹</p> <p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions</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 \$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 \$0 copay</p> <p>Out-of-network: You pay 30% of approved amount</p>	<p>Your doctor will charge an outpatient surgical copay for toenail clipping.</p>
<p>Medical Equipment/Supplies¹</p> <ul style="list-style-type: none"> ○ Durable Medical Equipment (e.g., wheelchairs, oxygen) ○ Prosthetics (e.g., braces, artificial limbs) ○ Diabetes supplies (e.g., monitoring, including approved continuous glucose 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>For in-network cost sharing for DME, diabetic shoes and inserts, contact Northwood at 1-800-667-8496, 8:30 a.m. to 5 p.m. Monday through Friday. TTY users call 711.</p> <p>For in-network cost sharing for diabetic supplies, contact J&B Medical Supply Company at 1-888-896-6233 from 8 a.m. to 6 p.m., Monday through Friday. TTY users call 711.</p> <p>Select continuous glucose monitors and other diabetic supplies (except diabetic shoes) may be obtained from any in-network pharmacy.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Health fitness program</p> <p>Members are covered for a fitness benefit through SilverSneakers®. SilverSneakers is a comprehensive program that can improve overall well-being and social connections. Designed for all levels and abilities, SilverSneakers provides convenient access to a nationwide fitness network, a variety of programming options and activities beyond the gym that incorporate physical well-being and social interaction.</p>	<p><u>In-network</u></p> <p>\$0 copay for health fitness program.</p> <p>Fitness services must be provided at SilverSneakers® participating locations. You can find a location or request information at www.silversneakers.com or 1-866-584-7352, 8 a.m. to 8 p.m. Eastern time, Monday through Friday. TTY users call 711.</p> <p>SilverSneakers and SilverSneakers FLEX are registered trademarks of Tivity Health, Inc. SilverSneakers GO, SilverSneakers On-Demand and SilverSneakers LIVE are trademarks of Tivity Health, Inc. © 2022 Tivity Health, Inc. All rights reserved.</p>				<p>Benefits include:</p> <ul style="list-style-type: none"> • Use of exercise equipment, classes, and other amenities at thousands of participating locations • SilverSneakers LIVE™ online classes and workshops taught by instructors trained in senior fitness • SilverSneakers On-Demand™ online library with hundreds of workout videos • SilverSneakers GO™ mobile app with on-demand videos and live classes • SilverSneakers FLEX® gives you options to get active outside of traditional gyms (like recreation centers, malls, and parks)

Benefits	Essential	Vitality	Signature	Assure	What you should know
					<ul style="list-style-type: none"> • Online fitness tips and healthy eating information • Social connections through events such as shared meals, holiday celebrations, and class socials • GetSetUp virtual enrichment program with classes on topics ranging from healthy eating to aging in place <p>Go to www.silversneakers.com to learn more or call 1-866-584-7352, 8 a.m. to 8 p.m. Eastern time, Monday through Friday. TTY users call 711.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Bathroom Safety</p> <p>Members may use the annual plan benefit maximum towards supplemental bathroom safety items such as:</p> <ul style="list-style-type: none"> • Shower/bathtub grab bar • Tub stool or transfer bench • Commode rails • Elevated toilet seats 	<p>You pay \$0 copay Covered in full up to \$100 annual plan benefit maximum.</p>				<p>Installation and in-home assessment are not covered.</p> <p>If a noncovered item and/or service is elected, the member is responsible for the entire charge associated with that item and/or service.</p>
<p>Chiropractic Care</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) ○ Routine Care one visit per year ○ Chiropractic X-rays 	<p>In-network: You pay \$15 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 \$35 copay</p> <p>Out-of-network: You pay 50% of approved amount</p>	<p>In-network: You pay \$15 copay</p> <p>Out-of-network: You pay 40% of approved amount</p> <p>In-network: You pay \$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 \$15 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 \$15 copay</p> <p>Out-of-network: You pay 30% of approved amount</p> <p>In-network: You pay \$0 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>One routine office visit per year.</p> <p>You have coverage for one set of X-rays (up to 3 views) per year performed by a chiropractor.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
Home Health Care¹	In-network: You pay \$0 Out-of-network: You pay 50% of approved amount	In-network: You pay \$0 Out-of-network: You pay 40% of approved amount	In-network: You pay \$0 Out-of-network: You pay 40% of approved amount	In-network: You pay \$0 Out-of-network: You pay 30% of approved amount	Home health care does not include custodial care.
Home Infusion Therapy¹	In- and Out-of-network: 0% coinsurance for Medicare-covered home infusion therapy services.				
Hospice	<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
<p>Blue Cross Online Visits</p> <p>Medical</p> <p>Members can get 24 hours a day, 7 days a week online health care for minor illnesses and symptoms through Blue Cross Online VisitsSM or from their in-network provider.</p> <p>Examples of symptoms that can be addressed in an online visit:</p> <ul style="list-style-type: none"> • Respiratory and sinus infections • Colds, flu and seasonal allergies • Eye irritation or redness • Strains and sprains <p>Behavioral Health</p> <p>Members can get 24 hours a day, 7 days a week online health care for mental health through Blue Cross Online VisitsSM or from an in-network behavioral health provider who offers online visits.</p>	<p>You pay \$0 copay for telehealth services provided by a primary care physician or mental health provider</p>				<p>Members have the option of getting primary care and behavioral health care either through an in-person visit or by telehealth. If you choose to get one of these services by telehealth, then you must use a network provider who offers the service by telehealth.</p> <p>You can also use Blue Cross Online Visits to access telehealth services. Visit bcbsmonlinevisits.com for more information.</p> <p>Please note: You must have video capability for visits through smartphone or computer.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>In-home support services</p> <p>Eligible members will have access to in-home help provided by a non-clinical care team. Care team staff will help eligible members with daily living activities such as transportation, light household help, meal preparation, basic technology support, and grocery shopping.</p> <p>Members can verify their eligibility for this benefit by calling our vendor partner, Papa, at 1-888-597-6294, 8 a.m. – 11 p.m. Eastern time, Monday – Friday and 8 a.m. – 8 p.m. Eastern time, Saturday and Sunday.</p>	<p>\$0 copay for up to 8 hours with a Papa Pal each month, for eligible members.</p>		<p>Not available for Vitality, Signature or Assure</p>		<p>To qualify for this benefit, you must meet the following requirements:</p> <ol style="list-style-type: none"> 1) Live alone, and 2) Require help with activities related to living independently, such as transportation, light housework, meal preparation, etc. <p>An over-the-phone eligibility assessment with Medicare Plus Blue's approved vendor, Papa, is required to determine eligibility. Members must use Papa, the plan-contracted vendor.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Meal benefit</p> <p>Qualified members who have been selected to be a part of Blue Cross Coordinated Care CoreSM, care management program for members with special health needs and have been discharged from a hospital may be eligible for a two-week (14-day) meal benefit. Members are eligible for this benefit during the 30-day period after they return home from the hospital. An assessment with your Blue Cross nurse care manager is required to determine eligibility for the meal benefit. If you qualify for this benefit your Blue Cross nurse care manager will make a referral to the plan-approved meal provider.</p>	<p>\$0 copay for qualified members</p>				<p>Twenty-eight (28) meals will be delivered to your home in a refrigerated cooler pack in two shipments (14 meals per shipment). Meals can be tailored to meet certain dietary needs.</p> <p>There is no annual limit to the number of occurrences.</p>
<p>Outpatient Substance Abuse</p> <p>Group and individual therapy visit</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 \$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 \$0 copay</p> <p>Out-of-network: You pay 30% of approved amount</p>	<p>Includes detoxification, medical testing and diagnostic evaluation.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
Renal dialysis	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	Certain drugs for dialysis are covered under your Medicare Part B drug benefit.

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Over-the-Counter (OTC) Allowance: Advantage Dollars Over-the-Counter (OTC) items are drugs and health related products that do not need a prescription. This benefit covers certain approved non-prescription over-the-counter drugs and health-related items.</p> <p>Covered items include but are not limited to antacids, cough drops, denture adhesive, eye drops, pain medications, toothpaste and first aid items. Food items are covered for members with certain conditions.</p> <p>There are four ways to use your benefit:</p> <p>1) In-store. You will receive an Advantage Dollars card in the mail. You can use this card to purchase many common items at local retailers. You can find a complete list of plan-approved retailers online at www.bcbsm.com/medicareotc.</p>	There is no coinsurance, copayment, or deductible.				<p>Essential, Vitality and Signature members will receive one card for purchasing approved non-prescription, over-the-counter drugs, health-related items, and, if you qualify, healthy food at participating retail locations. Assure members, only, will receive one credit card for the Over-the-Counter (OTC) and Advantage Dollars Flex benefits.</p>
	Allowance Amount				
	You receive \$85 per quarter	You receive \$25 per quarter			
	<p>An allowance is added each quarter (January 1, April 1, July 1, October 1). Unused amounts will carry forward into the next quarter but not into the next calendar year. The final day to spend allowance dollars is December 31, 2023. Any unspent allowance will not carry over to 2024.</p> <p>Note: All purchases must be made through plan-approved retailers.</p>				

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>2) Online. Go to www.bcbsm.com/medicareotc and follow the prompts to place the order using the online catalog. Items will be mailed to you.</p> <p>3) Mail. You may request a printed catalog and order form by calling 1-855-856-7878 (TTY: 711), 8 a.m. – 11 p.m. Eastern time, Monday – Friday. Complete and return the order form. Items will be mailed to you.</p> <p>4) Telephone. Select items using the printed or online catalog and call 1-855-856-7878 (TTY: 711), 8 a.m. – 11 p.m. Eastern time, Monday – Friday, to place an order. Items will be mailed to you.</p>					<p>See <i>Special supplemental benefits for the chronically ill, Food Allowance</i>, for more information.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Advantage Dollars Flex Card Allowance (Assure ONLY)</p> <p>Advantage Dollars Flex Card is an allowance that can be used for items and services for Dental, Vision, and Hearing services, both in-network and out-of-network.</p> <p>How to use your benefit:</p> <p>You will receive a credit card in the mail. You can use this benefit at any dental, vision, or hearing provider.</p> <p>This allowance is separate from the Advantage Dollars Over-the-Counter (OTC) benefit but will be on the same card.</p>	There is no coinsurance, copayment, or deductible.				
	Allowance Amount				
	Not available for Essential, Vitality, or Signature	You receive \$75 per quarter			
		An allowance is added each quarter (January 1, April 1, July 1, October 1). Unused amounts will carry forward into the next quarter but not into the next calendar year. The final day to spend allowance dollars is December 31, 2023. Any unspent allowance will not carry over to 2024.		<p>You can use this allowance to pay for in- and out-of-network dental, vision, and hearing items and services in addition to your plan-covered services.</p> <p>You will receive one credit card for the Advantage Dollars Flex and Over-the-Counter (OTC) benefit.</p>	

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Special supplemental benefits for the chronically ill</p> <p>Food Allowance</p> <p>Members with certain health conditions can use their quarterly over-the-counter (OTC) Advantage Dollars allowance to buy approved foods. This benefit will be available only to plan-identified members who have been diagnosed with:</p> <ul style="list-style-type: none"> • Diabetes • Chronic obstructive pulmonary disease (COPD) • Congestive Heart Failure (CHF) • Stroke • Hypertension • Coronary Artery Disease (CAD) • Rheumatoid arthritis 	There is no coinsurance, copayment, or deductible.				
	Allowance Amount				
	You receive \$85 per quarter	You receive \$25 per quarter	You receive \$25 per quarter	You receive \$25 per quarter	<p>Note: This benefit works in conjunction with the Over-the-Counter (OTC) Allowance: Advantage Dollars benefit and is limited to the maximum amount.</p> <p>The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify.</p> <p>See Over-the-Counter (OTC) Allowance: Advantage Dollars benefit for more information on the over-the-counter items benefit.</p>
<p>An allowance is added each quarter (January 1, April 1, July 1, October 1). Unused amounts will carry forward into the next quarter but not into the next calendar year. The final day to spend allowance dollars is December 31, 2023. Any unspent allowance will not carry over to 2024.</p> <p>Note: All purchases must be made through plan-approved retailers.</p>					

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Support for caregivers of enrollees</p> <p>Eligible members who have a non-professional caregiver (e.g., a family member or other person who cares for them) may be eligible for access to an online Caregiver Support tool. The tool provides training, coaching and support to family members or other persons who care for members with dementia and other high-risk conditions.</p> <p>Caregivers will have access to online coaching, education, and support where they can learn:</p> <ul style="list-style-type: none"> • How to manage stress and social isolation • How to access available resources such as transportation and home health assistance • Home safety improvements • How to prevent falls • About advanced care planning 	<p>\$0 copay for support for caregivers of enrollees.</p> <p>An eligibility assessment with a nurse care manager is required to determine eligibility.</p>			<p>Qualifying members will be referred to this program by their Care Manager.</p> <p>For a caregiver to qualify for this benefit, the <u>member</u> must meet the following requirements:</p> <ol style="list-style-type: none"> 1. Have been selected to be a part of a Blue Cross Coordinated Care CoreSM care management program for members with special health needs. 2. Be cared for at home by a family member or other person who would benefit from the support, training and coaching this program provides. 	

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Worldwide emergency coverage</p> <ul style="list-style-type: none"> ○ Worldwide emergency coverage ○ Worldwide urgent coverage ○ Worldwide emergency transportation 	<p>In- and Out-of-Network You pay \$90 for worldwide emergency coverage.</p> <p>In- and Out-of-Network You pay \$50 for worldwide urgent coverage.</p> <p>In- and Out-of-Network You pay \$275 for worldwide emergency transportation.</p>	<p>In- and Out-of-Network You pay \$90 for worldwide emergency coverage.</p> <p>In- and Out-of-Network You pay \$50 for worldwide urgent coverage.</p> <p>In- and Out-of-Network You pay \$275 for worldwide emergency transportation.</p>	<p>In- and Out-of-Network You pay \$90 for worldwide emergency coverage.</p> <p>In- and Out-of-Network You pay \$50 for worldwide urgent coverage.</p> <p>In- and Out-of-Network You pay \$250 for worldwide emergency transportation.</p>	<p>In- and Out-of-Network You pay \$90 for worldwide emergency coverage.</p> <p>In- and Out-of-Network You pay \$40 for worldwide urgent coverage.</p> <p>In- and Out-of-Network You pay \$250 for worldwide emergency transportation.</p>	<p>If you need care when you're outside of the United States, we cover emergency and urgently needed services and emergency transportation, only.</p> <p>There is a combined \$50,000 lifetime limit that applies to both urgent and emergent medical care and emergency transportation outside of the United States and its territories.</p>

Outpatient Prescription Drugs - Essential

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 \$4,660. 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	\$5	\$0
Tier 2: Generic	\$20	\$11
Tier 3: Preferred Brand	\$47	\$42
Tier 4: Non-Preferred Drug	50%	50%
Tier 5: Specialty Tier	33%	33%

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Your share of the cost when you get a *long-term* (32- to 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 cost sharing (in-network)	Preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$15	\$0	\$0
Tier 2: Generic	\$60	\$0	\$0
Tier 3: Preferred Brand	\$141	\$126	\$116
Tier 4: Non-Preferred Drug	50%	50%	50%
Tier 5: Specialty Tier	Not offered	Not offered	Not offered

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 coverage for some Tier 1 generics during the coverage gap stage. During this stage, you will pay either \$0 at a Preferred pharmacy or \$5 at a Standard pharmacy for a 31-day supply of these medications. You also have coverage for generic and brand-name drugs in the Catastrophic Coverage stage. During this stage, you will pay \$4.15 for generic drugs and \$10.35 for brand-name drugs or 5%, whichever is greater. 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

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 \$4,660. 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	\$5	\$0
Tier 2: Generic	\$20	\$11
Tier 3: Preferred Brand	\$47	\$42
Tier 4: Non-Preferred Drug	50%	50%
Tier 5: Specialty Tier	33%	33%

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Your share of the cost when you get a *long-term* (32- to 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 cost sharing (in-network)	Preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$15	\$0	\$0
Tier 2: Generic	\$60	\$0	\$0
Tier 3: Preferred Brand	\$141	\$126	\$116
Tier 4: Non-Preferred Drug	50%	50%	50%
Tier 5: Specialty Tier	Not offered	Not offered	Not offered

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 coverage for some Tier 1 generics during the coverage gap stage. During this stage, you will pay either \$0 at a Preferred pharmacy or \$5 at a Standard pharmacy for a 31-day supply of these medications. You also have coverage for generic and brand-name drugs in the Catastrophic Coverage stage. During this stage, you will pay \$4.15 for generic drugs and \$10.35 for brand-name drugs or 5%, whichever is greater. 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 \$4,660. 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	\$5	\$0
Tier 2: Generic	\$18	\$10
Tier 3: Preferred Brand	\$47	\$42
Tier 4: Non-Preferred Drug	48%	48%
Tier 5: Specialty Tier	33%	33%

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Your share of the cost when you get a *long-term* (32- to 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 cost sharing (in-network)	Preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$15	\$0	\$0
Tier 2: Generic	\$54	\$0	\$0
Tier 3: Preferred Brand	\$141	\$126	\$116
Tier 4: Non-Preferred Drug	48%	48%	48%
Tier 5: Specialty Tier	Not offered	Not offered	Not offered

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 coverage for some Tier 1 generics during the coverage gap stage. During this stage, you will pay either \$0 at a Preferred pharmacy or \$5 at a Standard pharmacy for a 31-day supply of these medications. You also have coverage for generic and brand-name drugs in the Catastrophic Coverage stage. During this stage, you will pay \$4.15 for generic drugs and \$10.35 for brand-name drugs or 5%, whichever is greater. 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 \$4,660. 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	\$5	\$0
Tier 2: Generic	\$12	\$7
Tier 3: Preferred Brand	\$42	\$37
Tier 4: Non-Preferred Drug	45%	45%
Tier 5: Specialty Tier	33%	33%

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Your share of the cost when you get a *long-term* (32- to 90-day) supply of a covered Part D prescription drug:

Assure, continued	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail cost sharing (in-network)	Preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$15	\$0	\$0
Tier 2: Generic	\$36	\$0	\$0
Tier 3: Preferred Brand	\$126	\$111	\$101
Tier 4: Non-Preferred Drug	45%	45%	45%
Tier 5: Specialty Tier	Not offered	Not offered	Not offered

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 coverage for some Tier 1 generics during the coverage gap stage. During this stage, you will pay either \$0 at a Preferred pharmacy or \$5 at a Standard pharmacy for a 31-day supply of these medications. You also have coverage for generic and brand-name drugs in the Catastrophic Coverage stage. During this stage, you will pay \$4.15 for generic drugs and \$10.35 for brand-name drugs or 5%, whichever is greater. 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 a.m. to 9 p.m. Eastern time and from April 1 to September 30, Monday through Friday from 8 a.m. to 9 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 a.m. to 9 p.m. Eastern time.

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



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