



## Medicare Plus Blue Group PPO<sup>SM</sup> plan for groups

### Benefits at a glance: Medical and Surgical with Prescription Drugs

#### County of St. Clair – Option 1

#### Medicare Plus Blue Group PPO is available only to individuals enrolled in both Medicare Parts A and B.

This is an overview of the Medicare Plus Blue Group PPO Group Option with Prescription Drugs and does not include all covered and non-covered services or conditions of coverage. For detail about coverage, including a list of exclusions or limitations, refer to the plan *Evidence of Coverage*. **This overview informational document is for group decision makers only and should not be distributed to members. Additionally, this summary information should in no way be construed as an official dissemination of benefit information.** Members will receive official notification of benefits directly from Blue Cross Blue Shield of Michigan. For information about Blues Medicare Advantage plans for trust groups, call your Michigan Blues sales representative or certified independent agent.

#### Member's cost-sharing responsibility and plan maximums

Members pay a deductible and coinsurance or copayment, as indicated below. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any deductible, coinsurance or copay amounts required by the plan. Certain services are always paid at the in-network level, including emergency and urgent care worldwide, and services received outside of Michigan in other U.S. states and territories. This coverage is provided pursuant to a contract entered into with the Federal government.

The benefit year for health care coverage is the 12-month period beginning on the effective date of coverage or renewal date. The deductible and annual out-of-pocket maximums are accumulated on a **benefit year** basis. Deductibles and annual out-of-pocket maximum amounts renew each year.

<b>Member cost-sharing</b>	<b>In-network</b>	<b>Out-of-network</b>
Hospital and medical annual deductible	\$500*	
Hospital and medical cost-sharing amount • Percent coinsurance	10% of the approved amount	20% of the approved amount
Copayment – office visit	\$25	\$40
Hospital and medical annual out-of-pocket maximum – Based on the calendar year; all hospital and medical deductible, copayments and coinsurance apply.	\$2,500	\$5,000*
*Effective January 1, 2013, the out-of-network out-of-pocket maximum will be a catastrophic maximum. All member cost sharing (deductible, coinsurance and copayments for in- and out-of-network) will apply to the catastrophic maximums. The deductible is a combined deductible and is subject to in- and out-of-network services.		
Hospital and medical lifetime maximum	Unlimited	
Durable medical equipment, prosthetics and orthotics lifetime maximum	Unlimited	

A health plan with a Medicare contract.

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Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Preventive services	What members pay	
	In-network	Out-of-Network
Initial preventive physical exam (“Welcome to Medicare” exam) – covered once within the first 12 months of Part B enrollment	Covered at 100%	
Personalized prevention plan services (annual wellness visit) – covered once annually	Covered at 100%.	
Abdominal aortic aneurysm screening – one-time screening for people at risk	Covered at 100%	
Annual gynecological exam – covered once annually	Covered at 100%	
Pap smear screening – covered once annually	Covered at 100%	
Mammography screening – covered once annually	Covered at 100%	
Prostate specific antigen screening with digital rectal exam – covered once annually	Covered at 100%	
Bone mass measurement – covered once annually	Covered at 100%	
Colorectal screenings – covered once annually for people age 50 and older	Covered at 100%	
Cardiovascular disease training – covered once every five years	Covered at 100%	
Immunizations – covers: <ul style="list-style-type: none"> <li>• Pneumonia vaccine, as medically needed</li> <li>• Flu shots, once a year in the fall or winter</li> <li>• Hepatitis B vaccine if you are risk</li> </ul>	Covered at 100%	
HIV screening – covers one screening annually, or up to three screenings for women during a pregnancy.	Covered at 100%	
Glaucoma screening – covered once annually	Covered at 100%	
Tobacco cessation program	Covered at 100%	
<b>Physician services</b>		
Office visits <ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialist Services</li> </ul>	\$25	\$40
Podiatry services <ul style="list-style-type: none"> <li>• Office Visit</li> <li>• Services</li> </ul>	\$25 10% coinsurance after deductible	\$40 20% coinsurance after deductible
<b>Emergency medical care</b>		
Hospital emergency room – worldwide coverage for qualified medical emergencies and first aid services (copay waived if admitted to hospital)	\$75	\$75
Urgent care visits – covered worldwide <ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Services</li> </ul>	\$25 per visit 10% coinsurance after deductible per visit	\$25 per visit 20% coinsurance after deductible
Ambulance services – medically necessary transport; coverage applies to each one-way trip	\$75	\$75

<b>Outpatient services</b>		
MRI, MRA, PET and CAT scans and nuclear medicine	10% coinsurance after deductible	20% coinsurance after deductible
Laboratory and pathology	Covered at 100%	
X-rays, and other diagnostic tests	10% coinsurance after deductible	20% coinsurance after deductible
Chemotherapy	10% coinsurance after deductible	20% coinsurance after deductible
Radiation therapy	10% coinsurance after deductible	20% coinsurance after deductible
<b>Surgical services</b>		
Surgery – inpatient surgery, including related surgical services	10% coinsurance after deductible	20% coinsurance after deductible
Surgery – outpatient surgery, including related surgical services	10% coinsurance after deductible	20% coinsurance after deductible
Surgery – anesthesia services (professional services only)	10% coinsurance after deductible	20% coinsurance after deductible
Pre-surgical consultations	10% coinsurance after deductible	20% coinsurance after deductible
<b>Inpatient hospital care</b>	<b>What members pay</b>	
	<b>In-network</b>	<b>Out-of-Network</b>
Inpatient hospital care – covers unlimited days	10% coinsurance after deductible	20% coinsurance after deductible
<b>Alternatives to hospital care</b>		
Skilled nursing facility – covers up to 100 (Medicare limit) days per benefit period	10% coinsurance after deductible	20% coinsurance after deductible
Hospice care	Services are paid for by Original Medicare, not Medicare Plus Blue Group PPO. Member pays cost-sharing for respite care and hospice-related outpatient prescription drugs.	
Home health care	Covered at 100%	
<b>Human organ transplants</b>		
Specified organ transplants – covers transplants approved by Original Medicare	10% coinsurance after deductible	20% coinsurance after deductible
<b>Mental health care and substance abuse treatment</b>		
Inpatient mental health care	10% coinsurance after deductible	20% coinsurance after deductible
Outpatient mental health care – covers: <ul style="list-style-type: none"> <li>Facility and clinic services</li> <li>Office visits</li> </ul>	10% coinsurance after deductible \$25	20% coinsurance after deductible \$40
Inpatient substance abuse care	10% coinsurance after deductible	20% coinsurance after deductible
Outpatient substance abuse care – covers: <ul style="list-style-type: none"> <li>Facility and clinic services</li> <li>Office visits</li> </ul>	10% coinsurance after deductible \$25	20% coinsurance after deductible \$40

<b>Other services</b>		
Cardiac rehabilitation	10% coinsurance after deductible	20% coinsurance after deductible
Allergy testing	10% coinsurance after deductible	20% coinsurance after deductible
Allergy therapy (injection)	10% coinsurance after deductible	20% coinsurance after deductible
Outpatient physical, speech and occupational therapy	10% coinsurance after deductible	20% coinsurance after deductible, up to Medicare's annual dollar maximum
Chiropractic care – covers spinal manipulation	\$20	\$40
Outpatient diabetes management program	Covered at 100%	Covered at 100%
Diabetic supplies	Covered at 100%	
Kidney dialysis – covers: <ul style="list-style-type: none"> <li>Dialysis equipment and supplies</li> <li>Dialysis services</li> </ul>	Equipment and supplies covered at 100% 10% coinsurance after deductible	Equipment and supplies covered at 100% Other services: 20% coinsurance after deductible
Kidney disease education	Covered at 100%	Covered at 100%
Medical nutritional therapy –for people with diabetes or (non-dialysis) kidney disease, or following transplant	Covered at 100%	
Foreign health care – other than emergency/urgent care	Same cost-share as if services are provided in the U.S.	
Inpatient dental services	10% coinsurance after deductible	20% coinsurance after deductible
<b>Other services, continued</b>	<b>What members pay</b>	
	<b>In-network</b>	<b>Out-of-Network</b>
Medically necessary eyeglasses and lenses following cataract surgery	Covered at 100% up to the approved amount	
Hearing services – covers: <ul style="list-style-type: none"> <li>Diagnostic hearing services</li> </ul>	10% coinsurance after deductible	20% coinsurance after deductible
Durable medical equipment and medical supplies*	10% coinsurance after deductible	20% coinsurance, after deductible
Prosthetics, orthotics and related supplies*	10% coinsurance after deductible	20% coinsurance, after deductible
Select education health and wellness programs	Covered at 100%	
<b>Part B prescription drugs</b> – covers limited array of drugs under medical plan.	10% coinsurance after deductible	20% coinsurance after deductible

<p>SilverSneakers®</p> <ul style="list-style-type: none"> <li>• Fitness center membership at any participating location across the country</li> <li>• Customized SilverSneakers® classes, seminars and other social events</li> <li>• A trained Senior Advisors<sup>SM</sup> at the fitness center to show you around and help you get started</li> <li>• Conditioning classes, exercise equipment, pool, sauna and other available amenities</li> <li>• Online support that can help you lose weight, quit smoking or reduce your stress</li> <li>• SilverSneakers in-home fitness program for members</li> <li>• without convenient access to a SilverSneakers facility</li> </ul>	<p>Covered at 100%</p>	<p>The SilverSneakers® Fitness Program is not a gym membership, but a specialized program designed specifically for seniors. This is not a covered benefit for gym memberships or fitness programs that are not part of the SilverSneakers Fitness Program.</p>
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**Part D prescription drugs**

*Part D drugs are not covered at non-network pharmacies except in certain situations. Refer to the plan's Evidence of Coverage for more information.*

Formulary Type	Comprehensive Enhanced	
Annual deductible for prescription drugs	\$0	
32-90 day supply mail-order copay multiplier	2x preferred / 2x standard	
Clinical edits (Step Therapy, Prior Authorization, Quantity Limits)	Yes	
<b>Up to a 31-day supply</b>	<b>Preferred retail and mail order pharmacies</b>	<b>Standard retail and mail order pharmacies</b>
Tier 1 – Generic drugs	\$10	\$15
Tier 2 – Standard Generic drugs	\$10	\$15
Tier 3 – Preferred Brand drugs	\$45	\$50
Tier 4 – Standard Brand drugs	\$95	\$100
Tier 5 – Specialty drugs (not available at mail order)	\$95	\$100
<b>Up to a 90-day supply</b>	<b>Preferred retail or mail-order network pharmacies</b>	<b>Standard retail or mail-order network pharmacies</b>
Tier 1 – Generic drugs	\$20	\$30
Tier 2 – Standard Generic drugs	\$20	\$30
Tier 3 – Preferred Brand drugs	\$90	\$100
Tier 4 – Standard Brand drugs	\$190	\$200
<i>Tier 5 (Specialty drugs) are not available in a supply greater than 31 days</i>		

<b>Additional prescription drug services</b>	
Oral & injectable contraceptives	Covered
Smoking cessation drugs	Covered
Weight loss drugs	Covered
Impotency drugs	Not covered
Infertility drugs	Not covered

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information about Blues Medicare Advantage plans for employer groups, call your Michigan Blues sales representative or certified independent agent.

Medicare Plus Blue Group PPO is available to all eligible Medicare beneficiaries entitled to Medicare Part A and enrolled in Part B and who live in the United States or its territories. Routine services performed by non-network providers in Michigan will cost more.

Premiums, deductibles, copayments and coinsurance amounts vary by plan. Members must continue to pay their Part B premium. The Medicare Advantage prescription drug benefit is only available to members of a Medicare Advantage prescription drug plan. This document is available in other formats. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2020. Please contact a Michigan Blues sales representative or certified independent agent for details.

*For people without employer group coverage:* To be eligible to enroll in the Medicare Plus Blue PPO individual plan, an individual must have a permanent residence in Michigan and live here at least six months of each year. Individual Medicare beneficiaries may only enroll in Medicare Advantage plans during certain times of the year or through the Online Enrollment Center located at [www.medicare.gov](http://www.medicare.gov).