

2025

Resource Guide

MAPD



A guide to understanding your coverage

**READY
TO HELP**



Medicare Plus BlueSM Group PPO

bcbsm.com/medicare

Welcome to your PPO plan

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

Your PPO plan gives you **access to thousands of primary care providers and specialists**, as well as hundreds of hospitals. These health care providers accept our payment, and the share of the costs that you pay, as payment in full. So, when you see a Medicare Plus BlueSM PPO network provider, you pay less out-of-pocket costs. The choice is yours: You can go to any in-network provider (who accepts both Original Medicare and your Medicare Plus Blue Group PPO member ID card), or you can you pay more to use providers and hospitals outside of the network.

It's best to have a steady relationship with a trusted primary care provider for ongoing care. Your primary care provider helps coordinate all your care, which ensures they stay informed of your current health status. As a PPO plan member, you don't need a referral to see a specialist — an important benefit that saves you time. Learn more about how to find care on Page 7.

Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue Group PPO 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.



Staying focused on your health and well-being for 2025

Whether you're new to Blue Cross or an existing member, you've made a smart choice by enrolling in this plan. We value your participation and strive to do our best to serve you. Here's an easy-to-use guide to help you maximize your Blue Cross benefits.

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Welcome! Get started

Wondering what to do to make the most of your coverage? These helpful charts show you how to begin taking advantage of the benefits of Blue Cross.

Steps you can take to get started with your PPO plan

	By mail	By phone	By mobile device	By computer or tablet	By Blue Cross mobile app
Sign up for your secure member account at bcbsm.com/register ¹				✓	
Download our Blue Cross mobile app.			✓	✓	
Find a provider.		✓	✓	✓	✓
Take your health assessment.	✓		✓	✓	✓
Make an appointment for your free Welcome to Medicare preventive visit or annual wellness visit with your primary care provider.		✓			
Sign up in your member account to receive plan documents and other special program information by email.			✓	✓	✓

What you'll receive from Blue Cross now that you're a member

	In the mail	By email ¹	By phone	In your online member account	In the mobile app
Blue Cross member ID card	✓				✓
Welcome call			✓		
Evidence of Coverage and approved drug list ²	✓			✓	✓
Explanation of benefits statements	✓			✓	✓
Provider directory ³				✓	✓
Special program information	✓	✓	✓		
Member surveys (Your opinion matters!)	✓	✓			
<i>Medicare Blue and You</i> (Our member magazine)	✓				

¹When you register for your secure, online member account and provide your email address.

²Is available by calling Customer Service at **1-866-684-8216**. TTY users call **711**.

³May be requested by current members by calling Customer Service at **1-866-684-8216**. TTY users call **711**.



Sign up for your secure online member account

A perk of being a Blue Cross member is our members-only website. Our online tools make it easy to manage your account and stay informed about your benefits. With your secure member account, you can:

- Pay your premium.
- Keep track of your deductible and out-of-pocket maximum.
- View plan details and track claims.
- Select the paperless plan document option.
- Find a provider.
- Take your health assessment.
- Access a library of helpful health information.

To register for your online member account:



- Visit our website at bcbsm.com/register or scan this QR code.
- Click *Register Now*.
- Answer a few simple questions and start using your member account — have your Blue Cross member ID card handy.

Apple is a trademark of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc., registered in the U.S. and other countries. Google Play is a trademark of Google LLC.

Download our Blue Cross mobile app

Our mobile app helps you understand your health care plan and how it works. From deductibles 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. Once you've registered for your online member account, download the mobile app at the Apple® App Store or the Google Play™ store on your smart phone. You'll get instant access to your member ID card, explanation of benefits statements, plan information and more.

To download the app:

- Open Apple® App Store or the Google Play™ store.
- Search for "BCBSM."
- Click download.

Or text APP to 222764.

If you text us, we'll send you a link to download the app. Message and data rates may apply. Visit bcbsm.com/app for our *Terms and Conditions of Use* and *Privacy Practices*.

For help downloading or using the mobile app, visit bcbsm.com/app or call us at **1-888-417-3479** from 8 a.m. to 8 p.m. Eastern time Monday through Friday. TTY users, call **711**.

Scan this QR code to download the app.



Health and well-being benefits

Ready to help

Our commitment focuses on coverage that works for you in many different ways. 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.



Easy ways to get your flu and pneumonia vaccines

You can get your flu and pneumonia vaccines at your in-network pharmacy that can bill us directly for the vaccine under your Blue Cross coverage. You can also get your flu and pneumonia vaccines at your provider's office and they can bill us directly; however, they may charge an office visit copay, even if this is the only service provided at your visit. If you get vaccinated at a local health department or community center, you'll pay for your vaccines and can be reimbursed by completing a reimbursement form and mailing it to us with your receipt.

You can learn more online at bcbsm.com/vaccines-medicare.

Call our Customer Service team at **1-866-684-8216**. TTY users, call **711**. 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 recommend 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.

Personify Health® is an independent company supporting Blue Cross by providing well-being services.

Maintaining your well-being

Your health is not just determined by your physical fitness, but by your overall well-being. Your physical health improves when you get enough sleep, eat healthy and exercise. Likewise, your emotional well-being improves when you manage your stress, have support through life's trials and have positive social interactions. We offer behavioral health care to help you transition through difficult times. We also offer help to those struggling with substance use disorder. Call us to discuss your needs and arrange for services. Call **1-800-775-BLUE (2583)** from 8 a.m. to 6 p.m. Eastern time Monday through Friday. TTY users, call **711**.

Quit tobacco for good

Increase your chances for becoming tobacco free with a phone-based tobacco cessation coaching program offered by Personify™ Health, formerly Virgin Pulse. This holistic, clinically sound and whole-person program addresses all factors surrounding tobacco use. Whether you're ready to set a quit date or not, enroll and schedule your first call. Call Personify Health at **1-833-380-8436** for enrollment assistance. TTY users, call **711**. Member services support by phone, chat and email is available from 8 a.m. to 9 p.m. Eastern time Monday through Friday. Health coaches are available: Monday through Thursday: 8 a.m. to 11 p.m. Friday: 8 a.m. to 7 p.m. Saturday: 9 a.m. to 3 p.m. All hours are Eastern time.

Blue Cross Coordinated CareSM

We understand the journey to better health is personal and, at times, overwhelming. Blue Cross Coordinated Care includes a dedicated care team to **support** you and **connect** you with the right care at the right time.

If you've been diagnosed with a **serious illness**, you can count on our dedicated nurse care managers to work with your health care provider to help you and your loved ones:

- Understand your medical condition
- Connect with community resources
- Coordinate care
- Obtain equipment and medical supplies
- Review treatment options

We offer care management services based on your medical claims or when your provider refers you for assistance. In some cases, we work with independent companies to provide services on our behalf.

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

For a **chronic condition**, our nurse care managers help you develop skills to manage it, so you feel more in control. Your nurse will help you enroll in a care plan and set goals to improve your health.

The Blue Cross Coordinated Care mobile app, powered by Wellframe®, makes it easy to stay on track with your care plan. You can use the app on your smartphone or tablet to track appointments and medications, read helpful articles and connect with your care team by text or chat. The program is completely confidential and available at no cost.

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

Wellframe is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network members by providing health and wellness services.

Medicare Diabetes Prevention Program

The Medicare Diabetes Prevention Program is a 12-month program focusing on healthy lifestyle changes with food and activity to best support our members prevent being diagnosed with Type 2 diabetes.

To participate in this no-cost program, you must be a member who hasn't been diagnosed with Type 2 diabetes or end-stage renal disease and have a body mass index, or BMI, greater than 25 (if Asian, greater than 23).

To find out if you would benefit from this program, call Customer Service at **1-866-684-8216** 8:30 a.m. to 5 p.m. Eastern time, Monday through Friday, April 1 through September 30 and 8 a.m. to 9 p.m. Eastern time, seven days a week from October 1 through March 31. TTY users, call **711**.

Blue Cross Virtual Well-BeingSM

Blue Cross Virtual Well-Being webinars offer you guidance and support on your personal well-being journey.

Highlights:

- 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 bluecrossvirtualwellbeing.com.

Smart choices for your care

You have smart choices for when and where to get health care. Know your options so you can get the treatment you need, when you need it. Costs vary for each care option so it's important to think about what kind of care best fits your needs.



24-Hour Nurse Advice Line

You can talk to a registered nurse health coach at no additional cost, anytime, when you have questions about an illness or injury. The nurse health coach can help you determine if you can treat your health issue at home. Call **1-855-624-5214**. TTY users, call **711**.



Primary care provider

Call your primary care provider first when you're not feeling well. They know you best and understand your health history. A patient-centered medical home team is a care team led by a primary care provider who focuses on your health goals and needs. They offer 24-hour access to your medical team and a personalized approach to managing your health.



Virtual care visits

Connect online with a provider or therapist using a smartphone, tablet or computer anywhere in the United States. Visit bcbsm.com/virtualcare or call **1-800-835-2362**, 24 hours a day, seven days a week, 365 days a year. TTY users, call **1-855-636-1578**. See Page 7 for more information about virtual care visits.



Retail health clinics

Get treatment for minor illnesses and injuries on a walk-in basis at select drug store chains near your home or workplace.



Urgent care centers

Get convenient, non-emergency, in-person care, after hours or on weekends.



Emergency room

Visit the 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. You can save money by seeing your provider or going to a convenient retail clinic or urgent care for minor illnesses and injuries, such as:

- Mild allergy symptoms
- Sore throat and cough
- Colds and flu
- Low-grade fever
- Ear pain
- Eye irritation or redness
- Skin rash
- Minor burns, cuts and scrapes
- Painful urination
- Sprains and strains

In-home health assessment

Blue Cross works with mobile clinician networks to provide annual in-home health assessment visits at no additional cost to you. You can have a complete health and wellness assessment with a licensed provider in the comfort of your home. During the visit, the licensed professional dedicates about an hour to check your blood pressure, vital signs and reflexes, as well as any health-related concerns. We'll send a summary of the visit to you and your primary care provider. This service is separate from the Medicare Advantage health assessment and doesn't replace your regular primary care visits. For more information, call Customer Service at **1-866-684-8216**. TTY users, call **711**.

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 clinic may cost you significantly less than one done at a hospital.

Your health care provider can tell you if you're able to have your procedure performed at an outpatient surgery center. 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 surgery center versus at the hospital. These centers provide the same outpatient procedures while helping you avoid paying hospital overhead costs.

Be sure to ask about the different location options the next time your provider suggests an outpatient procedure, such as:

- Lens and cataract procedures
- Colonoscopy and biopsy
- Upper gastrointestinal endoscopy and biopsy
- Hip and knee arthroplasty



Virtual care benefit

Virtual care is available through Teladoc Health®, an independent company and our plan-approved vendor. It's as simple as using your smartphone, tablet or computer anywhere in the U.S. to meet with:

- A provider 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

Visit bcbsm.com/virtualcare.

Call **1-800-835-2362**, 24 hours a day, seven days a week, 365 days a year. TTY users, call **1-855-636-1578**. Behavioral health services are available by appointment seven days a week, 7 a.m. to 9 p.m. local time.

Teladoc Health® is an independent company that provides Virtual Care Solutions for Blue Cross Blue Shield of Michigan and Blue Care Network.



Finding care

It's easy. Go to bcbsm.com/providersmedicare and log in to your Blue Cross member account. You can now search for an in-network provider, hospital and clinic by name or specialty.

If you don't have a member account or don't wish to sign in:

1. Click the *Search for a doctor as a guest* link.
2. Enter your location and click on *I don't know my network* in the upper right.
3. Click on *Find a different plan* and scroll down the list until you find *Medicare Plus Blue PPO*.
4. Click on the plan name to select it and then click on *Confirm selection* to be able to search for in-network care.

If you log into 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 Steps 1- 3 above.

You can also call Customer Service at **1-866-684-8216** 8:30 a.m. to 5 p.m. Eastern time, Monday through Friday, April 1 through September 30 and 8 a.m. to 9 p.m. Eastern time, seven days a week from October 1 through March 31. TTY users, call **711**.

You're the most valuable player on your health care team

Did you know your plan completely covers more than 20 preventive care-related services? These include flu and pneumonia vaccines, mammograms and colorectal cancer screenings. Ask your health care provider what preventive care is right for you. If you're 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. The annual wellness visit is enhanced so it can occur anytime throughout the calendar year, regardless of the date of your previous annual wellness visit.

Get the most out of visits with your provider:

- Write down questions you want to ask as well as symptoms you want your provider to be aware of.
- Take notes as your health care provider answers your questions.
- Review your medications (dose, side effects and any over-the-counter supplements you are taking).
- Speak up if you have any health concerns.
- Be involved in your care decisions.

Remember, you're the most valuable player on your health care team.

Talk to your health care provider

Topic	Speak up	Good to know	Ask your doctor	Get specific
Physical and mental health	Talk to your provider about physical or mental limitations.	If you physically or mentally don't feel at your best, there are ways to manage it.	Should you start, change or maintain your level of daily activities?	What type of support programs are right for your overall well-being?
Bladder control	Tell your provider if you accidentally leak urine.	It's a common problem that can be treated.	What are your treatment options?	If receiving treatment, discuss its effectiveness.
Fall prevention	Call your provider right away if you've fallen. Don't wait until your next appointment.	There may be simple solutions, such as a change in medication dosage.	Could you benefit from physical therapy, a change in medication or a cane or walker?	Discuss any balance or walking problems.

Find more information at bcbsm.com/agehealthy.

Are your screenings up to date?

Screenings			
Breast cancer screening	Colorectal cancer screening	Bone density screening for osteoporosis	Cholesterol
Annually	1 to 10 years depending on test	Every 2 years	Annually

Vaccines			
Flu shot	Pneumonia vaccine	Shingles vaccine	Tetanus booster
Annually	The number of shots per lifetime will depend on vaccine used and time between doses	2 doses*	Every 10 years

Diabetic services (if applicable)			
A1c test	Diabetes retinal eye exam	Urine protein screening	Treatment for urine protein
2 to 4 times a year	Annually	Annually	As applicable

*This is a Medicare Part D pharmacy benefit that should be received at a pharmacy.

Part D prescription drug coverage tips

Check our list of covered drugs (called a formulary)

Our plans with Part D prescription drug coverage use a drug list known as a formulary that promotes the use of safe, effective and less expensive medications. Check your plan's drug list to see if your medication is covered and has any restrictions, such as prior authorization. You can also refer to the formulary found at bcbsm.com/formularymedicare or call Customer Service with questions.

Our drug list changes from year to year and during the current year as new drugs are approved, restricted or recalled by the government. Some changes are made to keep you safe or to keep the cost of your coverage down. We'll let you know if a drug you're prescribed is affected with a notice in your Explanation of Benefits or a letter.



Save money with our pharmacy network

For your convenience, many chain and independent pharmacies are in our network. With few exceptions, your prescriptions must be filled at a network pharmacy for your medications to be covered. Refer to your provider pharmacy directory for locations near you. Check out bcbsm.com/pharmaciesmedicare to find an in-network pharmacy or call Customer Service at **1-866-684-8216** to receive a copy of a provider directory. TTY users call **711**.

Get more for your money from our preferred pharmacy network

Our preferred pharmacies offer our best cost savings. Another way to save is to ask your provider about alternative drugs that are just as effective and cost less.

Preferred chain pharmacies in Michigan

Costco Pharmacy	Kroger Pharmacy
Meijer Pharmacy	Sam's Club Pharmacy
Walgreens Pharmacy	Walmart Pharmacy

Independent pharmacies may also be in our preferred pharmacy network; be sure and check if you use one. To transfer prescriptions, contact your new preferred pharmacy. They'll ask you for some prescription information, so have your prescription bottles handy to reference. Your new preferred pharmacy will handle the transfer.

Optum Home Delivery

1-855-810-0007 TTY users, call **711**
24 hours a day, seven days a week.

Walgreens Mail Service — Standard out-of-pocket costs [walgreensmailservice.com](https://www.walgreensmailservice.com)

1-866-877-2392
TTY users, call **1-800-573-1833**
24 hours a day, seven days a week.

Allow seven to 10 days for delivery from our home delivery pharmacies. If your delivery is late and you didn't receive a call from your home delivery provider, call your home delivery service provider or Customer Service right away.

Optum Home Delivery is an independent company that manages Medicare Part D prescription-drug benefits for select Blue Cross Medicare Advantage plans.

Walgreens Mail Service is an independent company that provides home delivery pharmacy services for Blue Cross' Medicare Advantage plans.

What to know about prior authorizations

Before getting certain treatments or Medicare Part B Specialty prescriptions, your provider will request prior authorization from our plan on your behalf. This ensures that the recommended treatment is safe, appropriate for your condition and follows guidelines based on the latest medical research.

Here's how you can help:

- **Collaborate** with your provider during your care. Be sure to tell your provider about all earlier treatments because prior authorization requests require the provider to list other treatments you've had.
- **Ask your provider** 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 [bcbsm.com/medicare-evidence-of-coverage](https://www.bcbsm.com/medicare-evidence-of-coverage).

Here's how the process works:

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

Then, we review the request and either:

- **Approve the request**, which means your plan will pay its share of the treatment. Your out-of-pocket cost is determined by your plan benefits.
- **Approve the request on a trial basis**. We'll pay our share of the initial treatment to see if it produces the desired outcome. We may pay for additional medically necessary treatment once it's 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 provider to document medical necessity based on Medicare-approved clinical guidelines.
- **Deny the request**, which means your plan won't cover the treatment. 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 provider performs a service requiring approval without a prior authorization, they're 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.



Additional helpful resources

Important information in your explanation of benefits statement

What is an explanation of benefits statement?

The EOB statement explains how much you owe health care providers. It's not a bill. Statements help you track your medical costs. When you fill a prescription, you get your monthly prescription drug summary, which is a separate pharmacy statement to help you track monthly and year-to-date prescription costs.

What should I do with the statement?

Compare it to your medical bills. If a bill from your provider doesn't look like the correct amount based on your statement and benefits, call us.

What if my medical bill doesn't show any insurance payments?

If you receive a medical bill for services included in your plan that doesn't show any Blue Cross payments and you never received a statement, 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 health care provider 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 a statement that shows your share of the costs.

How often will I get a statement?

We send statements monthly, when you've used your benefits. However, we can only process payments and list them after your provider or pharmacy sends the service information to us.

Can I view my statements online?

Yes. You can see your benefits, claims, balances and electronic medical statements using your secure Blue Cross online member account at bcb.sm/medicare. (Pages 3 and 17 have more information and easy ways to register.)

Will my statement show my premiums?

No. They only show variable costs. Premiums are a fixed monthly cost and don't count toward your out-of-pocket maximum.

What can I find on a statement?

The medical statement shows what you've paid or need to pay your provider, if anything. For example:

Amount providers have billed the plan	Total cost (amount the plan has approved)	Plan's share	Your share
\$810.00	\$552.00	\$337.60	\$214.40

The EOB shows what your deductible and annual 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 1, 2025, you have paid \$214.40 toward your \$245.00 annual deductible.

ANNUAL LIMITS

These limits tell the **most** you'll have to pay in 2025 in out-of-pocket costs (copays, coinsurance and deductible) for medical and hospital services covered by the plan.

These annual limits are called your out-of-pocket maximums. They put a limit on how much you have to pay, but they **don't** put a limit on how much care you can get.

If we deny payment for all or part of a claim, the statement 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.

What does your Part D explanation of benefits statement (also known as your monthly prescription drug summary) show?

- Your prescriptions during the past month
- The drug payment stage you are in
- Your year-to-date out-of-pocket costs and total drug costs
- Updates to our formulary (drug list) that will affect drugs you take

Coinsurance: How to calculate your out-of-pocket costs

Coinsurance is a fixed percentage of the costs you pay for health care services. The rest of the cost is paid by your health care plan once you've met your deductible.

Because it's a percentage, coinsurance math is like the math you use for calculating a tip at a restaurant. If you have a 20% coinsurance, your health plan covers 80% and you pay 20% of each medical bill.

For example:

- A \$50 restaurant bill with a 20% tip would equal a \$10 tip.
- A \$500 medical procedure with a 20% coinsurance equals \$100 in out-of-pocket cost.

The key difference is at the restaurant, you're responsible for the cost of the meal plus the tip. For medical procedures, once you've met your annual deductible, you're only responsible for the coinsurance or copay.

Total cost (amount the plan has approved)	Coinsurance (percent)	Blue Cross pays	Your share of the cost
\$100	20%	\$80	\$20
\$500	20%	\$400	\$100
\$1,000	20%	\$800	\$200



Frequently asked questions

What is the difference between an annual wellness visit and an annual physical?

At an **annual wellness visit**, you will develop or update a personal prevention plan based on your current health and risk factors. It's for members who haven't received a Welcome to Medicare annual physical or annual wellness visit within the past year. The annual wellness visit is covered under Medicare Part B and can occur anytime throughout the calendar year, regardless of the date of your previous annual wellness visit.

At an **annual physical**, a primary care provider collects health information through an exam. It's covered once per calendar year and is more comprehensive than an annual wellness visit. Services include:

- An age- and gender-appropriate physical examination, including vital signs and measurements
- Guidance, counseling and risk factor interventions
- Recommendations for immunizations, lab tests or diagnostic procedures

Each of these preventive care visits has separate parameters defined by Medicare. There is no coinsurance, copayment or deductible for these services. However, for services outside of the scope of the set Medicare parameters, a coinsurance, copayment or deductible may apply.

Will I be billed for my colonoscopy?

A colonoscopy screening checks to see that you're healthy (no sign, symptom or disease present). There is no coinsurance, copayment or deductible for a Medicare-covered colorectal cancer screening exam. If your doctor finds and removes a polyp or other tissue during the colonoscopy or flexible sigmoidoscopy, the screening exam becomes a diagnostic exam, however, you won't be charged additional out-of-pocket costs. If you receive other services or if additional conditions are discussed during the visit, your coinsurance and copay may apply.



Why am I being charged an emergency room copay? I thought the copay was waived if I spent the night in the hospital.

Per Medicare guidelines:

- If you go to the emergency room and are admitted to the hospital as an inpatient, your ER copay is waived.
- If you go to the emergency room and are held in observation 72 hours as an outpatient but not admitted, your ER copay isn't waived.

Will I be paying inpatient or outpatient out-of-pocket costs?

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 out-of-pocket costs. Unless the provider writes an order to admit you as an inpatient to the hospital and your plan authorizes admission, the service will be outpatient and you will pay the out-of-pocket costs for outpatient services. Even if you stay in the hospital overnight, the service might still be considered outpatient. If you're not sure the service is considered outpatient, call Customer Service at **1-866-684-8216**. TTY users, call **711**.

Do you have any money-saving tips?

You can save money by receiving care in facilities that don't charge hospital facility or usage fees. The best way to determine this is to ask your provider what fees are associated with each visit or procedure. For example, many provider offices, health centers or hospital-based outpatient centers 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, the cost of your services may be different based on where they're performed (in office, outpatient in a surgery center, outpatient hospital facility or hospital-owned provider office).



SilverSneakers® fitness program*

SilverSneakers is an exercise and wellness program that helps you live a healthy, active lifestyle through exercise and fitness communities nationwide. You'll have access to thousands of participating fitness locations across the country.

Find a participating location:

Visit [SilverSneakers.com/Locations](https://www.silversneakers.com/locations)

Call **1-866-584-7352** from 8 a.m. to 8 p.m. Eastern time Monday through Friday. TTY users, call **711**

Getting active is easy with SilverSneakers GO™, the first fitness app designed just for you

- Access workout programs that can be tailored to your fitness level.
- Burn along access with a supportive virtual community and thousands of classes for all interests and abilities.
- GetSetUp virtual enrichment program with classes on topics ranging from healthy eating to aging in place.
- Choose between four- or 12-week programs including strength, walking and meditation.
- Modify exercises to make them easier or harder with just one click.
- SilverSneakers GO mobile app with on-demand videos and live classes.
- Find everything you need in one place: your SilverSneakers ID, SilverSneakers locations and more.



SilverSneakers GO™

Download the app today.

Download on the
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SilverSneakers® app questions: [SilverSneakers.com/GO](https://www.silversneakers.com/GO)

**May not apply to all plans. To find out if your group offers a fitness benefit, check the Medical Benefits chart that accompanies your Evidence of Coverage booklet.*

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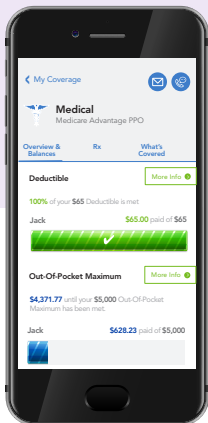
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Manage your costs with confidence

Your online member account will help you make informed, confident decisions about your health care costs and more.

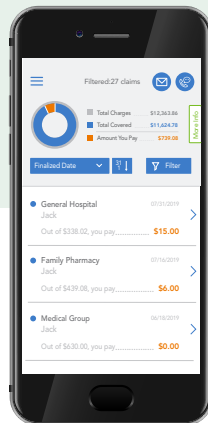
Keep track of your deductible and out-of-pocket maximum

Your deductible is how much you'll pay for care before we start to pay. Your out-of-pocket max is the most you'll pay before we cover the cost completely. You can see how close you are to meeting both.



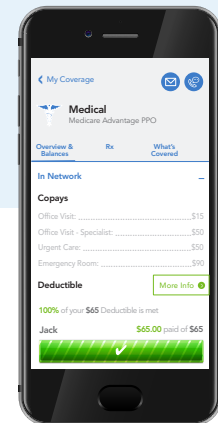
Review your claims and explanation of benefits

Claims and explanation of benefits statements show how much a provider charged for services, and what portion we've paid. They also tell you what services you've already paid for, and if your payment amount is correct.



Know your copays before you visit a provider

Easily access copayment information for commonly used services, including office visits and urgent care.



Customer Service

1-866-684-8216 TTY users, call **711**

April 1 through September 30

8:30 a.m. to 5 p.m. Eastern time Monday through Friday

October 1 through March 31

8 a.m. to 9 p.m. Eastern time seven days a week

24-Hour Nurse Advice Line

1-855-624-5214 TTY users, call **711**

24 hours a day seven days a week

Behavioral health and substance use care

1-888-803-4960 TTY users, call **711**

Routine issues: 8 a.m. to 5 p.m. Eastern time Monday through Friday

Emergencies: 24-hours a day, seven days a week

Report fraud

1-888-650-8136 TTY users, call **711**

8:30 a.m. to 4:30 p.m. Eastern time Monday through Friday

Medicare PLUS BlueSM PPO



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