

# Summary of Benefits

**Medicare Plus Blue Group PPO<sup>SM</sup>**

January 1, 2011 – December 31, 2011

**Medicare PLUS Blue Group PPO<sup>SM</sup>**



**Blue Cross  
Blue Shield**  
of Michigan

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

# County of Grand Traverse

A health plan with a Medicare contract.

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**For more information about this plan:**

Visit us at [www.bcbsm.com](http://www.bcbsm.com) or call Medicare Plus Blue Group PPO Member Services at 1-866-684-8216.

We're available Monday through Friday, from 8:30 a.m. to 5 p.m. Eastern time. (TTY/TDD users call 1-800-579-0235)

For more information about Medicare, please call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit [www.medicare.gov](http://www.medicare.gov) on the Web.

If you have special needs, this document may be available in other formats.

# SECTION 1

January 1, 2011 – December 31, 2011

Thank you for your interest in **Medicare Plus Blue Group PPO**<sup>SM</sup>. Our plan is offered by Blue Cross Blue Shield of Michigan, a Medicare Advantage Preferred Provider Organization (PPO). This *Summary of Benefits* tells you some features of the plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call **Medicare Plus Blue Group PPO** Member Services and ask for the *Evidence of Coverage*.

## You have choices in your health care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare plan. Another option is this Medicare Advantage plan offered through your employer or union group: **Medicare Plus Blue Group PPO**. For more information about your Medicare options, call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users may call 1-877-486-2048.

You may leave this plan at any time but the timeframe in which you can enroll in another Medicare Advantage plan may be limited. Please call **Medicare Plus Blue Group PPO** Member Services at the telephone number listed on the inside front cover of this booklet for more information.

## How can I compare my options?

You can compare **Medicare Plus Blue Group PPO** and the Original Medicare plan using this *Summary of Benefits*. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare plan covers. You will receive all of the benefits the Original Medicare plan offers. Your group health plan may also offer more benefits, which may change from year to year.

**What is the service area for Medicare Plus Blue Group PPO?**  
**Medicare Plus Blue Group PPO** is available to employer and union group members who live in our plan service area, which is the entire 50 states and territories of the United States. To stay a member of our plan, you must keep living in this service area. If you plan to move out of the service area, please contact Member Services.

## Who is eligible to join Medicare Plus Blue Group PPO?

You can join **Medicare Plus Blue Group PPO** if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the United States or its territories.

## Can I choose my doctors?

**Medicare Plus Blue Group PPO** has a network of doctors, specialists and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network but you may pay more. The health providers in our network can change at any time.

Visit our website at [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare) for the most up-to-date provider network information. You can also call Member Services to ask for a *Provider Directory* book. If you are outside the state of Michigan, you can receive care from any provider who accepts Medicare.

## What happens if I go to a doctor who is not in your network?

In Michigan, you may have to pay more for services you receive outside the network, and you may have to follow special rules prior to getting services in- or out-of-network. Outside Michigan, your costs are the same as in-network services when you use providers that accept Medicare. Using providers that do not accept Medicare may cost you more. Call Member Services for more information.

**Does my plan cover Medicare Part B or Part D drugs?**  
**Medicare Plus Blue Group PPO** includes Medicare Part B and Part D prescription drug coverage.

**What is a prescription drug formulary?**

**Medicare Plus Blue Group PPO** uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send you a copy of the formulary and you can see the complete formulary on our website at [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of a drug or for more details about our drug transition policy.

**Where can I get my prescriptions if I join this plan?**

**Medicare Plus Blue Group PPO** has a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory by calling Member Services or visiting [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare).

**Medicare Plus Blue Group PPO** has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copay or coinsurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

**How can I get Extra Help with prescription drug plan costs?**

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week; TTY/TDD users should call 1-877-486-2048
- The Social Security Administration at 1-800-772-1213, Monday through Friday from 7 a.m. to 7 p.m. TTY/TDD users should call 1-800-325-0778
- Your State Medicaid Office

**What are my protections in this plan?**

All Medicare Advantage plans must agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage plan leaves the program, you will not lose Medicare coverage. You always have Original Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of **Medicare Plus Blue Group PPO**, you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Refer to the *Evidence of Coverage* for the QIO contact information.

As a member of **Medicare Plus Blue Group PPO**, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage

for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost-utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision.

Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Refer to the *Evidence of Coverage* for the QIO contact information.

### **WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact **Medicare Plus Blue Group PPO**, 1-866-684-8216 (TTY users call 1-800-579-0235) for more details. Hours are 8:30 a.m. to 5 p.m. Monday through Friday.

### **WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?**

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs:

- Some antigens: if they are prepared by a doctor and administered

by a properly instructed person (who could be the patient) under doctor supervision

- Osteoporosis drugs: injectable drugs for osteoporosis for certain women with Medicare
- Erythropoietin (epoetin alfa or Epogen<sup>®</sup>): by injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia
- Hemophilia clotting factors: self-administered clotting factors if you have hemophilia
- Injectable drugs: most injectable drugs administered incident to a physician's service
- Immunosuppressive drugs: immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare or paid by private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility
- Some oral cancer drugs: if the same drug is available in injectable form
- Oral anti-nausea drugs: if you are part of an anti-cancer chemotherapeutic regimen
- Inhalation and infusion drugs used with durable medical equipment

Contact Medicare Plus Blue Group PPO for more details.

### **WHERE CAN I FIND INFORMATION ON PLAN RATINGS?**

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness ratings from patients and customer service). If you have access to the Web, you may use the web tools on [www.medicare.gov](http://www.medicare.gov) and select “Comparing Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in your Area” to compare the plan ratings for Medicare plans in your area. You can also call Member Services at 1-866-684-8216 (TTY users call 1-800-579-0235) for more details. Call Monday through Friday from 8:30 a.m. to 5 p.m. Eastern time, to obtain a copy of the plan ratings for this plan.

# SECTION 2 – Summary of Benefits

Your services must be medically necessary with the exception of those listed as preventive care. *If you have any questions about this plan's benefits or costs, please call Medicare Plus Blue Group PPO Member Services at 1-866-684-8216, Monday through Friday from 8:30 a.m. to 5 p.m. Eastern time. (TTY users call 1-800-579-0235)*

Benefit	Original Medicare	In-Network	Medicare Plus Blue Group PPO Out-of-Network
<b>IMPORTANT INFORMATION</b>			
<p><b>1</b> Premium and other important information</p> <p>In 2010, the monthly Medicare Part B premium was \$96.40* and may change for 2011.</p> <p>In 2010, the yearly Medicare Part B deductible was \$155 and may change for 2011.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p><i>* Some people will pay a higher monthly Part B premium. For information about when a higher premium payment is required, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</i></p>	<p>In addition to your Medicare Part B premium, you may also be required to pay a premium contribution as defined by your employer or union group.</p> <p>There is an annual in-network out-of-pocket maximum of \$3,000. Once your copayments equal \$3,000, all covered services are paid at 100%.</p>	<p>In addition to your Medicare Part B premium, you may also be required to pay a premium contribution as defined by your employer or union group.</p> <p>For many covered services described below, the following cost-share applies: Services are subject to the annual deductible of \$50.</p> <p>There is an annual out-of-network out-of-pocket maximum of \$6,000. Once your deductible and copayments equal \$6,000, all covered services are paid at 100%.</p>	
<p><b>2</b> Doctor and hospital choice (See “Emergency” (#15) and “Urgently Needed Care” (#16))</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>No referral required for network doctors, specialists and hospitals.</p> <p>Out of Service Area: Plan covers you when you travel in the U.S.</p>	<p>No referral required for out-of-network doctors, specialists and hospitals.</p> <p>Out of Service Area: Plan covers you when you travel in the U.S.</p>

Benefit		Original Medicare		Medicare Plus Blue Group PPO	
		In-Network		Out-of-Network	
<b>INPATIENT CARE</b>					
<p><b>3</b> Inpatient hospital care (includes substance abuse and rehabilitation services)</p>	<p>In 2010, the amounts you pay for each benefit period<sup>(1)</sup> were:  Days 1 - 60: \$1,100 deductible  Days 61 - 90: \$275 per day  Days 91 - 150: \$550 per lifetime reserve day<sup>(2)</sup>  Days beyond 150: All costs for each day  These amounts will change for 2011.  Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.<sup>(2)</sup></p>	<p>No member cost-share for inpatient hospital care.   Unlimited days for inpatient care coverage.</p>	<p>No member cost-share for inpatient hospital care.   Unlimited days for inpatient care coverage.</p>		
<p><b>4</b> Inpatient mental health care</p>	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).  190-day limit in a psychiatric hospital.</p>	<p>No member cost-share for inpatient mental health care.   Unlimited days for inpatient care coverage includes inpatient mental health care and substance abuse treatment.</p>	<p>No member cost-share for inpatient mental health care.   Unlimited days for inpatient care coverage includes inpatient mental health care and substance abuse treatment.</p>		

(1) A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

(2) Lifetime reserve days can only be used once.

Note: The Medicare Part B deductible may change each year.

Benefit		Original Medicare		Medicare Plus Blue Group PPO	
		In-Network		Out-of-Network	
<b>5</b>	<p>Skilled nursing facility</p> <p>You must receive care in a Medicare-certified skilled nursing facility.</p>	<p>In 2010, the amounts for each benefit period<sup>(1)</sup> after at least a 3-day covered hospital stay were:</p> <p>Days 1 – 20: \$0 per day</p> <p>Days 21 – 100: \$137.50 per day</p> <p>Covers 100 days for each benefit period.<sup>(1)</sup></p>	<p>No member cost-share for skilled nursing facility care.</p> <p>Covered up to 100 days per benefit period.</p>	<p>No member cost-share for skilled nursing facility care.</p> <p>Covered up to 100 days per benefit period.</p>	
<b>6</b>	<p>Home health care</p> <p>(Includes medically necessary intermittent skilled nursing care, home health aide services, home infusion, rehabilitation services, etc.)</p>	<p>You pay \$0 for Medicare home health visits.</p>	<p>No member cost-share for these services.</p>	<p>No member cost-share for these services.</p>	
<b>7</b>	<p>Hospice</p> <p>You must receive care from a Medicare-certified hospice.</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p>	<p>No member cost-share for these services.</p>	<p>No member cost-share for these services.</p>	<p>When you enroll in a Medicare-certified hospice program, your hospice services are paid by Original Medicare, not Medicare Plus Blue Group PPO.</p>

(1) A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

Note: The Medicare Part B deductible may change each year.

Benefit		Original Medicare		Medicare Plus Blue Group PPO	
		In-Network		Out-of-Network	
<b>OUTPATIENT CARE</b>					
<b>8</b>	Doctor office visits	20% coinsurance <sup>(3)(4)</sup>	You pay a \$15 copayment for each primary care office visit or each visit with a specialist. Applies toward the annual out-of-pocket maximum.  See <i>Physical Exams</i> below for more information.	You pay a \$35 copayment for each primary care office visit or each visit with a specialist. Not subject to the deductible. Applies toward the out-of-network annual out-of-pocket maximum.  See <i>Physical Exams</i> below for more information.	
<b>9</b>	Chiropractic services	Routine care not covered  20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified provider. <sup>(3)(4)</sup>	You pay a \$15 copayment for each primary care office visit or each visit with a specialist for manual manipulation of the spine to correct subluxation provided by chiropractors or other qualified providers. Applies toward the annual out-of-pocket maximum.  Cost-sharing for <i>Doctor Office Visits</i> is identified above.	You pay a \$35 copayment for each primary care office visit or each visit with a specialist for manual manipulation of the spine to correct subluxation provided by chiropractors or other qualified providers. Not subject to the deductible. Applies toward the out-of-network annual out-of-pocket maximum.  Cost-sharing for <i>Doctor Office Visits</i> is identified above.	

3) In 2010, you pay a total of one \$155 deductible.

4) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Note: The Medicare Part B deductible may change each year.

Benefit		Medicare Plus Blue Group PPO	
Original Medicare		In-Network	Out-of-Network
<b>10</b>	Podiatry services  Routine care not covered  20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. <sup>(3)(4)</sup>	You pay a \$15 copayment for each office visit. Not subject to the deductible. Applies toward the annual out-of-pocket maximum.  No member cost-share for some medically necessary services (such as surgery and X-rays).	You pay a \$35 copayment for each primary care office visit or each visit with a specialist. Not subject to the deductible. Applies toward the out-of-network annual out-of-pocket maximum.  Some medically necessary services (such as surgery and X-rays) are paid at 100% after you meet your \$50 deductible. Applies toward the out-of-network annual out-of-pocket maximum.
<b>11</b>	Outpatient mental health care  45% coinsurance for most outpatient mental health services. <sup>(3)(4)</sup>	No member cost-share for services rendered in a mental health facility.  Cost-sharing for <i>Doctor Office Visits</i> is identified above.	Services are paid at 100% after you meet your \$50 deductible. Applies toward the out-of-network annual out-of-pocket maximum.  Cost-sharing for <i>Doctor Office Visits</i> is identified above.
<b>12</b>	Outpatient substance abuse care  20% coinsurance <sup>(3)(4)</sup>	No member cost-share for services rendered in a substance abuse treatment facility.  Cost-sharing for <i>Doctor Office Visits</i> is identified above.	Services rendered in a substance abuse treatment facility are paid at 100% after you meet your \$50 deductible. Applies toward the annual out-of-pocket maximum.  Cost-sharing for <i>Doctor Office Visits</i> is identified above.

(3) In 2010, you pay a total of one \$155 deductible.

(4) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Note: The Medicare Part B deductible may change each year.

Benefit		Original Medicare		Medicare Plus Blue Group PPO	
		In-Network		Out-of-Network	
<b>13</b>	Outpatient services / surgery	20% coinsurance for the doctor <sup>(3)(4)</sup> Specified copayment for outpatient hospital facility charges. Copay cannot exceed Part A inpatient hospital deductible. 20% coinsurance for ambulatory surgical center facility charges <sup>(3)(4)</sup> .	No member cost-share for these services. Includes non-medically necessary sterilization services.	Services are paid at 100% after you meet your \$50 deductible. Applies toward the out-of-network annual out-of-pocket maximum. Includes non-medically necessary sterilization services.	
<b>14</b>	Ambulance services (Medically necessary ambulance services)	20% coinsurance <sup>(1)(2)</sup>	No member cost-share for these services.	Services are paid at 100% after you meet your \$50 deductible. Applies toward the out-of-network annual out-of-pocket maximum.	

(3) In 2010, you pay a total of one \$155 deductible.

(4) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Note: The Medicare Part B deductible may change each year.

Benefit		Original Medicare		Medicare Plus Blue Group PPO	
		In-Network		Out-of-Network	
<b>15</b>	<p>Emergency care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor<sup>(3)(4)</sup></p> <p>Specified copayment for outpatient hospital emergency room (ER) facility charge. ER copay cannot exceed Part A inpatient hospital deductible.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within three days of the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>Worldwide coverage. You pay a \$50 copayment. Applies toward annual out-of-pocket maximum.</p>	<p>Worldwide coverage. You pay a \$50 copayment. Not subject to the annual deductible. Applies toward out-of-network annual out-of-pocket maximum.</p> <p>If you need inpatient care at an out-of-network hospital after your emergency condition is stabilized, you must have your inpatient care at the out-of-network hospital authorized by the plan and your cost is the highest cost-sharing you would pay at a network hospital.)</p>	
<b>16</b>	<p>Urgently needed care</p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance or a set copay<sup>(3)(4)</sup></p> <p>NOT covered outside of the U.S. except under limited circumstances.</p>	<p>You pay a \$15 copayment for each urgent care visit for primary care or each visit with a specialist. Applies toward the annual out-of-pocket maximum.</p>	<p>You pay a \$35 copayment for each urgent care visit for primary care or each visit with a specialist. Not subject to the deductible. Applies toward the out-of-network annual out-of-pocket maximum.</p>	
<b>17</b>	<p>Outpatient rehabilitation services</p> <p>(Occupational therapy, physical therapy, speech, and language therapy)</p>	<p>20% coinsurance<sup>(3)(4)</sup></p>	<p>No member cost-share for these services.</p> <p>Medicare outpatient rehabilitation dollar maximum applies.</p>	<p>Services are paid at 100% after you meet your \$50 deductible. Applies toward the out-of-network annual out-of-pocket maximum.</p> <p>Medicare outpatient rehabilitation dollar maximum applies.</p>	

(3) In 2010, you pay a total of one \$155 deductible.

(4) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Note: The Medicare Part B deductible may change each year.

Benefit		Original Medicare		Medicare Plus Blue Group PPO	
		In-Network		Out-of-Network	
OUTPATIENT MEDICAL SERVICES AND SUPPLIES					
<b>18</b>	Durable medical equipment (Includes wheelchairs, oxygen, etc.)	20% coinsurance <sup>(3)(4)</sup>	You pay coinsurance of 5% of the approved amount. Not subject to a deductible. Applies toward the durable medical equipment out of pocket maximum of \$1,000 per year.	You pay coinsurance of 25% of the approved amount. Not subject to a deductible. No out-of-pocket maximum on out-of-network DME services.	
<b>19</b>	Prosthetic and orthotic devices (Braces, artificial limbs and eyes, etc.)	20% coinsurance <sup>(3)(4)</sup>	You pay coinsurance of 5% of the approved amount. Not subject to a deductible. Applies toward the durable medical equipment out of pocket maximum of \$1,000 per year.	You pay coinsurance of 25% of the approved amount. Not subject to a deductible. No out-of-pocket maximum on out-of-network prosthetic and orthotic devices.	
<b>20</b>	Diabetes self-monitoring training, nutrition therapy, and supplies (Includes coverage for glucose monitors, test strips, lancets, screening tests and self-management training.)	20% coinsurance <sup>(3)(4)</sup> Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	No member cost-share for these services. Some diabetes supplies obtained from DME providers are covered in full. You may pay a pharmacy coinsurance for medical supplies (test strips, lancets, etc.) obtained from a pharmacy.	Services are paid at 100% after you meet your \$50 deductible. Applies toward the out-of-network annual out-of-pocket maximum. Some diabetes supplies obtained from DME providers are covered in full. You may pay an out-of-network pharmacy coinsurance for medical supplies (test strips, lancets, etc.) obtained from a pharmacy.	

(3) In 2010, you pay a total of one \$155 deductible.

(4) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Note: The Medicare Part B deductible may change each year.

**PREVENTIVE SERVICES**

<p><b>21</b> Diagnostic tests, X-rays and lab services</p>	<p>20% coinsurance for diagnostic tests and X-rays<sup>(3)(4)</sup></p> <p>\$0 copay for Medicare-covered lab services<sup>(3)(4)</sup></p> <p>Lab services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>No member cost-share applies to these services</p>	<p>No member cost-share applies to Medicare-covered clinical lab services.</p> <p>Diagnostic tests and X-rays are paid at 100% after you meet your \$50 deductible. Applies toward the out-of-network annual out-of-pocket maximum.</p>
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(3) In 2010, you pay a total of one \$155 deductible.

(4) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Note: The Medicare Part B deductible may change each year.

Benefit		Original Medicare		Medicare Plus Blue Group PPO	
		In-Network		Out-of-Network	
<b>22</b>	Bone mass measurement  (For people who are at risk.)	No coinsurance, copayment or deductible. <sup>(3)(4)</sup>  Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	No member cost-share applies for these services.  Covered once annually.	No member cost-share applies for these services.  Covered once annually.	No member cost-share applies for these services.  Covered once annually.
<b>23</b>	Colorectal screening exams  (For people with Medicare, age 50 or older.)	No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy. <sup>(3)(4)</sup>  Covered when you are high risk or when you are age 50 and older.	No member cost-share applies for these services.  Covered once annually.	No member cost-share applies for these services.  Covered once annually.	No member cost-share applies for these services.  Covered once annually.
<b>24</b>	Immunizations  (Flu vaccine, hepatitis B vaccine (for people with Medicare who are at risk), pneumonia vaccine.)	No coinsurance, copayment or deductible for flu, pneumonia and hepatitis B vaccines <sup>(3)(4)</sup>  You may only need the pneumonia vaccine once in your lifetime. Call your doctor for more information.	No member cost-share applies for these services.  Flu shots are covered once per flu season. Pneumococcal shots are covered once per lifetime, or more frequently if certain criteria are met.	No member cost-share applies for these services.  Flu shots are covered once per flu season. Pneumococcal shots are covered once per lifetime, or more frequently if certain criteria are met.	No member cost-share applies for these services.  Flu shots are covered once per flu season. Pneumococcal shots are covered once per lifetime, or more frequently if certain criteria are met.

(3) In 2010, you pay a total of one \$155 deductible.

(4) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Note: The Medicare Part B deductible may change each year.

Benefit		Original Medicare		Medicare Plus Blue Group PPO	
		In-Network	Out-of-Network		
<b>25</b>	Mammograms (annual screening)  (For women with Medicare age 40 and older.)	No coinsurance, copayment or deductible. <sup>(3)(4)</sup> No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	No member cost-share applies for these services.  Covered once annually.	No member cost-share applies for these services.  Covered once annually.	No member cost-share applies for these services.  Covered once annually.
<b>26</b>	Pap screens and pelvic exams  (For women with Medicare.)	No coinsurance, copayment or deductible for Pap smear, pelvic exam or clinical breast exam. <sup>(3)(4)</sup> Covered once every 2 years. Covered once a year for women with Medicare at high risk.	No member cost-share applies for these services.  Covered once annually.	No member cost-share applies for these services.  Covered once annually.	No member cost-share applies for these services.  Covered once annually.
<b>27</b>	Prostate cancer screening exams  (For men with Medicare age 50 and older.)	20% coinsurance for the digital rectal exam, No coinsurance, copayment or deductible for the PSA test. <sup>(3)(4)</sup> 20% coinsurance for other related services <sup>(4)</sup> Covered once a year for all men with Medicare over age 50.	No member cost-share applies for these services.  Covered once annually.	No member cost-share applies for these services.  Covered once annually.	No member cost-share applies for these services.  Covered once annually.

(3) In 2010, you pay a total of one \$155 deductible.

(4) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Note: The Medicare Part B deductible may change each year.

Benefit		Original Medicare		Medicare Plus Blue Group PPO	
		In-Network		Out-of-Network	
<b>28</b>	Cardiovascular screening	\$0 copay <sup>(4)</sup> Covered every five years	No member cost-share applies for these services.  Covered once annually.	No member cost-share applies for these services.	No member cost-share applies for these services.
<b>29</b>	Tobacco use cessation  Health and wellness education	20% coinsurance and Part B deductible. <sup>(3)/(4)</sup> Covered when ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.	No member cost-share applies for these services.  Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco use. Each counseling attempt includes up to 4 face-to-face visits.	No member cost-share applies for these services.  Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco use. Each counseling attempt includes up to 4 face-to-face visits.	No member cost-share applies for these services.
<b>30</b>	HIV screening	No coinsurance, copayment or deductible for screening test.  20% coinsurance for doctor's visit. Covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Covered once every 12 months or up to three times during a pregnancy.	No member cost-share applies for these services.	No member cost-share applies for these services.	No member cost-share applies for these services.

(3) In 2010, you pay a total of one \$155 deductible.

(4) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Note: The Medicare Part B deductible may change each year.

**OTHER SERVICES**

<p><b>31</b> End stage renal disease</p>	<p>20% coinsurance for renal dialysis<sup>(3)(4)</sup>. 20% coinsurance for nutrition therapy for end stage renal disease<sup>(3)(4)</sup>. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>No member cost-share applies for these services.</p>	<p>Services are paid at 100% after you meet your \$50 deductible. Applies toward the out-of-network annual out-of-pocket maximum.</p>
<p><b>32</b> Dental services</p>	<p>Preventative dental services (such as cleaning) not covered.</p>	<p>Preventive dental services are not covered under the Medicare Plus Blue Group PPO plan. Preventive dental services may be covered as part of a separate dental plan.</p>	<p>Preventive dental services are not covered under the Medicare Plus Blue Group PPO plan. Preventive dental services may be covered as part of a separate dental plan.</p>

(3) In 2010, you pay a total of one \$155 deductible.

(4) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Note: The Medicare Part B deductible may change each year.

Benefit		Medicare Plus Blue Group PPO	
Original Medicare		In-Network	Out-of-Network
<p><b>33</b> Hearing services</p>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams<sup>(3)(4)</sup>.</p>	<p>Routine hearing exams are covered.</p> <p>For diagnostic hearing office visits, you pay a \$15 copayment for primary care or specialist services. Applies toward the annual out-of-pocket maximum.</p> <p>No member cost-sharing for diagnostic hearing testing.</p> <p>See "Routine Hearing Exam and Hearing Aids" below for more coverage information.</p>	<p>Routine hearing exams are covered.</p> <p>For diagnostic hearing office visits, you pay a \$35 copayment for primary care or specialist services. Not subject to the annual deductible. Applies toward the annual out-of-pocket maximum.</p> <p>Diagnostic hearing testing services are paid at 100% after you meet your \$50 deductible. Applies toward the annual out-of-pocket maximum.</p> <p>See "Routine Hearing Exam and Hearing Aids" below for more coverage information.</p>

(3) In 2010, you pay a total of one \$155 deductible.

(4) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Note: The Medicare Part B deductible may change each year.

Benefit		Original Medicare	Medicare Plus Blue Group PPO	Out-of-Network
		In-Network		
<b>34</b>	Vision services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye<sup>(3)</sup>/<sup>(4)</sup>.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>For office visits for medical vision services, you pay \$15 copayment for each primary care visit or specialist. Applies toward the annual out-of-pocket maximum.</p> <p>No member cost-sharing for diagnosis and treatment of diseases and conditions of the eye.</p> <p>For people at risk of glaucoma, annual glaucoma screenings are covered in full.</p> <p>Corrective lenses following cataracts surgery are covered in full.</p> <p>LASIK and RK surgeries are not covered.</p> <p>Routine eye exams and glasses are not covered under this Medicare Plus Blue Group PPO plan. These services may be covered as part of a separate vision plan.</p>	<p>For office visits for medical vision services, you pay \$35 copayment for each primary care visit or specialist services. Not subject to the deductible. Applies toward the annual out-of-pocket maximum.</p> <p>Diagnosis and treatment of diseases and conditions of the eye are paid at 100% after you meet your \$50 deductible. Applies toward the annual out-of-pocket maximum.</p> <p>For people at risk of glaucoma, annual glaucoma screenings are covered in full.</p> <p>Corrective lenses following cataracts surgery are covered in full.</p> <p>LASIK and RK surgeries are not covered.</p> <p>Routine eye exams and glasses are not covered under this Medicare Plus Blue Group PPO plan. These services may be covered as part of a separate vision plan</p>

(3) In 2010, you pay a total of one \$155 deductible.

(4) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Note: The Medicare Part B deductible may change each year.

Benefit		Medicare Plus Blue Group PPO	
Original Medicare		In-Network	Out-of-Network
<p><b>35</b> Physical exams, including Welcome to Medicare and Annual Wellness exams</p>	<p>When you get Medicare Part B, you are covered in full for a one-time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p> <p>After your first 12 months, you pay 20% coinsurance for each annual physical exam.</p>	<p>No member cost-share for the one-time Welcome to Medicare (Physical) exam if performed within the first 12 months of Part B coverage.</p> <p>No member cost share for annual physical exams after the first 12 months of Part B.</p>	<p>No member cost-share for the one-time Welcome to Medicare (Physical) exam if performed within the first 12 months of Part B coverage.</p> <p>Annual physical exams after the first 12 months of Part B are paid at 100% after you meet your \$50 deductible. Applies toward the annual out-of-pocket maximum.</p>
<b>ADDITIONAL SERVICES</b>			
Routine hearing exams and hearing aids	Routine hearing exams and hearing aids are not covered.	<p>Routine hearing exams: You pay \$15 for each primary care office visit or each visit with a specialist. Applies toward the annual out-of-pocket maximum.</p> <p>Binaural (both ears) hearing aid devices covered up to the approved amount with no member cost-share. Covered every 36 months.</p>	<p>Routine hearing exams: You pay \$35 for each primary care office visit or each visit with a specialist. Not subject to the annual deductible. Applies toward the out-of-pocket annual out-of-pocket maximum.</p> <p>Binaural (both ears) hearing aid devices covered up to the approved amount with no member cost-share. Covered every 36 months.</p>
Home Infusion Therapy	Home Infusion Therapy is not covered.	No member cost-share for these services.	No member cost-share for these services.

(3) In 2010, you pay a total of one \$155 deductible.

(4) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.  
 Note: The Medicare Part B deductible may change each year.

Benefit	Original Medicare	Medicare Plus Blue Group PPO
<b>PRESCRIPTION DRUGS</b>		<b>Part D prescription drugs</b>
Prescription drugs	Most prescription drugs are not covered by Original Medicare.	<b>Deductible</b> There is no annual deductible for Part D prescription drugs.
		<b>Preferred Generic Drugs (“Tier 1”)</b> \$10 copay for a one-month (up to a 31-day) supply from a preferred or non-preferred retail or mail-order pharmacy. \$10 copay for a three-month (up to a 90-day) supply from a preferred retail or mail-order pharmacy. \$15 copay for a three-month (up to a 90-day) supply from a non-preferred retail or mail-order pharmacy.
		<b>Preferred Brand Drugs (“Tier 2”)</b> \$40 copay for a one-month (up to a 31-day) supply from a preferred or non-preferred retail or mail-order pharmacy. \$40 copay for a three-month (up to a 90-day) supply from a preferred retail or mail-order pharmacy. \$60 copay for a three-month (up to a 90-day) supply from a non-preferred retail or mail-order pharmacy.
		<b>Non-Preferred Drugs (“Tier 3”)</b> \$40 copay for a one-month (up to a 31-day) supply from a preferred or non-preferred retail or mail-order pharmacy. \$40 copay for a three-month (up to a 90-day) supply from a preferred retail or mail-order pharmacy. \$60 copay for a three-month (up to a 90-day) supply from a non-preferred retail or mail-order pharmacy.
		<b>Specialty Drugs (“Tier 4”)</b> \$40 copay for a one-month (up to a 31-day) supply from a preferred or non-preferred retail or mail-order pharmacy. Supplies longer than 31 days are not covered for this tier.
		<b>Non-Self-Administered Injectable Drugs (“Tier 5”)</b> \$40.00 copay for a one-month (up to a 31-day) supply from a preferred or non-preferred retail or mail-order pharmacy. Supplies longer than 31 days are not covered for this tier.

Note: The Medicare Part B deductible may change each year.

## PRESCRIPTION DRUGS

Drugs covered under Medicare Part D — General

This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare). Different out-of-pocket costs may apply for people who have limited incomes, live in long-term care facilities or have access to Indian/Tribal/Urban (Indian Health Service).

The plan offers national in-network prescription coverage (i.e., this would include 50 states and Washington D.C.). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance, when you travel).

Total yearly drug costs are the total drug costs paid by both you and the plan. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs may have quantity limits. Your provider may be required to get prior authorization from **Medicare Plus Blue Group PPO** for certain drugs.

The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details. You must go to certain pharmacies for a very limited number of drugs due to special handling, provider coordination or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary and printed materials.

If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount. You may have to pay more than your normal cost-sharing amount if you choose to use a higher-cost drug when a lower-cost drug is available. This may also occur if a new, lower-cost generic version of a brand-name drug is added to the plan's formulary after you enroll. You pay \$0 the first time you fill a prescription for certain drugs. These drugs will be listed as "free first fill" on the plan's website, formulary and printed materials.

After you have paid \$4,550 out of pocket, called the "Catastrophic Coverage Limit," you will generally pay the greater of \$2.50 or 5 percent for generic drugs, and \$6.30 or 5 percent for all other drugs until the end of the calendar year.

# SECTION 3

## Prescription benefits at-a-glance

Tier	Description	Up-to-90-day supply*		
		Up-to-31-day supply Preferred or non- order network pharmacies	Preferred retail or mail-order network pharmacies	Non-preferred retail or mail-order network pharmacies
Tier 1	Preferred generic drugs	\$10	\$10	\$15
Tier 2	Preferred brand drugs	\$40	\$40	\$60
Tier 3	Non-preferred drugs	\$40	\$40	\$60
Tier 4	Specialty drugs	\$40	These drugs are not covered for supplies greater than 31 days	
Tier 5	Non-self-administered injectables**	\$40		

\*Many retail pharmacies, but not all, will fill a 90-day supply of medication. Check with your pharmacist.

\*\*Tier 5 Drugs are not available through mail order.

Note: All covered prescription drugs are subject to drug utilization programs: step therapy, prior authorization and quantity limits.



# Medicare PLUS Blue Group PPO<sup>SM</sup>



**Blue Cross  
Blue Shield**  
of Michigan



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