

Summary of Benefits

Medicare Plus Blue GroupSM

January 1, 2008 – December 31, 2008

Medicare **PLUS Blue** GroupSM



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

Medicare Plus Blue Group is a private fee-for-service plan with a Medicare contract. Medicare Plus Blue Group is issued by Blue Cross Blue Shield of Michigan, a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.



Blue Cross Blue Shield of Michigan

For more information about this plan:

Prior to January 1, 2008, visit us at www.bcbsm.com or call the Ombudsman's Office, Hours: 8:30 a.m. to 5:00 p.m. EST, Monday through Friday 1-877-258-0167 (TTY/TDD users call 1-800-807-4670)

After January 1, 2008, call Blue Cross Blue Shield of Michigan's Medicare Advantage Member Services at 1-866-684-8216 from 8:30 a.m. to 5:00 p.m. EST, Monday through Friday (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 on the Web.

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

SECTION 1

Introduction to the Summary of Benefits for BCBSM Medicare Plus Blue Group

January 1, 2008 – December 31, 2008

Thank you for your interest in **BCBSM Medicare Plus Blue Group**. Our plan is offered by BLUE CROSS BLUE SHIELD OF MICHIGAN, a Medicare Advantage Private Fee-for-Service organization. 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 Advantage 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 Medicare (fee-for-service) plan. Another option is a Medicare Advantage Private Fee-for-Service plan, like **BCBSM Medicare Plus Blue Group**. For more information call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users may call 1-877-486-2048.

Upon enrollment you will receive an "Evidence of Coverage" for the option you have selected.

You may join or leave a plan only at certain times. Please call Medicare Advantage 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** 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 that the Original Medicare Plan offers. Your group health plan also offers more benefits, which may change from year to year.

WHO IS ELIGIBLE TO JOIN MEDICARE PLUS BLUE GROUP?

You can join **Medicare Plus Blue Group** if you are enrolled in Medicare Part A and Part B.

CAN I CHOOSE MY DOCTORS?

As a member of **Medicare Plus Blue Group**, you can use any Medicare doctor, specialist, or hospital that accepts Medicare payment and accepts the terms and conditions of payment of the Blue Cross Blue Shield of Michigan plan. Blue Cross Blue Shield of Michigan has the right to determine if the service or treatment ordered by your health care provider is covered under the Blue Cross Blue Shield of Michigan plan.

You must present your **Medicare Plus Blue Group** member identification card to providers before you receive services. This will give the provider the opportunity to contact us for our payment terms and conditions. If the provider you choose refuses to accept **Medicare Plus Blue Group** because he/she is not familiar with the plan, he/she may call our Provider Services representatives at 1-866-309-1719 or visit www.bcbsm.com for more information.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

Each year, Medicare Advantage Plans decide whether to continue for another year. If Blue Cross Blue Shield of Michigan leaves the program, you will not lose Medicare coverage. You will receive a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

GRIEVANCES

As a member of **Medicare Plus Blue Group**, you have the right to file a grievance.

If you have a complaint, we encourage you to first call Customer Service at 1-866-684-8216 (TTY/TDD users call 1-800-579-0235) 8:30 a.m. to 5 p.m., EST, Monday through Friday. We will try to resolve any complaint. If we cannot resolve your complaint, we have a formal procedure to review your complaints. If you wish to file a grievance, contact our Appeal and Grievance department at 1-800-545-7100 (TTY users call 1-877-924-2583) from 8 a.m. to 6 p.m. EST, Monday through Friday or in writing to: Medicare Plus Blue Group, Appeal and Grievance Dept. — X509, 600 E. Lafayette, Detroit, Michigan 48226-2998.

APPEALS

As a member of Medicare Plus Blue Group you have the right to file an appeal if you're not satisfied with the outcome of the plans determination of health care services. An appeal is a request, in writing, for a reconsideration of a health care service or an amount the member pays for a service. If the situation requires an urgent response, we can expedite your request. Please call us at 1-800-545-7100 (TTY users call 1-877-924-2583) from 8 a.m. to 6 p.m. EST, Monday through Friday, or write to us at: Medicare Plus Blue Group, Appeal and Grievance Dept. — X509, 600 E. Lafayette, Detroit, Michigan 48226-2998.

TERMS & AGREEMENTS

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital must agree to accept the plan's terms and conditions prior to providing healthcare services to you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may not provide healthcare services to you, except in emergencies. Providers can find the plan's terms and conditions on our Web site at: www.bcbsm.com/ma

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Medicare PLUS Blue Group™



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 contact BCBSM Medicare Advantage Member Services for details.

Benefit	Original Medicare	Medicare Plus Blue Group – BCBSM
IMPORTANT INFORMATION		
<p>1 Premium and Other Important Information</p>	<p>You pay the Medicare Part B premium of \$96.40 each month.</p> <p>You pay the Medicare Part B deductible of \$135 each year. The Medicare Part B deductible may change each year.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>In addition to Medicare Part B premium you may also be required to pay a premium contribution as defined by your employer group.</p> <p>Services are subject to an Annual Deductible of \$250 and a \$1,000 coinsurance maximum. Once the 5% coinsurance equals \$1,000, all covered services will be paid at 100%.</p>
<p>2 Doctor and Hospital Choice (For more information, see Emergency 15 and Urgently Needed Care 16)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>You may go to any doctor, specialist, or hospital that accepts BCBSM's terms and conditions of payment. If the doctor or hospital does not agree to accept our payment terms and conditions, they may not provide healthcare services to you, except in emergencies.</p>
INPATIENT CARE		
<p>3 Inpatient Hospital Care (includes rehabilitation services)</p>	<p>You pay for each benefit period:</p> <p>A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. 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.</p> <p>Days 1-60: an initial deductible of \$1,024</p> <p>Days 61 – 90: \$256 each day</p> <p>Days 91-150: \$512 each lifetime reserve day.</p> <p>Lifetime reserve days can only be used once.</p> <p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once.</p>	<p>There is a \$250 annual deductible plus 5% coinsurance for inpatient hospital services received at a hospital.</p> <p>Unlimited days for inpatient care coverage.</p>



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Benefit	Original Medicare	Medicare Plus Blue Group – BCBSM
<p>4 Inpatient Mental Health Care (includes substance abuse)</p>	<p>You pay the same deductible and copayments as inpatient hospital care (above) except Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.</p>	<p>Unlimited days for inpatient care coverage includes inpatient mental health care and substance abuse. You pay a \$250 annual deductible plus 5% coinsurance. Does not apply against the out-of-pocket maximum.</p>
<p>5 Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>You pay for each benefit period, following at least a 3-day covered hospital stay: A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. 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. Days 1 – 20: \$0 for each day Days 21-100: \$128 for each day There is a limit of 100 days for each benefit period.</p>	<p>You pay a \$250 deductible plus 5% coinsurance for skilled nursing facility services. You are covered up to 120 days per benefit period. The days renew when you have been out of a hospital or skilled nursing facility for 60 days in a row.</p>
<p>6 Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, home infusion, and rehabilitation services, etc.)</p>	<p>You pay \$0 for Medicare home health visits.</p>	<p>There is no deductible or coinsurance for home health care, including visiting nurse services.</p>
<p>7 Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care. You must receive care from a Medicare-certified hospice.</p>	<p>There is no deductible or coinsurance for hospice services. You must receive care from a Medicare-certified hospice. Outpatient prescription drugs are covered under a separate plan.</p>

Benefit	Original Medicare	Medicare Plus Blue Group – BCBSM
OUTPATIENT CARE		
8 Doctor Office Visits	<p>You pay the \$131 annual deductible plus 20% coinsurance of Medicare-approved amounts. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.</p>	<p>You pay a \$10 copayment.</p> <p>Does not apply against the out-of-pocket maximum.</p> <p>See 35 Physical Exams for more information.</p>
9 Chiropractic Services	<p>You pay the \$131 annual deductible plus 20% coinsurance of Medicare-approved amounts. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.</p> <p>You pay 20% coinsurance for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers.</p> <p>X-rays are not a covered benefit.</p> <p>You pay 100% for routine care.</p>	<p>You pay a \$10 copay for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers.</p> <p>You pay the \$250 annual deductible plus 5% coinsurance for spine X-rays and physical therapy visits.</p> <p>You pay a \$10 copay for office visits.</p>
10 Podiatry Services	<p>You pay the \$131 annual deductible plus 20% coinsurance of Medicare-approved amounts. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.</p> <p>You are covered for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p> <p>You pay 100% for routine care.</p>	<p>You pay a \$10 copay for office visits.</p> <p>For some medically necessary foot care services other than office visits, you pay the \$250 annual deductible plus a 5% coinsurance.</p> <p>You are covered for medical conditions affecting the lower limbs.</p>
11 Outpatient Mental Health Care	<p>You pay the \$131 annual deductible plus 50% coinsurance of Medicare-approved amounts with the exception of certain situations and services. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.</p>	<p>You pay the \$250 annual deductible plus 5% coinsurance for services at a mental health facility or a physician’s office.</p>
12 Outpatient Substance Abuse Care	<p>You pay the \$131 annual deductible plus 20% coinsurance of Medicare-approved services. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.</p>	<p>You pay the \$250 annual deductible plus 5% coinsurance.</p> <p>Does not apply against the out-of-pocket maximum.</p>



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Benefit	Original Medicare	Medicare Plus Blue Group – BCBSM
<p>13 Outpatient Services/ Surgery</p>	<p>You pay the \$131 annual deductible plus 20% coinsurance of Medicare-approved services. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.</p> <p>You pay the \$131 annual deductible plus 20% coinsurance of outpatient facility charges. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.</p>	<p>You pay the \$250 annual deductible for outpatient surgery and related services.</p> <p>You pay the \$250 annual deductible plus 5% coinsurance for voluntary sterilization.</p>
<p>14 Ambulance Services (medically necessary ambulance services)</p>	<p>You pay the \$131 annual deductible plus 20% coinsurance of Medicare-approved amounts or applicable fee schedule charge. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.</p>	<p>You pay the \$250 annual deductible plus 5% coinsurance.</p>
<p>15 Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>You pay the \$131 annual deductible plus 20% coinsurance for the doctor and the outpatient facility charge or a set copay per emergency room visit; you do NOT pay this amount if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>You pay the \$131 annual deductible plus 20% coinsurance of doctor charges. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.</p> <p>Not covered outside of the U.S except under limited circumstances.</p>	<p>You pay a \$50 hospital copayment (waived if admitted or related to injury).</p>
<p>16 Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>You pay the \$131 annual deductible plus 20% coinsurance of Medicare-approved amounts or applicable copayment. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.</p> <p>Not covered outside of the U.S except under limited circumstances.</p>	<p>You pay a \$10 copayment.</p> <p>Does not apply against the out-of-pocket maximum.</p>

Benefit	Original Medicare	Medicare Plus Blue Group – BCBSM
17 Outpatient Rehabilitation Services (Occupational, Physical, Speech and Language Therapy)	You pay the \$131 annual deductible plus 20% coinsurance of Medicare-approved amounts. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.	You pay the \$250 annual deductible plus a 5% coinsurance.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 Durable Medical Equipment (Wheelchairs, oxygen, etc.)	You pay the \$131 annual deductible plus 20% coinsurance of Medicare-approved amounts. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.	Covered in full. Does not apply against the out-of-pocket maximum
19 Prosthetic Devices (Braces, artificial limbs and eyes, etc.)	You pay the \$131 annual deductible plus 20% coinsurance of Medicare-approved amounts. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.	Covered in full. Does not apply against the out-of-pocket maximum
20 Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (Glucose monitors, test strips, lancets, screening tests, and self-management training, etc.)	Diabetes screenings are covered in full. You pay the \$131 annual deductible plus 20% coinsurance of Medicare-approved amounts. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.	Diabetes screenings are covered in full. You pay the \$250 annual deductible plus a 5% coinsurance for self-monitoring training. You may pay a pharmacy coinsurance for medical supplies (test strips, lancets, etc.) obtained from a pharmacy.
21 Diagnostic Tests, X-Rays, and Lab Services	You pay the \$131 annual deductible plus 20% coinsurance of Medicare-approved amounts, except for approved clinical lab services. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more. There is no copayment for Medicare-approved clinical lab services.	Clinical lab services are covered in full. You pay the \$250 annual deductible plus the 5% coinsurance for diagnostic tests, X-rays and pathology lab services.

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Benefit	Original Medicare	Medicare Plus Blue Group – BCBSM
PREVENTIVE SERVICES		
<p>22 Bone Mass Measurement (for people who are at risk)</p>	<p>You pay the \$131 annual deductible plus 20% coinsurance of Medicare-approved amounts. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.</p>	<p>Bone mass measurements are covered in full once annually.</p>
<p>23 Colorectal Screening Exams (for people with Medicare age 50 and older)</p>	<p>You pay the \$131 annual deductible plus 20% coinsurance of Medicare-approved amounts. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.</p>	<p>You pay a 5% coinsurance for barium enema, colonoscopy, flexible sigmoidoscopy. Fecal occult blood test covered in full.</p>
<p>24 Immunizations (Flu and Pneumonia shots for all people; Hepatitis B for people who are at risk.)</p>	<p>Flu shots covered in full once each flu season. Pneumococcal shot covered in full once in a lifetime. Additional Pneumococcal shots are only covered when medically necessary. You pay the \$131 annual deductible plus 20% coinsurance of Medicare-approved amounts for the Hepatitis B shots. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.</p>	<p>Flu shots covered in full once each flu season. Pneumococcal shot covered in full once in a lifetime. Additional Pneumococcal shots are covered when medically necessary. You pay the \$250 annual deductible plus a 5% coinsurance for Hepatitis B shots and Medicare-approved immunizations.</p>
<p>25 Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>You pay 20% coinsurance of Medicare-approved amounts. No referral needed. One baseline mammogram covered for women with Medicare between the age of 35 and 39.</p>	<p>Screening mammogram covered in full once annually.</p>
<p>26 Pap Smears and Pelvic Exams (for women with Medicare)</p>	<p>There is no copayment for a Pap Smear once every 2 years, annually for beneficiaries at high risk. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more. You pay 20% coinsurance of Medicare-approved amounts for Pelvic Exams. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.</p>	<p>Pap smear covered in full once annually. You pay a 5% coinsurance for an annual pelvic exam.</p>

Benefit	Original Medicare	Medicare Plus Blue Group – BCBSM
27 Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	You pay the \$131 annual deductible plus 20% coinsurance for the digital rectal exam. \$0 for the PSA test; and 20% coinsurance of Medicare-approved amounts for other related services. Covered once a year for all men with Medicare over age 50. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.	There is no copayment for approved lab services. Prostate Screening Antigen test covered in full once annually. Digital rectal exam covered in full once annually.
28 Cardiovascular Screening	Covered in full once every five years.	Covered in full once every five years. Does not apply against the out-of-pocket maximum.
29 Tobacco Use Cessation	You pay the \$131 annual deductible plus 20% coinsurance of Medicare-approved amounts.	You pay the \$250 annual deductible plus a 5% coinsurance.
OTHER SERVICES		
30 ESRD	You pay 20% coinsurance of Medicare-approved dialysis.	You pay the \$250 annual deductible plus 5% coinsurance.
31 Prescription Drugs	Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)	Prescription drugs are covered under a separate BCBSM plan.
32 Dental Services	Preventive dental services are not covered.	Preventive dental benefits are not covered.
33 Hearing Services	You pay 100% for routine hearing exams and hearing aids. You pay the \$131 annual deductible plus 20% coinsurance of Medicare approved amounts for diagnostic hearing exams. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.	Routine hearing care and hearing aids are not covered. You pay a \$10 copayment for a diagnostic hearing office visit. You pay the \$250 annual deductible plus a 5% coinsurance for diagnostic testing.

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Benefit	Original Medicare	Medicare Plus Blue Group – BCBSM
<p>34 Vision Services</p>	<p>You pay the \$131 annual deductible plus 20% coinsurance of Medicare-approved amounts for one pair of eyeglasses or contact lenses after each cataract surgery. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.</p> <p>People who are at risk are covered for annual glaucoma screenings.</p> <p>You pay the \$131 annual deductible plus 20% coinsurance of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.</p> <p>You pay 100% for routine eye exams and glasses.</p>	<p>People who are at risk are covered for annual glaucoma screenings.</p> <p>You pay the \$250 annual deductible plus a 5% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Corrective lenses following cataract surgery are covered in full.</p> <p>Refractive surgery (i.e. LASIK) is not covered.</p> <p>You pay 100% for routine eye exams and glasses.</p>
<p>35 Physical Exams</p> <p>Initial Preventive Physical Exam</p> <p>Routine Physical</p>	<p>You pay the \$131 annual deductible plus 20% coinsurance for one exam within the first 6 months of your Medicare Part B coverage. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first six months of your new Part B coverage. The coverage does not include lab tests. Please contact your plan for further details.</p> <p>Within the first six months you have Part B, you may have an abdominal aortic aneurysm screening and an electrocardiogram (EKG) covered in full.</p> <p>Routine annual physical not covered.</p>	<p>“Welcome (Physical)” Exam covered once within the first 6 months after you have your Medicare Part B coverage.</p> <p>You pay the \$250 annual deductible plus a 5% coinsurance.</p> <p>Within the first six months you have Part B, you may have an abdominal aortic aneurysm screening and an electrocardiogram (EKG) covered in full.</p> <p>You pay a \$10 copayment for a routine annual physical exam covered once every year.</p>
<p>36 Private Duty Nursing</p>	<p>Private duty nursing is not covered.</p>	<p>You pay the \$250 annual deductible plus a 5% coinsurance for private duty nursing.</p> <p>Does not apply against the out-of-pocket maximum.</p>

Medicare PLUS **Blue** GroupSM



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Blue Shield**
of Michigan

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