

# Summary of Benefits

Medicare Plus Blue Group PFFS<sup>SM</sup>

January 1, 2010 - December 31, 2010

Medicare PLUS **Blue** Group PFFS<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.

Medicare Plus Blue Group PFFS is a health plan with a Medicare contract.



## Blue Cross Blue Shield of Michigan BU Employees

## **For more information about this plan:**

Visit us at **[www.bcbsm.com](http://www.bcbsm.com)** or call Medicare Plus Blue Group PFFS Member Services.

Hours: 8:30 a.m. to 5:00 p.m., Monday through Friday, 1-866-684-8216

(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

## Introduction to the Summary of Benefits for Medicare Plus Blue Group PFFS

January 1, 2010 - December 31, 2010

Thank you for your interest in **Medicare Plus Blue Group PFFS**. 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 Plus Blue Group PFFS 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 **Medicare Plus Blue Group PFFS**. 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.

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 PFFS 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 PFFS** 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 PFFS?

You can join **Medicare Plus Blue Group PFFS** if you are entitled to Medicare Part A, enrolled in Medicare Part B and live within the U.S.

### CAN I CHOOSE MY DOCTORS?

A Medicare Advantage Private Fee-for-Service plan works differently than your existing plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, or otherwise agree to treat you, you will not be able to receive covered services from them under this plan. Providers can find the plan's terms and conditions on our Web site at: [www.bcbsm.com/ma](http://www.bcbsm.com/ma). Web site at: [www.bcbsm.com/ma](http://www.bcbsm.com/ma).

### DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

This **Medicare Plus Blue Group PFFS** plan only covers Medicare Part B prescription drugs.

Your Employer/Union Group may provide additional drug coverage under a separate plan. Please contact your plan benefit administrator for additional information.

### **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. Contact **Medicare Plus Blue Group PFFS** for more details.

- **Some Antigenes:** 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®):** 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** provided through DME

### **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

All Medicare Advantage Plans 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. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

### **GRIEVANCE AND APPEALS**

As a member of **Medicare Plus Blue Group PFFS**, 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.

# 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 contact Medicare Plus Blue Group PFFS Member Services, 1-866-684-8216 (TTY 1-800-579-0235).



Benefit	Original Medicare	Medicare Plus Blue Group PFFS
<b>IMPORTANT INFORMATION</b>		
<p><b>1</b> Premium and Other Important Information</p>	<p>In 2010, most people will pay a monthly Medicare Part B premium of \$96.40*. The Medicare Part B premium may change each year.</p> <p>In 2010, you pay the Medicare Part B deductible of \$155 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>*Some people will pay a higher monthly Part B premium. For more information about the circumstances when a higher premium payment is required, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>In addition to the Medicare Part B Premium you may also be required to pay a premium contribution as defined by your employer group.</p> <p>For many covered services described below, the following cost share applies:</p> <p>Services are subject to the annual deductible of \$100. Services are not subject to coinsurance.</p>
<p><b>2</b> Doctor and Hospital Choice</p> <p>(For more information, see Emergency <b>15</b> and Urgently Needed Care <b>16</b> )</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>

Benefit		Original Medicare	Medicare Plus Blue Group PFFS
<b>INPATIENT CARE</b>			
<b>3</b> Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	In 2010 the amounts for each benefit period (3) are: Days 1-60: \$1,100 deductible Days 61- 90: \$275 per day Days 91-150: \$550 per lifetime reserve day. (4) Days beyond 150 – all costs for each day Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. (4)	Services are subject to the annual deductible of \$100. Services are not subject to coinsurance.  Unlimited days for inpatient care coverage.	
<b>4</b> Inpatient Mental Health Care	Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).  190 day limit in a Psychiatric Hospital.	Services are subject to the annual deductible of \$100. Services are not subject to coinsurance.  Unlimited days for inpatient mental health care coverage.	

(3) 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.

(4) 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 PFFS
<p><b>5</b> Skilled Nursing Facility  (in a Medicare-certified skilled nursing facility)</p>	<p>In 2010 the amounts for each benefit period (3) after at least a 3-day covered hospital stay are:</p> <p>Days 1 – 20: \$0 per day Days 21-100: \$137.50 per day 100 days for each benefit period. (3)</p>	<p>The 3-day hospital stay requirement under Original Medicare is waived.</p> <p>Services are subject to the annual deductible of \$100. Services are not subject to coinsurance.</p> <p>You are covered up to 120 days per benefit period. These days renew when you have been out of a hospital or skilled nursing facility for 60 days in a row. There is no limit to the number of benefit periods you can have.</p>
<p><b>6</b> 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>No member cost-share is applied for home health care, including visiting nurse services.</p>
<p><b>7</b> Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must receive care from a Medicare-certified hospice.</p>	<p>You must receive care from a Medicare-certified hospice. Hospice claims must be submitted to Original Medicare. Claims for services that are not covered by Original Medicare in a hospice setting must be submitted to Medicare Plus Blue Group.</p>

3) 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.

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Benefit	Original Medicare	Medicare Plus Blue Group PFFS
<b>OUTPATIENT CARE</b>		
<b>8</b> Doctor Office Visits	20% coinsurance (1)(2)	You pay a \$10 copay for office visits. Does not apply to the deductible.  See 'Physical Exams' 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 providers(1)(2)	For charges for covered manual manipulation of the spine, member cost-share will be applied as follows: You pay a \$10 copay. Does not apply to the deductible.  See 'Chiropractic Enhanced Services' below for detail on additional covered chiropractic services.
<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. (1)(2)	You pay a \$10 copay for office visits. Does not apply to the deductible.  For some medically necessary services (such as surgery and X-rays), member cost share will be applied as follows: Services are subject to the annual deductible of \$100. Services are not subject to coinsurance.

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

(2) 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 PFFS
<b>11</b> Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services. (1)(2)	<p>For doctor, psychiatrist, clinical psychologist, or clinical social worker charges for psychiatric / psychotherapy services, member cost-share will be applied as follows: You pay a \$10 copay. Does not apply to the deductible.</p> <p>For facility charges incurred if these services are hospital-based, member cost-share will be applied as follows: Services are subject to the annual deductible of \$100. Services are not subject to coinsurance.</p>
<b>12</b> Outpatient Substance Abuse Care	20% coinsurance (1)(2)	<p>For doctor, psychiatrist, clinical psychologist, or clinical social worker charges for psychiatric / psychotherapy services, member cost-share will be applied as follows: You pay a \$10 copay. Does not apply to the deductible.</p> <p>For facility charges incurred if these services are hospital-based, member cost-share will be applied as follows: Services are subject to the annual deductible of \$100. Services are not subject to coinsurance.</p>
<b>13</b> Outpatient Services / Surgery	20% coinsurance for the doctor (1)(2) 20% of outpatient facility charges (1)(2)	Services are subject to the annual deductible of \$100. Services are not subject to coinsurance.
<b>14</b> Ambulance Services  (Medically necessary ambulance services)	20% coinsurance (1)(2)	Services are subject to the annual deductible of \$100. Services are not subject to coinsurance.

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## SECTION 2 – Summary of Benefits

Benefit	Original Medicare	Medicare Plus Blue Group PFFS
<p><b>15</b> 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 (1)(2)</p> <p>20% of facility charge, or a set copay per emergency room visit (1)(2)</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances</p>	<p>You pay a \$50 copay for ER visits. Does not apply to the deductible.</p> <p>Cost-share is waived if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>Cost-share is waived if your diagnosis confirms that emergency services were warranted.</p>
<p><b>16</b> Urgently Needed Care</p> <p>(This is NOT emergency care)</p>	<p>20% coinsurance or a set copay (1)(2)</p> <p>NOT covered outside of the U.S except under limited circumstances.</p>	<p>You pay a \$10 copay. Does not apply to the deductible.</p>
<p><b>17</b> Outpatient Rehabilitation Services</p> <p>(Occupational, Physical, Speech, and Language Therapy)</p>	<p>20% coinsurance (1)(2)</p>	<p>Services are subject to the annual deductible of \$100. Services are not subject to coinsurance.</p> <p>Medicare outpatient rehabilitation caps apply.</p>

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

Benefit	Original Medicare	Medicare Plus Blue Group PFFS
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>		
<b>18</b> Durable Medical Equipment  (Includes wheelchairs, oxygen, etc.)	20% coinsurance (1)(2)	No member cost-share will be applied for covered Durable Medical Equipment.
<b>19</b> Prosthetic Devices  (Braces, artificial limbs and eyes, etc.)	20% coinsurance (1)(2)	No member cost-share will be applied for covered Prosthetic 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 (1)(2)  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.	For diabetes screening tests, self-monitoring training, and nutrition therapy, no member cost-share will be applied.  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.

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

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

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Benefit	Original Medicare	Medicare Plus Blue Group PFFS
<b>PREVENTIVE SERVICES</b>		
<b>21</b> Diagnostic Tests, X-Rays, and Lab Services	20% coinsurance for diagnostic tests and X-rays (1)(2) \$0 copay for Medicare-covered lab services (1)(2) 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 (CLIA) 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.	Services are subject to the annual deductible of \$100. Services are not subject to coinsurance.  No member cost-share will be applied for Medicare-approved clinical lab services.
<b>22</b> Bone Mass Measurement  (For people that are at risk)	20% coinsurance (1)(2) Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	Covered once annually. No member cost-share will be applied for these services.
<b>23</b> Colorectal Screening Exams  (For people with Medicare, age 50 or older)	20% coinsurance (1)(2) Covered when you are high risk or when you are age 50 and older.	Covered once annually. For barium enema, colonoscopy, and flexible sigmoidoscopy, no member cost-share will be applied.  No member cost-share will be applied for fecal occult blood tests.

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

(2) 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 PFFS
<p><b>24</b> Immunizations</p> <p>(Flu vaccine, Hepatitis B vaccine –for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu and Pneumonia vaccines</p> <p>20% coinsurance for Hepatitis B vaccine(1)(2)</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>Flu shots are covered once per season with no deductible or coinsurance. Pneumococcal shots are covered once per lifetime, or more frequently if certain criteria are met, with no deductible or coinsurance.</p> <p>For Hepatitis B shots and other Medicare-approved immunizations, no member cost-share will be applied.</p>
<p><b>25</b> Mammograms</p> <p>(for women with Medicare age 40 and older)</p>	<p>20% coinsurance (2)</p> <p>No referral needed.</p> <p>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.</p>	<p>No member cost-share will be applied for these services.</p>
<p><b>26</b> Pap Screens and Pelvic Exams</p> <p>(For women with Medicare)</p>	<p>\$0 copay for Pap smears (2)</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>20% coinsurance for Pelvic Exams (2)</p>	<p>Pap smears and pelvic exams are covered annually. No member cost-share will be applied for these services.</p>
<p><b>27</b> Prostate Cancer Screening Exams</p> <p>(for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam, \$0 for the PSA test; 20% coinsurance for other related services (2)</p> <p>Covered once a year for all men with Medicare over age 50</p>	<p>There is no member cost sharing for approved lab services.</p> <p>Prostate Screening Antigen test covered in full once annually.</p> <p>Digital rectal exam covered in full once annually.</p>

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

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

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Benefit	Original Medicare	Medicare Plus Blue Group PFFS
<b>28</b> Cardiovascular Screening	\$0 copay (2) Covered every five years	Covered in full once every five years.
<b>29</b> Tobacco Use Cessation  Health/Wellness Education	20% coinsurance (1)(2) Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits	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. Each counseling attempt includes up to four face-to-face visits. No member cost-share will be applied for these services.

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

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

Benefit	Original Medicare	Medicare Plus Blue Group PFFS
<b>OTHER SERVICES</b>		
<b>30</b> End Stage Renal Disease	<p>20% coinsurance for renal dialysis (1)(2)</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease (1)(2)</p> <p>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>For Medicare-approved dialysis, member cost-share will be applied as follows: Services are subject to the annual deductible of \$100. Services are not subject to coinsurance.</p> <p>For facility charges when ESRD services are performed in an outpatient hospital setting, member cost-sharing will be applied as follows: Services are subject to the annual deductible of \$100. Services are not subject to coinsurance.</p>
<b>31</b> Prescription Drugs	<p>Most drugs are not covered. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Prescription drugs are not covered under this Medicare Plus Blue Group PFFS plan. Prescription drugs may be covered as part of a separate prescription drug plan.</p>
<b>32</b> Dental Services	<p>Preventative dental services (such as cleaning) not covered</p>	<p>Preventive dental services are not covered under this Medicare Plus Blue Group plan. Preventive dental services may be covered as part of a separate dental plan.</p>

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Benefit	Original Medicare	Medicare Plus Blue Group PFFS
<p><b>33</b> Hearing Services</p>	<p>Routine hearing exams and hearing aids not covered</p> <p>20% coinsurance for diagnostic hearing exams (1)(2)</p>	<p>Hearing aids are not covered. See 'Additional Services' below for more information about routine hearing exams.</p> <p>For diagnostic hearing office visits, member cost-share will be applied as follows: You pay a \$10 copay. Does not apply to the deductible.</p> <p>For diagnostic testing, member cost-share is applied as follows: Services are subject to the annual deductible of \$100. Services are not subject to coinsurance.</p>

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Benefit	Original Medicare	Medicare Plus Blue Group PFFS
<p><b>34</b> Vision Services</p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye (1)(2)</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>People who are at risk are covered for annual glaucoma screenings. No member cost-share will be applied for these services.</p> <p>Corrective lenses following cataract surgery are covered in full.</p> <p>For office visits for vision services, member cost-share will be applied as follows: You pay a \$10 copay. Does not apply to the deductible.</p> <p>For diagnosis and treatment of diseases and conditions of the eye, member cost share will be applied as follows: Services are subject to the annual deductible of \$100. Services are not subject to coinsurance.</p> <p>Routine eye exams and glasses are not covered under this Medicare Plus Blue Group plan. Routine eye exams and glasses may be covered as part of a separate vision plan.</p>
<p><b>35</b> Physical Exams</p>	<p>20% coinsurance for one exam within the first 12 months of your Medicare Part B coverage (1)(2)</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first twelve months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>A 'Welcome (Physical)' Exam is covered once within the first 12 months after you have your Medicare Part B coverage. For this physical, no member cost-share will be applied.</p> <p>For office visits for annual routine physicals, member cost-share will be applied as follows: You pay a \$10 copay. Does not apply to the deductible.</p>

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Benefit	Original Medicare	Medicare Plus Blue Group PFFS
<b>36</b> Private Duty Nursing	Private duty nursing is not covered.	A 50% coinsurance will be applied for these services. This coinsurance will not accrue towards the deductible or coinsurance maximum, if applicable.

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

Benefit	Original Medicare	Medicare Plus Blue Group PFFS
<b>ADDITIONAL SERVICES</b>		
Chiropractic Enhanced Services	These services are not covered	<p>For chiropractic radiological and chiropractic physical therapy services: Services are subject to the annual deductible of \$100. Services are not subject to coinsurance.</p> <p>For chiropractic evaluation and management office visits, member cost-share will be applied as follows: You pay a \$10 copay. Does not apply to the deductible.</p>
Contraceptive Devices	These services are not covered	Services are subject to the annual deductible of \$100. Services are not subject to coinsurance.
Hearing Services - Routine Exams	These services are not covered	For office visits for routine hearing exams, member cost-share will be applied as follows: You pay a \$10 copay. Does not apply to the deductible.
Wigs, Wig Stand, Adhesive	These services are not covered	No member cost-share will be applied for these services

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