

Summary Benefits

Medicare Plus Blue Group PPOSM

October 1, 2010 – December 31, 2011

Medicare PLUS Blue Group PPOSM



**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.



Global Perspectives LLC

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

10GenGrpPPOS MAPDSB 0510

For more information about this plan:

Visit us at **www.bcbsm.com** or call Medicare Plus Blue Group PPO Member Services at 1-866-684-8216.
(TTY/TDD users call 1-800-579-0235.)

Our hours are 8:30 a.m. to 5 p.m. Eastern time, Monday through Friday.

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 Medicare Plus Blue Group PPO

October 1, 2010 – December 31, 2011

Thank you for your interest in **Medicare Plus Blue Group PPO**. Our plan is offered by Blue Cross Blue Shield of Michigan. 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. A complete list of benefits will be mailed to you after enrollment. If you want to review a copy prior to enrollment, 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 Medicare plan. Another option is a Medicare Advantage plan, like **Medicare Plus Blue Group PPO**. 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 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 also offers 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 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, enrolled in Medicare Part B and live in the service area.

CAN I CHOOSE MY DOCTORS?

In Michigan, **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 Michigan health care providers outside of our network, but may pay more. The providers in our network can change at any time.

To find network providers in Michigan, you can ask for a *Provider Directory*. To find a provider on our website go to www.bcbsm.com/medicare.

Outside of Michigan, you can receive care from any provider. You will be charged at the in-network rate as long as the provider accepts Medicare and your **Medicare Plus Blue Group PPO** ID card.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

You can go to doctors, specialists or hospitals in- or out-of-network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in- or out-of-network. If you receive services outside the state of Michigan or in the Michigan counties of Antrim, Benzie, Charlevoix, Cheboygan, Emmet, Grand Traverse, Kalkaska and Leelanau, in-network cost sharing will apply for all medical services (except durable medical equipment, prosthetics and orthotics).

For more information, please call Member Services.

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 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[®]): 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 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.

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.

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. A copy of the formulary will be sent to you. You can see the complete formulary on our website at 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 the drug or for more details about our drug transition policy.

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 between 7 a.m. and 7 p.m., Monday through Friday; TTY/TDD users should call 1-800-325-0778
- Your State Medicaid Office

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage plans agree to stay in the program for a full year. 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 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.

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.

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. Call **Medicare Plus Blue Group PPO** at 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.

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 from 8:30 a.m. to 5 p.m. Monday through Friday. (TTY users call 1-800-579-0235)

Benefit	Original Medicare	Medicare Plus Blue Group PPO	
		In-Network	Out-of-Network
IMPORTANT INFORMATION			
<p>1 Premium and other important information</p>	<p>In 2010, most people will pay a monthly Medicare Part B premium of \$96.40* each month. 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. 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 the Medicare Part B premium, you may also be required to pay a premium contribution as defined by your employer or union group. Please contact your employer or union group for more information.</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 subject to a coinsurance of 10%.</p> <p>Once your annual deductible, 10% coinsurance and copayments equal \$1,000, all covered services otherwise subject to coinsurance [except as noted] will be paid at 100%.</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 or union group. Please contact your employer or union group for more information.</p> <p>For many covered services described below, the following cost share applies:</p> <p>Out-of-network services are subject to the annual deductible of \$200. Out-of-network services are subject to a coinsurance of 20%.</p> <p>Once your annual deductible, 20% coinsurance and copayments equal \$2,000, all covered services otherwise subject to coinsurance [except as noted] will be paid at 100%.</p>
<p>2 Doctor and hospital choice (See also <i>Emergency</i> (item 15) and <i>Urgently Needed Care</i> (item 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>No referral required for out-of-network doctors, specialists and hospitals.</p>

SECTION 2 — Summary of Benefits

Benefit	Original Medicare	Medicare Plus Blue Group PPO	
		In-Network	Out-of-Network
INPATIENT CARE			
3 Inpatient hospital care (includes substance abuse and rehabilitation services)	In 2010, the amounts you pay 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⁾	No member cost share for these services. Unlimited coverage days for inpatient care.	No member cost share for these services. Unlimited coverage days for inpatient care.
4 Inpatient mental health care	Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above). 190-day limit in a psychiatric hospital.	No member cost share for these services Unlimited coverage days for inpatient care includes inpatient mental health care and substance abuse treatment.	No member cost share for these services. Unlimited coverage days for inpatient care includes inpatient mental health care and substance abuse treatment.

(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 PPO	
		In-Network	Out-of-Network
<p>5 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⁽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>No member cost share for skilled nursing facility services.</p> <p>You are covered up to 100 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.</p>	<p>No member cost share for skilled nursing facility services.</p> <p>You are covered up to 100 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.</p>
<p>6 Home health care</p> <p>(Includes medically necessary intermittent skilled nursing care, home health aide services, home infusion, rehabilitation services)</p>	<p>You pay \$0 for Medicare home health visits.</p>	<p>No member cost-share for home health visits.</p>	<p>No member cost-share for home health visits.</p>
<p>7 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>When you enroll in a Medicare-certified hospice program, your hospice services are paid by Original Medicare, not Medicare Plus Blue Group PPO.</p> <p>Your Medicare Advantage plan pays the coinsurance and copayments for hospice-related outpatient drugs and respite care.</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> <p>Your Medicare Advantage plan pays the coinsurance and copayments for hospice-related outpatient drugs and respite care.</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.

(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 PPO	
		In-Network	Out-of-Network
OUTPATIENT CARE			
8 Doctor office visits	20% coinsurance ⁽¹⁾⁽²⁾	You pay a \$15 copayment for office visits. See <i>Physical exams</i> below for more information.	You pay a \$35 out-of-network copayment for office visits. See <i>Physical exams</i> below for more information.
9 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. ⁽¹⁾⁽²⁾	You pay a \$15 copayment for each office visit for manual manipulation of the spine to correct subluxation provided by chiropractors or other qualified providers. You pay a 10% coinsurance for spine X-rays and physical therapy visits to a chiropractor or other qualified providers, after your \$100 deductible is met. These services are subject to the annual out-of-pocket maximum.	You pay a \$35 copayment for each office visit for manual manipulation of the spine to correct subluxation provided by chiropractors or other qualified providers. You pay a 20% out-of-network coinsurance for spine X-rays and physical therapy visits to a chiropractor or other qualified providers, after your \$200 out-of-network deductible is met. These services are subject to the out-of-network annual out-of-pocket maximum.

(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 PPO	
		In-Network	Out-of-Network
10 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 \$15 copayment for each office visit. For some medically necessary services (such as surgery and X-rays), you pay a 10% coinsurance after your \$100 deductible is met.	You pay a \$35 copayment for each office visit. For some medically necessary services (such as surgery and X-rays), you pay a 20% out-of-network coinsurance after your \$200 out-of-network deductible is met.
11 Outpatient mental health care	45% coinsurance for most outpatient mental health services ⁽¹⁾⁽²⁾	You pay a 10% coinsurance for services in a mental health facility, after your \$100 deductible is met. For services in a doctor's office, same cost-sharing as <i>Doctor office visits</i> above.	You pay a 20% out-of-network coinsurance for services in a mental health facility, after your \$200 out-of-network deductible is met. For services in a doctor's office, same cost-sharing as <i>Doctor office visits</i> above.
12 Outpatient substance abuse care	20% coinsurance ⁽¹⁾⁽²⁾	You pay a 10% coinsurance for services in a substance abuse treatment facility, after your \$100 deductible is met. For services in a doctor's office, same cost-sharing as <i>Doctor office visits</i> above.	You pay a 20% out-of-network coinsurance for services in a substance abuse treatment facility, after your \$200 out-of-network deductible is met. For services in a doctor's office, same cost-sharing as <i>Doctor office visits</i> above.
13 Outpatient services / surgery	20% coinsurance for the doctor ⁽¹⁾⁽²⁾ 20% of outpatient facility charges ⁽¹⁾⁽²⁾	You pay a 10% coinsurance, after your \$100 deductible is met.	You pay a 20% out-of-network coinsurance, after your \$200 out-of-network deductible is met.

(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.

Benefit	Original Medicare	Medicare Plus Blue Group PPO	
		In-Network	Out-of-Network
14 Ambulance services (Medically necessary ambulance services)	20% coinsurance ⁽¹⁾⁽²⁾	You pay a 10% coinsurance, after your \$100 deductible is met.	You pay a 20% out-of-network coinsurance, after your \$200 out-of-network deductible is met.
15 Emergency care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor ⁽¹⁾⁽²⁾ 20% of facility charge, or a set copay per emergency room visit ⁽¹⁾⁽²⁾ 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. NOT covered outside the U.S. except under limited circumstances.	You pay a \$50 copayment for emergency services, worldwide (waived if admitted or related to injury). This copayment does not apply toward the annual out-of-pocket maximum. If you need inpatient care at an out-of-network hospital after your emergency condition is stabilized, you must have your inpatient care at an out-of-network hospital authorized by the plan and your cost is the highest cost-sharing you would pay at a network hospital.	You pay a \$50 copayment for emergency services, worldwide (waived if admitted or related to injury). This copayment does not apply toward the annual out-of-pocket maximum. If you need inpatient care at an out-of-network hospital after your emergency condition is stabilized, you must have your inpatient care at an out-of-network hospital authorized by the plan and your cost is the highest cost-sharing you would pay at a network hospital.
16 Urgently needed care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance or a set copay ⁽¹⁾⁽²⁾ NOT covered outside of the U.S. except under limited circumstances.	You pay a \$15 copayment for each office visit.	You pay a \$35 out-of-network copay for each office visit.

(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 PPO	
		In-Network	Out-of-Network
17 Outpatient rehabilitation services (Occupational therapy, physical therapy, speech, and language therapy)	20% coinsurance ⁽¹⁾⁽²⁾	You pay a 10% coinsurance, after your \$100 deductible is met. You are subject to the outpatient rehabilitation maximums imposed by Original Medicare.	You pay a 20% out-of-network coinsurance, after your \$200 out-of-network deductible is met. You are subject to the outpatient rehabilitation maximums imposed by Original Medicare.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES			
18 Durable medical equipment (Includes wheelchairs, oxygen, etc.)	20% coinsurance ⁽¹⁾⁽²⁾	No member cost share for these services.	You pay a 20% out-of-network coinsurance. These services do not apply toward the annual out-of-pocket maximum. No maximum on out-of-pocket costs for out-of-network services.
19 Prosthetic devices (Braces, artificial limbs and eyes, etc.)	20% coinsurance ⁽¹⁾⁽²⁾	No member cost share for these services.	You pay a 20% out-of-network coinsurance. These services do not apply toward the annual out-of-pocket maximum. No maximum on out-of-pocket costs for out-of-network services.

(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 PPO	
		In-Network	Out-of-Network
20 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.	You pay a 10% coinsurance on diabetes self-monitoring training and nutritional therapy after your \$100 deductible is met. 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.	You pay a 20% coinsurance on diabetes self-monitoring training and nutritional therapy after your \$200 deductible is met. 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.

(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 PPO	
		In-Network	Out-of-Network
PREVENTIVE SERVICES			
21 Diagnostic tests, X-rays and lab services	<p>20% coinsurance for diagnostic tests and X-rays⁽¹⁾⁽²⁾</p> <p>\$0 copay for Medicare-covered lab services⁽¹⁾⁽²⁾</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>You pay a 10% coinsurance for diagnostic tests and X-rays, after your \$100 deductible is met.</p> <p>You pay 0% coinsurance for Medicare-approved clinical lab services.</p>	<p>You pay a 20% coinsurance for diagnostic tests and X-rays, after your \$200 deductible is met.</p> <p>You pay 0% coinsurance for Medicare-approved clinical lab services.</p>
22 Bone mass measurement (For people who are at risk.)	<p>20% coinsurance⁽¹⁾⁽²⁾</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>No member cost-share applies for these services.</p> <p>Covered once annually.</p>	<p>No member cost-share applies for these services.</p> <p>Covered once annually.</p>

(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.

Benefit	Original Medicare	Medicare Plus Blue Group PPO	
		In-Network	Out-of-Network
<p>23 Colorectal screening exams</p> <p>(For people with Medicare, age 50 or older.)</p>	<p>20% coinsurance⁽¹⁾⁽²⁾</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p>No member cost-share applies for these services.</p> <p>Covered once annually.</p>	<p>No member cost-share applies for these services.</p> <p>Covered once annually.</p>
<p>24 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>No member cost-share will be applied for these services.</p> <p>Flu shots are covered in full once per season.</p> <p>Pneumococcal shots are covered in full once per lifetime, or more frequently if certain criteria are met.</p>	<p>No member cost-share applies for these services.</p> <p>Flu shots are covered in full once per season.</p> <p>Pneumococcal shots are covered in full once per lifetime, or more frequently if certain criteria are met.</p>
<p>25 Mammograms (annual screening)</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 applies for these services.</p> <p>Covered once annually.</p>	<p>No member cost-share applies for these services.</p> <p>Covered once annually.</p>

(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 PPO	
		In-Network	Out-of-Network
<p>26 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>No member cost-share applies for these services.</p> <p>Covered once annually.</p>	<p>No member cost-share applies for these services.</p> <p>Covered once annually.</p>
<p>27 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>No member cost-share applies for these services.</p> <p>Prostate Screening Antigen test covered in full once annually.</p> <p>Digital rectal exam covered in full once annually.</p>	<p>No member cost-share applies for these services.</p> <p>Prostate Screening Antigen test covered in full once annually.</p> <p>Digital rectal exam covered in full once annually.</p>
<p>28 Cardiovascular screening</p>	<p>\$0 copay⁽²⁾</p> <p>Covered every five years</p>	<p>No member cost-share applies for these services.</p> <p>Covered once annually.</p>	<p>No member cost-share applies for these services.</p> <p>Covered once annually.</p>
<p>29 Tobacco use cessation</p> <p>Health and wellness education</p>	<p>20% coinsurance⁽¹⁾⁽²⁾</p> <p>Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits</p>	<p>No member cost-share applies for these services.</p>	<p>No member cost-share applies for these services.</p>

(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.

Benefit	Original Medicare	Medicare Plus Blue Group PPO	
		In-Network	Out-of-Network
OTHER SERVICES			
30 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>	No member cost-share applies for these services.	No member cost-share applies for these services.
31 Dental services	Preventative dental services (such as cleaning) not covered	Preventive dental services are not covered under this Medicare Plus Blue Group PPO plan. Preventive dental services may be covered as part of a separate dental plan.	Preventive dental services are not covered under this Medicare Plus Blue Group PPO plan. Preventive dental services may be covered as part of a separate dental plan.

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(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 PPO	
		In-Network	Out-of-Network
32 Hearing services	<p>20% coinsurance for diagnostic hearing exams⁽¹⁾⁽²⁾</p> <p>Routine hearing exams and hearing aids not covered.</p>	<p>For diagnostic hearing office visits, you pay a \$15 copayment. Does not apply to the deductible or annual out-of-pocket maximum.</p> <p>For diagnostic testing, you pay a 10% coinsurance, after your \$100 deductible is met. These services are subject to the annual out-of-pocket maximum.</p> <p>Routine hearing exams and hearing aids are not covered.</p>	<p>For diagnostic hearing office visits, you pay a \$35 out-of-network copayment. Does not apply to the deductible or annual coinsurance maximum.</p> <p>For diagnostic testing, you pay a 20% out-of-network coinsurance, after your \$200 out-of-network deductible is met. These services are subject to the out-of-network annual out-of-pocket maximum.</p> <p>Routine hearing exams and hearing aids are not covered.</p>

(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.

Benefit	Original Medicare	Medicare Plus Blue Group PPO	
		In-Network	Out-of-Network
33 Vision services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye⁽¹⁾⁽²⁾</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>Routine eye exams and glasses not covered</p>	<p>For diagnosis and treatment of diseases and conditions of the eye, you pay a 10% coinsurance, after your \$100 deductible is met. These services are subject to the annual out-of-pocket maximum.</p> <p>Annual glaucoma screenings are covered in full for people at risk.</p> <p>Corrective lenses following cataract surgery are covered in full.</p> <p>For office visits for vision services, you pay a \$15 copayment. Does not apply to the deductible or annual out-of-pocket maximum.</p> <p>Routine eye exams, eyeglasses and LASIK and RK surgeries are not covered under this plan. These services may be covered under a separate vision plan.</p>	<p>For diagnosis and treatment of diseases and conditions of the eye, you pay a 20% out-of-network coinsurance, after your \$200 out-of-network deductible is met. These services are subject to the out-of-network annual out-of-pocket maximum.</p> <p>Annual glaucoma screenings are covered in full for people at risk.</p> <p>Corrective lenses following cataract surgery are covered in full.</p> <p>For office visits for vision services, you pay a \$35 copayment. Does not apply to the deductible or annual out-of-pocket maximum.</p> <p>Routine eye exams, eyeglasses and LASIK and RK surgeries are not covered under this plan. These services may be covered under a separate vision plan.</p>

(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 PPO	
		In-Network	Out-of-Network
34 Physical exams	<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 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>A “Welcome (physical)” exam is covered in full once within the first 12 months you have Medicare Part B coverage.</p> <p>For routine physical exams, you pay a 10% coinsurance, after your \$100 deductible is met. These services are subject to the annual out-of-pocket maximum.</p>	<p>A “Welcome (physical)” exam is covered in full once within the first 12 months you have Medicare Part B coverage.</p> <p>For routine physical exams, you pay a 20% out-of-network coinsurance, after your \$200 out-of-network deductible is met. These services are subject to the out-of-network annual out-of-pocket maximum.</p>
ADDITIONAL SERVICES			
Foreign travel – coverage not restricted to emergency or urgent care	Non-emergency services outside the U.S. are generally not covered by Medicare.	You pay the same cost-share as if services were rendered in the U.S.	You pay the same cost-share as if services were rendered in the U.S.
Human organ transplants additional coverage	Medicare covers only certain organs for transplants.	<p>Covers additional organ transplants not covered by Original Medicare. You pay a 10% coinsurance, after your \$100 deductible is met. These services are subject to the annual out-of-pocket maximum.</p> <p>There is a one million dollar lifetime maximum on these transplants.</p>	<p>Covers additional organ transplants not covered by Original Medicare. You pay a 20% out-of-network coinsurance, after your \$200 out-of-network deductible is met. These services are subject to the out-of-network annual out-of-pocket maximum.</p> <p>There is a one million dollar lifetime maximum on these transplants.</p>
Home infusion therapy	Medicare covers certain home infusion therapy services.	No member cost-share applies to these services.	No member cost-share applies to these services.
Human organ transplant travel, meals and lodging expenses	These services are not covered by Medicare.	No member cost-share applies to these services.	No member cost-share applies to these services.

(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 PPO
PRESCRIPTION DRUGS		
Prescription drugs	Most prescription drugs are not covered by Original Medicare.	<p>Deductible</p> <p>There is no deductible for prescription drugs.</p> <hr/> <p>Preferred Generic Drugs (“Tier 1”)</p> <p>\$15 copayment for up to a 31-day supply of drugs in this tier from a preferred or non-preferred retail or mail-order pharmacy.</p> <p>\$37.50 copayment for up to a 90-day supply of drugs in this tier from a preferred retail or mail-order pharmacy.</p> <p>\$45 copayment for up to a 90-day supply of drugs in this tier from a non-preferred retail or mail-order pharmacy.</p> <hr/> <p>Preferred Brand Drugs (“Tier 2”)</p> <p>\$30 copayment for up to a 31-day supply of drugs in this tier from a preferred or non-preferred retail or mail-order pharmacy.</p> <p>\$75 copayment for up to a 90-day supply of drugs in this tier from a preferred retail or mail-order pharmacy.</p> <p>\$90 copayment for up to a 90-day supply of drugs in this tier from a non-preferred retail or mail-order pharmacy.</p>

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

Benefit	Original Medicare	Medicare Plus Blue Group PPO
Prescription drugs	Most prescription drugs are not covered by Original Medicare.	<p>Non-Preferred Drugs (“Tier 3”)</p> <p>\$60 copayment for up to a 31-day supply of drugs in this tier from a preferred or non-preferred retail or mail-order pharmacy.</p> <p>\$150 copayment for up to a 90-day supply of drugs in this tier from a preferred retail or mail-order pharmacy.</p> <p>\$180 copayment for up to a 90-day supply of drugs in this tier from a non-preferred retail or mail-order pharmacy.</p>
		<p>Specialty Drugs (“Tier 4”)</p> <p>\$60 copayment for up to a 31-day supply of drugs in this tier from a preferred, or non-preferred, retail or mail-order pharmacy. Supplies longer than 31 days are not covered for this tier.</p>
		<p>Non-Self-Administered Injectable Drugs (“Tier 5”)</p> <p>\$60 copayment for up to a 31-day supply of drugs in this tier from a preferred, or non-preferred, retail or mail-order pharmacy. Supplies longer than 31 days are not covered for this tier.</p>

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. 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 a 31-day supply	Up to a 90-day supply*	
		Preferred or non-preferred retail or mail-order network pharmacies	Preferred retail or mail-order network pharmacies	Non-preferred retail or mail-order network pharmacies
Tier 1	Preferred generic drugs	\$15	\$37.50	\$45
Tier 2	Preferred brand drugs	\$30	\$75	\$90
Tier 3	Non-preferred drugs	\$60	\$150	\$180
Tier 4	Specialty drugs	\$60	These drugs are not covered for supplies greater than 31 days	
Tier 5	Non-self-administered injectables**	\$60		

Your drug coverage includes utilization management provisions such as step therapy and prior authorization.

***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.**

Medicare PLUS Blue Group PPOSM



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www.bcbsm.com/medicare