



**MyBlue**  
Medicare<sup>SM</sup>

# 2010 Summary of Benefits

Jan. 1 – Dec. 31, 2010

**Medicare Plus Blue  
Options A and B (PFFS)**

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

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# Section 1

## Introduction to the Summary of Benefits

January 1, 2010 – December 31, 2010

Thank you for your interest in **Medicare Plus Blue Options A and B (PFFS)**. Our plan is offered by BLUE CROSS BLUE SHIELD OF MICHIGAN, a Medicare Advantage Private Fee-for-Service. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call **Medicare Plus Blue Options A and B (PFFS)** and ask for the "Evidence of Coverage".

### You have choices in your health care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare plan. Another option is a Medicare Advantage Private Fee-for-Service plan, like **Medicare Plus Blue Options A and B (PFFS)**. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

You may join or leave a plan only at certain times. Please call **Medicare Plus Blue Options A and B (PFFS)** at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

### How can I compare my options?

You can compare **Medicare Plus Blue Options A and B (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.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

### Where is Medicare Plus Blue Options A and B (PFFS) available?

The service area for this plan includes: Alcona, Alger, Allegan, Alpena, Antrim, Arenac, Baraga, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheyboygan, Chippewa, Claire, Clinton, Crawford, Delta, Dickinson, Eaton, Emmet, Genesee, Gladwin, Gogebic, Grand Traverse, Gratiot, Hillsdale, Houghton, Huron, Ingham, Ionia, Iosco, Iron, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Keweenaw, Lake, Lapeer, Leelanau, Lenawee, Livingston, Luce, Mackinac, Macomb, Manistee, Marquette, Mason, Mecosta, Menominee, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Ontonagon, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, and Wexford Counties, MI. You must live in one of these areas to join the plan.

### Who is eligible to join Medicare Plus Blue Options A and B (PFFS)?

You can join **Medicare Plus Blue Options A or B (PFFS)** if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in **Medicare Plus Blue Options A or B (PFFS)** unless they are members of our organization and have been since their dialysis began.

### Can I choose my doctors?

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement 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, they may choose not to provide healthcare services to you, except in emergencies.

## Section 1 – Introduction *continued*

### Does my plan cover Medicare Part B or Part D drugs?

Medicare Plus Blue Options A and B (PFFS) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

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

Medicare Plus Blue Options A and B (PFFS) has formed 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 or visit us at [www.bcbsm.com/medicare/formulary.shtml](http://www.bcbsm.com/medicare/formulary.shtml). Our customer service number is listed at the end of this introduction.

Medicare Plus Blue Options A and B (PFFS) have a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. 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 Options A and B (PFFS) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at [www.bcbsm.com/medicare/formulary.shtml](http://www.bcbsm.com/medicare/formulary.shtml).

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 my 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 for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week
- 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 or
- 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 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.

As a member of Medicare Plus Blue Options A and B (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

## Section 1 – Introduction *continued*

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 with us if you have any type of problem with us or one of our network 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, Michigan Peer Review Organization, (800) 365-5899 or Local (248) 465-7300. TTY users call 711 (Michigan Relay Center).

As a member of **Medicare Plus Blue Option A and B (PFFS)**, 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, Michigan Peer Review Organization, (800) 365-5899 or Local (248) 465-7300. TTY users call 711 (Michigan Relay Center).

### What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact **Medicare Plus Blue Options A and B (PFFS)** for more details.

### 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 Options A and B (PFFS)** for more details.

- 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 a 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.

## **Plan Ratings**

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on [www.medicare.gov](http://www.medicare.gov) and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly at (877)-4MY-BLUE (877-469-2583) to obtain a copy of the plan ratings for this plan. TTY users call 800-481-8704.

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## **Please call Blue Cross Blue Shield of Michigan for more information about Medicare Plus Blue Options A and B (PFFS).**

Visit us at [www.bcbsm.com](http://www.bcbsm.com)

or, call us: Customer Service Hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Eastern

**Current members** should call toll-free (877)-241-2583 for questions related to the Medicare Advantage program. (TTY/TDD (800)-579-0235)

**Prospective members** should call toll-free (800)-485-4415 for questions related to the Medicare Advantage program. (TTY/TDD (800)-481-8704)

**Current members** should call locally (877)-241-2583 for questions related to the Medicare Advantage program. (TTY/TDD (800)-579-0235)

**Prospective members** should call locally (800)-485-4415 for questions related to the Medicare Advantage program. (TTY/TDD (800)-481-8704)

**Current members** should call toll-free (800)-565-1770 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-579-0235)

**Prospective members** should call toll-free (800)-485-4415 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-481-8704)

**Current members** should call locally (800)-565-1770 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-579-0235)

**Prospective members** should call locally (800)-485-4415 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-481-8704)

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For more information about Medicare, please call Medicare at 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 2 – Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Blue Cross Blue Shield of Michigan for details.

Benefit	Original Medicare	Medicare Plus Blue Option A (PFFS)	Medicare Plus Blue Option B (PFFS)
<b>IMPORTANT INFORMATION</b>			
<p><b>1 Premium and Other Important Information</b></p>	<p>In 2009 the monthly Part B Premium was \$96.40 and will change for 2010 and the yearly Part B deductible amount was \$135 and will change for 2010.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more. Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p><i>General</i></p> <p>\$81 – \$182 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>This plan does not allow providers to balance bill (charging more than your cost share amount).</p> <p>\$4,000 out-of-pocket limit.</p> <p>All plan services included.</p>	<p><i>General</i></p> <p>\$116 – \$248 monthly plan premium in addition to your Medicare Part B premium.</p> <p>This plan does not allow providers to balance bill (charging more than your cost share amount).</p> <p>\$3,500 out-of-pocket limit.</p> <p>All plan services included.</p>
<p><b>2 Doctor and Hospital Choice</b></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 the plan's terms and conditions of payment.</p>	<p>You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment.</p>

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

## Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Medicare Plus Blue Option A (PFFS)	Medicare Plus Blue Option B (PFFS)
<b>INPATIENT CARE</b>			
<p><b>3 Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009 the amounts for each benefit period (3) were: Days 1-60: \$1,068 deductible Days 61 – 90: \$267 per day Days 91-150: \$534 per lifetime reserve day. (4) These amounts will change for 2010. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. (4)</p>	<p><i>General</i> You may go to any doctor, specialist, or hospital that accepts the plan’s terms and conditions of payment except in emergencies. \$700 copay for each Medicare-covered hospital stay \$0 copay for additional hospital days. No limit to the number of days covered by the plan each benefit period. (3)</p>	<p><i>General</i> You may go to any doctor, specialist, or hospital that accepts the plan’s terms and conditions of payment except in emergencies. \$500 copay for each Medicare-covered hospital stay \$0 copay for additional hospital days. No limit to the number of days covered by the plan each benefit period. (3)</p>
<p><b>4 Inpatient Mental Health Care</b></p>	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above). 190-day limit in a Psychiatric Hospital.</p>	<p>For Medicare-covered hospital stays: Days 1-90: \$700 copay for each Medicare-covered hospital stay. \$0 copay for additional hospital days. Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days.</p>	<p>For Medicare-covered hospital stays: Days 1-90: \$500 copay for each Medicare-covered hospital stay. \$0 copay for additional hospital days. Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days.</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.

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

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

## Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Medicare Plus Blue Option A (PFFS)	Medicare Plus Blue Option B (PFFS)
<p><b>5 Skilled Nursing Facility (SNF)</b> (in a Medicare-certified skilled nursing facility)</p>	<p>In 2009 the amounts for each benefit period (3) after at least a 3-day covered hospital stay were: Days 1-20: \$0 per day Days 21-100: \$133.50 per day These amounts will change for 2010. 100 days for each benefit period. (3)</p>	<p>For SNF stays: Days 1-20: \$0 copay per day Days 21-100: \$130 copay per day Plan covers up to 100 days each benefit period. (3) No prior hospital stay is required.</p>	<p>For SNF stays: Days 1-20: \$0 copay per day Days 21-100: \$130 copay per day Plan covers up to 100 days each benefit period. (3) No prior hospital stay is required.</p>
<p><b>6 Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p>\$0 copay for Medicare-covered home health visits.</p>	<p>\$0 copay for Medicare-covered home health visits.</p>
<p><b>7 Hospice</b></p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.</p>	<p><i>General</i> You must get care from a Medicare-certified hospice.</p>	<p><i>General</i> You must get care from a Medicare-certified hospice.</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.

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

## Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Medicare Plus Blue Option A (PFFS)	Medicare Plus Blue Option B (PFFS)
<b>OUTPATIENT CARE</b>			
<b>8</b> Doctor Office Visits	20% coinsurance (1)(2)	<p><i>General</i></p> <p>You may go to any doctor, specialist, or hospital that accepts the plan’s terms and conditions of payment. See “Physical Exams,” for more information.</p> <p>\$25 copay for each primary care doctor office visit for Medicare-covered benefits.</p> <p>\$35 copay for each specialist visit for Medicare-covered benefits.</p>	<p><i>General</i></p> <p>You may go to any doctor, specialist, or hospital that accepts the plan’s terms and conditions of payment. See “Physical Exams,” for more information.</p> <p>\$15 copay for each primary care doctor office visit for Medicare-covered benefits.</p> <p>\$30 copay for each specialist visit for Medicare-covered benefits.</p>
<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)	\$35 copay for each Medicare-covered visit. Medicare-covered chiropractic visits are 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.	\$30 copay for each Medicare-covered visit. Medicare-covered chiropractic visits are 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.
<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)	\$35 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.	\$30 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.
<b>11</b> Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services. (1)(2)	\$35 copay for each Medicare-covered individual or group therapy visit.	\$30 copay for each Medicare-covered individual or group therapy visit.
<b>12</b> Outpatient Substance Abuse Care	20% coinsurance (1)(2)	\$35 copay for Medicare-covered individual or group visits.	\$30 copay for Medicare-covered individual or group visits.

(1) In 2009, you pay a total of one \$135 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.

## Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Medicare Plus Blue Option A (PFFS)	Medicare Plus Blue Option B (PFFS)
<b>13</b> <b>Outpatient Services/ Surgery</b>  (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance for the doctor. (1)(2)  20% of outpatient facility charges. (1)(2)	\$100 copay for each Medicare-covered ambulatory surgical center visit.  \$35 to \$100 copay for each Medicare-covered outpatient hospital facility visit.	\$100 copay for each Medicare-covered ambulatory surgical center visit.  \$30 to \$100 copay for each Medicare-covered outpatient hospital facility visit.
<b>14</b> <b>Ambulance Services</b>  (medically necessary ambulance services)	20% coinsurance (1)(2)	\$50 copay for Medicare-covered ambulance benefits.	\$50 copay for Medicare-covered ambulance benefits.
<b>15</b> <b>Emergency Care</b>  (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 3 days of the emergency room visit.  NOT covered outside the U.S. except under limited circumstances.	<i>General</i>  \$50 copay for Medicare-covered emergency room visits.  Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.  If you are admitted to the hospital within 3 day(s) for the same condition, you pay \$0 for the emergency room visit.	<i>General</i>  \$50 copay for Medicare-covered emergency room visits.  Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.  If you are admitted to the hospital within 3 day(s) for the same condition, you pay \$0 for the emergency room visit.
<b>16</b> <b>Urgently Needed Care</b>  (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 the U.S. except under limited circumstances.	<i>General</i>  Cost sharing is the same as Doctor Office Visit cost sharing.	<i>General</i>  Cost sharing is the same as Doctor Office Visit cost sharing.
<b>17</b> <b>Outpatient Rehabilitation Services</b>  (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance (1)(2)	\$35 copay for Medicare-covered Occupational Therapy visits. (5)  \$35 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. (5)	\$30 copay for Medicare-covered Occupational Therapy visits. (5)  \$30 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. (5)

(1) In 2009, you pay a total of one \$135 deductible.

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

(5) This Plan applies standard Medicare benefit limits to physical, occupational and speech therapy.

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

## Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Medicare Plus Blue Option A (PFFS)	Medicare Plus Blue Option B (PFFS)
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>			
<b>18 Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	20% coinsurance (1)(2)	0% to 50% of the cost for Medicare-covered items.	0% to 50% of the cost for Medicare-covered items.
<b>19 Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	20% coinsurance (1)(2)	0% to 50% of the cost for Medicare-covered items.	0% to 50% of the cost for Medicare-covered items.
<b>20 Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b> (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.	\$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.	\$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.

(1) In 2009, you pay a total of one \$135 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.

## Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Medicare Plus Blue Option A (PFFS)	Medicare Plus Blue Option B (PFFS)
<b>21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>	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.	\$35 copay for Medicare-covered lab services. \$35 copay for Medicare-covered diagnostic procedures and tests, including HIV screenings. \$35 copay for Medicare-covered X-rays. \$35 copay for Medicare-covered diagnostic radiology services. \$35 copay for Medicare-covered therapeutic radiology services. Separate Office Visit cost sharing of \$25 copay may apply.	\$30 copay for Medicare-covered lab services. \$30 copay for Medicare-covered diagnostic procedures and tests, including HIV screenings. \$30 copay for Medicare-covered X-rays. \$30 copay for Medicare-covered diagnostic radiology services. \$30 copay for Medicare-covered therapeutic radiology services. Separate Office Visit cost sharing of \$15 copay may apply.
<b>PREVENTIVE SERVICES</b>			
<b>22 Bone Mass Measurement</b> (for people with Medicare who are at risk)	20% coinsurance (1)(2) Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	\$0 copay for Medicare-covered bone mass measurement.	\$0 copay for Medicare-covered bone mass measurement.
<b>23 Colorectal Screening Exams</b> (for people with Medicare age 50 and older)	20% coinsurance (1)(2) Covered when you are high risk or when you are age 50 and older.	\$0 copay for Medicare-covered colorectal screenings.	\$0 copay for Medicare-covered colorectal screenings.

(1) In 2009, you pay a total of one \$135 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.

## Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Medicare Plus Blue Option A (PFFS)	Medicare Plus Blue Option B (PFFS)
<p><b>24 Immunizations</b> (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu and Pneumonia vaccines 20% coinsurance for Hepatitis B vaccine (1)(2) You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>\$0 copay for Flu and Pneumonia vaccines. (6) \$0 copay for the Hepatitis B vaccine. (6)</p>	<p>\$0 copay for Flu and Pneumonia vaccines. (6) \$0 copay for the Hepatitis B vaccine. (6)</p>
<p><b>25 Mammograms (Annual Screening)</b> (for women with Medicare age 40 and older)</p>	<p>20% coinsurance. (2) No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p>\$0 copay for Medicare-covered screening mammograms.</p>	<p>\$0 copay for Medicare-covered screening mammograms.</p>
<p><b>26 Pap Smears and Pelvic Exams</b> (for women with Medicare)</p>	<p>\$0 copay for Pap smears. (2) Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for Pelvic Exams. (2)</p>	<p>\$0 copay for Medicare-covered pap smears and pelvic exams.</p>	<p>\$0 copay for Medicare-covered pap smears and pelvic exams.</p>

(1) In 2009, you pay a total of one \$135 deductible.

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

(6) No additional copay is required if services are performed in conjunction with an office visit.

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

## Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Medicare Plus Blue Option A (PFFS)	Medicare Plus Blue Option B (PFFS)
<b>27 Prostate Cancer Screening Exams</b>  (for men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. (2)  Covered once a year for all men with Medicare over age 50.	\$0 copay for Medicare-covered prostate cancer screening.	\$0 copay for Medicare-covered prostate cancer screening.
<b>28 End-Stage Renal Disease</b>	20% coinsurance for renal dialysis (1)(2)  20% coinsurance for Nutrition Therapy for End-Stage Renal Disease (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.	\$35 copay for renal dialysis.  \$0 copay for Nutrition Therapy for End-Stage Renal Disease.	\$30 copay for renal dialysis.  \$0 copay for Nutrition Therapy for End-Stage Renal Disease.

(1) In 2009, you pay a total of one \$135 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.

## Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Medicare Plus Blue Option A (PFFS)	Medicare Plus Blue Option B (PFFS)
<b>29</b> Prescription Drugs	<p>Most drugs are not covered under original Medicare. 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><b>Drugs covered under Medicare Part B General</b> \$0 copay for Part B-covered drugs.</p> <p><b>Drugs Covered under Medicare Part D General</b> This plan uses a formulary. The Plan will send you the formulary. You can also see the formulary at <a href="http://www.bcbsm.com/medicare/formulary.shtml">www.bcbsm.com/medicare/formulary.shtml</a> on the web. Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>• have limited incomes,</li> <li>• live in long term care facilities, or</li> <li>• have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). 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).</p>	<p><b>Drugs covered under Medicare Part B General</b> \$0 copay for Part B-covered drugs.</p> <p><b>Drugs Covered under Medicare Part D General</b> This plan uses a formulary. The Plan will send you the formulary. You can also see the formulary at <a href="http://www.bcbsm.com/medicare/formulary.shtml">www.bcbsm.com/medicare/formulary.shtml</a> on the web. Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>• have limited incomes,</li> <li>• live in long term care facilities, or</li> <li>• have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). 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).</p>

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

## Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Medicare Plus Blue Option A (PFFS)	Medicare Plus Blue Option B (PFFS)
		<p>Total yearly drugs 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 have quantity limits. Your provider must get prior authorization from Medicare Plus Blue Option A (PFFS) 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, as well as on the Medicare Prescription Drug Plan Finder on <b>Medicare.gov</b>.</p>	<p>Total yearly drugs 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 have quantity limits. Your provider must get prior authorization from Medicare Plus Blue Option B (PFFS) 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, as well as on the Medicare Prescription Drug Plan Finder on <b>Medicare.gov</b>.</p>

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

## Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Medicare Plus Blue Option A (PFFS)	Medicare Plus Blue Option B (PFFS)
		<p>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 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, printed materials, and on the Medicare Prescription Drug Plan Finder on <b>Medicare.gov</b>. If you request a formulary exception for a drug and Medicare Plus Blue Option A (PFFS) approves the exception, you will pay Non Preferred cost sharing for that drug.</p>	<p>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 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, printed materials, and on the Medicare Prescription Drug Plan Finder on <b>Medicare.gov</b>. If you request a formulary exception for a drug and Medicare Plus Blue Option B (PFFS) approves the exception, you will pay Non Preferred cost sharing for that drug.</p>
		<p>\$0 deductible. Some covered drugs don’t count toward your out-of-pocket drug costs.</p>	<p>\$0 deductible. Some covered drugs don’t count toward your out-of-pocket drug costs.</p>
		<p><b>Initial coverage</b> You pay the following until total yearly drug costs reach \$2,830:</p>	<p><b>Initial coverage</b> You pay the following until total yearly drug costs reach \$2,830:</p>

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

## Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Medicare Plus Blue Option A (PFFS)	Medicare Plus Blue Option B (PFFS)
		<p><b>Retail Pharmacy Generic</b></p> <ul style="list-style-type: none"> <li>• \$9 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$22.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$9 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$27 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul>	<p><b>Retail Pharmacy Generic</b></p> <ul style="list-style-type: none"> <li>• \$7 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$17.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$7 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$21 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul>
		<p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$87.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$35 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$105 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul>	<p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$30 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$75 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$30 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$90 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul>

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

## Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Medicare Plus Blue Option A (PFFS)	Medicare Plus Blue Option B (PFFS)
		<p><b>Non Preferred</b></p> <ul style="list-style-type: none"> <li>• \$90 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$225 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$90 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$270 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul>	<p><b>Non Preferred</b></p> <ul style="list-style-type: none"> <li>• \$70 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$175 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$70 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$210 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul>
		<p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul>	<p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul>
		<p><b>Non Self Administered Injectable</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul>	<p><b>Non Self Administered Injectable</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul>

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

## Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Medicare Plus Blue Option A (PFFS)	Medicare Plus Blue Option B (PFFS)
		<p><b>Long Term Care Pharmacy</b></p> <p><b>Generic</b></p> <ul style="list-style-type: none"> <li>• \$9 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Non Preferred</b></p> <ul style="list-style-type: none"> <li>• \$90 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Non Self Administered Injectable</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul>	<p><b>Long Term Care Pharmacy</b></p> <p><b>Generic</b></p> <ul style="list-style-type: none"> <li>• \$7 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$30 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Non Preferred</b></p> <ul style="list-style-type: none"> <li>• \$70 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Non Self Administered Injectable</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul>
		<p><b>Mail order</b></p> <p><b>Generic</b></p> <ul style="list-style-type: none"> <li>• \$9 copay for a one-month (31-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$22.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$9 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• \$27 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul>	<p><b>Mail order</b></p> <p><b>Generic</b></p> <ul style="list-style-type: none"> <li>• \$7 copay for a one-month (31-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$17.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$7 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• \$21 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul>

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

## Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Medicare Plus Blue Option A (PFFS)	Medicare Plus Blue Option B (PFFS)
		<p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (31-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$87.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$35 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• \$105 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul>	<p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$30 copay for a one-month (31-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$75 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$30 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• \$90 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul>
		<p><b>Non Preferred</b></p> <ul style="list-style-type: none"> <li>• \$90 copay for a one-month (31-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$225 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$90 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• \$270 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul>	<p><b>Non Preferred</b></p> <ul style="list-style-type: none"> <li>• \$70 copay for a one-month (31-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$175 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$70 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• \$210 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul>

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

## Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Medicare Plus Blue Option A (PFFS)	Medicare Plus Blue Option B (PFFS)
		<p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul>	<p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul>
		<p><b>Coverage Gap</b></p> <p>After the total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p><b>Coverage Gap</b></p> <p>After the total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>
		<p><b>Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$4,550 you pay the greater of:</p> <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>	<p><b>Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$4,550 you pay the greater of:</p> <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>
		<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Medicare Plus Blue Option A (PFFS).</p>	<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Medicare Plus Blue Option B (PFFS).</p>

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

## Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Medicare Plus Blue Option A (PFFS)	Medicare Plus Blue Option B (PFFS)
		<p><b>Out-of Network Initial Coverage</b>            You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p>	<p><b>Out-of Network Initial Coverage</b>            You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p>
		<p><b>Generic</b></p> <ul style="list-style-type: none"> <li>• \$9 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Non Preferred</b></p> <ul style="list-style-type: none"> <li>• \$90 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Non Self Administered Injectable</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul>	<p><b>Generic</b></p> <ul style="list-style-type: none"> <li>• \$7 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$30 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Non Preferred</b></p> <ul style="list-style-type: none"> <li>• \$70 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Non Self Administered Injectable</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul>

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

## Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Medicare Plus Blue Option A (PFFS)	Medicare Plus Blue Option B (PFFS)
		<p><b>Out-of Network Coverage Gap</b></p> <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Medicare Plus Blue Option A (PFFS) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Medicare Plus Blue Option A (PFFS ) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p><b>Out-of Network Coverage Gap</b></p> <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Medicare Plus Blue Option B (PFFS) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Medicare Plus Blue Option B (PFFS ) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>
		<p><b>Out-of Network Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$4,550 you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>	<p><b>Out-of Network Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$4,550 you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>

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

## Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Medicare Plus Blue Option A (PFFS)	Medicare Plus Blue Option B (PFFS)
<b>30</b> Dental Services	Preventive dental services (such as cleaning) not covered.	<p>\$0 copay for Medicare-covered dental benefits</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>• up to 1 oral exam(s) every year</li> <li>• up to 1 cleaning(s) every year</li> <li>• up to 1 dental X-ray(s) every year</li> </ul>	<p>\$0 copay for Medicare-covered dental benefits</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>• up to 1 oral exam(s) every year</li> <li>• up to 1 cleaning(s) every year</li> <li>• up to 1 dental X-ray(s) every year</li> </ul>
<b>31</b> Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams. (1)(2)</p>	<p>In general, routine hearing exams and hearing aids not covered.</p> <p>\$35 copay for Medicare-covered diagnostic hearing exams.</p>	<p>In general, routine hearing exams and hearing aids not covered.</p> <p>\$30 copay for Medicare-covered diagnostic hearing exams.</p>
<b>32</b> Vision Services	<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>Non-Medicare-covered eye exams and glasses not covered.</p> <p>\$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$35 copay for exams to diagnose and treat diseases and conditions of the eye.</p>	<p>Non-Medicare-covered eye exams and glasses not covered.</p> <p>\$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$30 copay for exams to diagnose and treat diseases and conditions of the eye.</p>

(1) In 2009, you pay a total of one \$135 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.

## Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Medicare Plus Blue Option A (PFFS)	Medicare Plus Blue Option B (PFFS)
<b>33</b> Physical Exams	20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage. (1)(2) 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.	\$25 copay for routine exams. Limited to 1 exam(s) every year. \$0 for Medicare-covered benefits.	\$15 copay for routine exams. Limited to 1 exam(s) every year. \$0 for Medicare-covered benefits.
<b>34</b> Health/Wellness Education	Smoking Cessation: Covered if ordered by your doctor. 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. You pay coinsurance, and Part B deductible applies.	\$0 copay for each Medicare-covered smoking cessation counseling session.	\$0 copay for each Medicare-covered smoking cessation counseling session.
<b>Transportation (Routine)</b>	Not covered	This plan does not cover routine transportation.	This plan does not cover routine transportation.
<b>Acupuncture</b>	Not covered	This plan does not cover acupuncture.	This plan does not cover acupuncture.

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

Medicare PLUS **Blue** PFFS<sup>SM</sup>



**Blue Cross  
Blue Shield**  
of Michigan

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee  
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Medicare Plus Blue PFFS is a health plan with a Medicare contract.

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