

Medicare PLUS Blue PPOSM



Blue Cross
Blue Shield
of Michigan

3 plan choices
2 new plans

Medicare Plus Blue PPOSM

What do you get when you enroll in Medicare Plus Blue PPO?

The **confidence** that comes with **affordable, all-in-one coverage** that is **simple to understand**. You also get **value for your health care dollar** with coverage that includes **vision, dental, hearing and fitness benefits** — more than Original Medicare!

You can choose from three plan options that feature no referrals, Part D prescription drug coverage and the freedom to choose any doctor or hospital that accepts Original Medicare.

With Medicare Plus Blue PPO you get the coverage you want from the company you trust.

Enroll today

An independent licensed Blues agent can help you select the plan option that best fits your needs, or you may enroll:

- Online through the Centers for Medicare & Medicaid Services at www.medicare.gov
- Online through our website at www.bcbsm.com/mybluemedicare
- By mail

If you need an application, would like help locating an agent or have any other questions, call 1-877-469-2583 from 8 a.m. to 8 p.m. seven days a week. TTY users may call 1-800-481-8704.

You may call 1-800-MEDICARE (1-800-633-4227), or visit www.medicare.gov for more information about Medicare benefits and services, including general information about the health or prescription drug benefits. TTY users may call 1-877-486-2048. Hours are 24 hours a day, seven days a week.

A handwritten signature in black ink that reads "Mark W. Owen".

Mark Owen
Vice President, Federal and Individual Business
600 East Lafayette, Detroit, MI 48226

A health plan with a Medicare contract.

Coverage you can depend on

CARE when you're ill



Medicare Plus Blue PPO combines hospital, doctor and prescription drug coverage. Our plans include everything Medicare covers plus much more. Your benefits include built-in safeguards to ensure a medical need doesn't become a financial catastrophe:

- Our network doctors accept our payments as payment in full. You pay only your copayment or coinsurance.
- Out-of-pocket maximums for medical care, durable medical equipment and prosthetic and orthotic devices help limit your annual expenses.

Limits and copays apply to the benefits described above. The benefit chart inside this booklet has more coverage details.

HELP when you're healthy

Medicare Plus Blue PPO plans are packed with valuable extras to help you save money, stay healthy and get fit.

Dental discounts: Participating DenteMax dentists will discount your care for services that aren't covered by your Medicare Plus Blue PPO plan such as additional cleanings, exams and X-rays, crowns, dentures and bridge work.

Savings: Our Blue365[®] program offers discounts from national companies. These special offers include big savings on fitness gear, weight-loss programs, gym memberships, travel, sporting goods, magazine, vitamins, groceries, medicine and family care. We've also arranged discounts especially for our Medicare Plus Blue members. You can get savings on personal medical alarms, home medical equipment and more.

Quit the Nic: This free telephone-based program supports members' efforts to quit smoking. Members work with nurse health coach who guides them to a smoke-free lifestyle.

The "savings" and "discounts" products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Medicare Plus Blue PPO grievance process.



NEW

New benefits for 2011

Open your eyes to our new vision benefit

With our robust, nationwide network of providers, you won't have to look far for routine eye exams. We also offer:

- Prescription glasses (lenses and frames) or
- Medically necessary contact lenses

Hear what you've been missing

Make sure you're a part of every conversation with our new hearing benefit that covers:

- Hearing aids
- Diagnostic hearing exams
- Hearing tests

SilverSneakers® fitness benefits for a healthier life

Membership in SilverSneakers® network of health clubs and exercise classes is built into our *Vitality* and *Signature* plan options, and features:

- Physical activity, healthy lifestyle direction and social opportunities
- Access to fitness facilities with walking, water aerobics and swimming programs
- Minimal out-of-pocket costs



2011 Medicare Plus Blue PPO benefit comparison

For Medicare-eligible Michigan residents

Summary of most frequently used benefits. A complete description is available at www.bcbsm.com/mybluemedicare or by calling the number below.

Benefit for Medicare-covered services	NEW Vitality		Signature		NEW Assure	
	In network	Out of network	In network	Out of network	In network	Out of network
Out-of-pocket maximum for Medicare-covered medical services	\$4,500	\$4,500	\$4,000	\$5,000	\$3,000	\$4,000
The plan covers 100% after the out-of-pocket maximums are reached.						
Out-of-pocket maximum for durable medical equipment and prosthetic and orthotic devices	\$1000		\$1000		\$1000	
Deductible	\$0	\$500	\$0	\$500	\$0	\$0
Inpatient hospital care	Days 1-7: \$200 per day Days 8-90: \$0	40% coinsurance after deductible	Days 1-5: \$150 per day Days 6-90: \$0 copay	40% coinsurance after deductible	Days 1-5: \$75 per day Days 6-90: \$0	30% coinsurance
Skilled nursing facility (in a Medicare-certified skilled nursing facility)	Days 1-20: \$0 copay per day Days 21-100: \$130 copay per day	40% coinsurance after deductible for each stay	Days 1-20: \$0 copay per day Days 21-100: \$130 copay per day	40% coinsurance after deductible for each stay	Days 1-20: \$0 copay per day Days 21-100: \$130 copay per day	30% coinsurance for each stay
Outpatient hospital services	\$75 to \$125 copay	40% coinsurance after deductible	\$50 to \$100 copay	40% coinsurance after deductible	\$25 to \$50 copay	30% coinsurance
Office visits: primary care physicians	\$25 copay	40% coinsurance after deductible	\$25 copay	40% coinsurance after deductible	\$15 copay	30% coinsurance
Office visits: specialists	\$40 copay	40% coinsurance after deductible	\$35 copay	40% coinsurance after deductible	\$30 copay	30% coinsurance
No referrals required.						
Outpatient surgery	\$100 copay ambulatory; \$175, hospital	40% coinsurance after deductible	\$75 copay ambulatory; \$150 hospital	40% coinsurance after deductible	\$50 copay ambulatory, \$100, hospital	30% coinsurance
Ambulance services	\$50 copay	40% coinsurance after deductible	\$50 copay	40% coinsurance after deductible	\$50 copay	30% coinsurance
Urgent care – worldwide	\$35 copay	\$35 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay
Emergency care – worldwide	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Durable medical equipment	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance
Preventive services	No copay	40% coinsurance after deductible	No copay	40% coinsurance after deductible	No copay	30% coinsurance
Preventive services include bone mass measurements, colorectal screenings, flu, pneumonia and Hepatitis B vaccines, screening mammograms, Pap-smears and pelvic exams and prostate cancer screening.						
Physical exams One per year	\$25 copay	40% coinsurance after deductible	\$25 copay	40% coinsurance after deductible	\$15 copay	30% coinsurance
Chiropractic	\$25-\$40 copay	40% coinsurance after deductible	\$25-\$35 copay	40% coinsurance after deductible	\$15-\$30 copay	30% coinsurance
Podiatry	\$40 copay	40% coinsurance after deductible	\$35 copay	40% coinsurance after deductible	\$30 copay	30% coinsurance
Preventive dental	Up to two exams a year, up to two cleanings a year, up to one dental X-ray a year. Copays apply.					
NEW Vision	Eye glasses or contacts every two years. Eye exams, one per year. Copays apply.					
NEW Hearing	Up to two hearing aids every three years (\$500 per ear every three years), \$25 diagnostic exam every year, hearing test every year, hearing aid fitting evaluation every three years. Copays apply.					
NEW Fitness membership	Included	Included	Included	Included	Not included	Not included
Part D prescription drugs—initial coverage period (until your total drug costs reach \$2,840)	\$310 deductible 25% coinsurance after deductible for most drugs		Tier 1 Preferred generic: \$3 Tier 2 Preferred brand: \$40 Tier 3 Non-preferred brand/generic: \$95 Tier 4 Specialty: 25%* Tier 5 Non self-administered injectables: 25%* *of plan's approved amount		Tier 1 Preferred generic: \$3 Tier 2 Preferred brand: \$40 Tier 3 Non-preferred brand/generic: \$95 Tier 4 Specialty: 25%* Tier 5 Non self-administered injectables: 25%* *of plan's approved amount	
Part D prescription drugs—gap period (after your drug costs reach \$2,840 until they reach \$4,550)	You pay no more than 93% for all other covered drugs.		You pay no more than 93% for all other covered drugs.		NEW Includes \$3 for generic drugs; you pay no more than 93% for all other covered drugs.	
Part D prescription drugs—catastrophic period (after your drug costs reach \$4,550)	\$2.50 copay for generic drugs and \$6.30 copay for other drugs or 5% coinsurance after deductible, whichever is greater (out of network, you will not be reimbursed for the difference between the pharmacy's charge and our in-network allowable amount)					

Monthly Premium Table for Medicare Plus Blue PPO Plans

The premiums vary by the county in which you permanently reside. Rates are based on the use and cost of health care services in each region. You must continue to pay your Medicare Part B premium.

1. Locate the region/county in which you permanently reside.
2. Look at the plan options to find your monthly premium rate.

Region with counties in region	Vitality	Signature	Assure
Region 1 Southwest Michigan Allegan, Kent, Muskegon, Newaygo, Ottawa	\$29	\$69	\$120
Region 2 Mid-Michigan Barry, Berrien, Cass, Clinton, Eaton, Ingham, Ionia, Kalamazoo, Van Buren	\$34	\$104	\$156
Region 3 Upper Michigan Alcona, Alger, Alpena, Antrim, Baraga, Benzie, Charlevoix, Cheboygan, Chippewa, Crawford, Delta, Dickinson, Emmett, Gogebic, Grand Traverse, Houghton, Iron, Kalkaska, Keweenaw, Leelanau, Luce, Mackinac, Marquette, Menominee, Montmorency, Ontonagon, Oscoda, Otsego, Presque Isle, Schoolcraft	\$74	\$119	\$212
Region 4 South Michigan Branch, Calhoun, Hillsdale, Jackson, Lenawee, Livingston, Monroe, St. Joseph, Washtenaw	\$54	\$129	\$185
Region 5 North/East Michigan Arenac, Bay, Clare, Genesee, Gladwin, Gratiot, Huron, Iosco, Isabella, Lake, Lapeer, Manistee, Mason, Mecosta, Midland, Missaukee, Montcalm, Oceana, Ogemaw, Osceola, Roscommon, Saginaw, St. Clair, Sanilac, Shiawassee, Tuscola, Wexford	\$64	\$154	\$219
Region 6 Southeast Michigan Macomb, Oakland, Wayne	\$69	\$109	\$203

You don't need to be a member to get our help. If you have any questions or concerns, would like to find an agent or need assistance with enrolling, please call:
1-877-469-2583 • TTY users call **1-800-481-8704** • 8 a.m. to 8 p.m., seven days a week

Important information about these benefits

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information, contact the plan. Limitations, copayments and exceptions may apply. Benefits, formulary, pharmacy network, premiums and copayments/coinsurance may change on Jan. 1, 2012. This plan may not be available to you in 2012 because by law plan sponsors can choose not to renew their contracts with CMS or reduce their service areas, and CMS may also refuse to renew a contract, thus resulting in a termination or nonrenewal.

With the exception of emergency or urgent care, it will cost more to get care from non-plan or non-preferred providers. In general, beneficiaries must use network pharmacies to access their prescription drug benefit, except in nonroutine circumstances. Quantity limitations and restrictions may apply. Some covered services, including skilled nursing facilities, require prior authorization or certification between the plan and the provider.

Medicare Plus Blue PPO provides reimbursement for all covered benefits regardless of whether they are received in network, as long as they are medically necessary.

You must have both Part A and Part B to enroll. You must continue to pay your Medicare Part B premium. Members may enroll in the plan only during specific times of the year. Contact us for more information. Limitations, copayments and restrictions may apply.

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

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-8048, 24 hours a day/7days a week.
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or
- Your State Medicaid Office

This document is available in alternative formats. For more information, call 1-877-469-2583 from 8 a.m. to 8 p.m. seven days a week. TTY users may call 1-800-481-8704.

Coverage choices from the Blues

Medicare Plus Blue PPO plans are among the many options available to Medicare beneficiaries from Blue Cross Blue Shield of Michigan and Blue Care Network. Since each individual's needs vary, we offer plans with different benefits, premiums, copayments and physician arrangements. For more information about our HMO, Medigap and stand-alone prescription drug plans, call 1-877-469-2583, 8 a.m. to 8 p.m. seven days a week. TTY users should call 1-800-481-8704.

If you wish to be removed from the Medicare Plus Blue mailing list, please call the number above.