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Non-Medicare
and Medicare Retirees



For Your Benefit

A variety of timely information related to your health care benefits and needs

Have you seen the new look of our State of Michigan website?

Blue Cross' dedicated State of Michigan website, www.bcbsm.com/som, is a valuable source for important information about your plan. To ensure you stay informed, we're committed to providing a convenient and smooth online experience.

Earlier this year, we redesigned the website in a fresh layout that'll improve your ability to find the information you need. The **home page** features resources and tools to help you put your health first, such as Blue Cross Online Visits^{SM*}, Blue Cross Virtual Well-BeingSM and Blue Cross Health and Well-BeingSM. Plus, the innovative design is more compatible on mobile devices so you can browse on the go.

We enhanced navigation by creating **dedicated plan pages** so you can easily view plan information — such as deductibles and copays — and other plan materials. To further simplify your experience, we included a high-level cost chart on each plan page showing what's covered and how much you'd pay. Go to www.bcbsm.com/som/retirees and click the plus sign next to each plan to see a high-level overview of the plan. You'll also find links to search for providers, forms and newsletters at the bottom of this page.

After exploring the new website design, consider registering for a Blue Cross online member account. Read the benefits of an online account at the bottom of the home page, then click *Register now* to get started. You'll need your Blue Cross member ID card to register.

Need help creating your online member account? Call the Web Support team at **1-888-417-3479 (TTY:711)** from 8 a.m. to 8 p.m. Eastern time, Monday through Friday.

*Virtual Care by Teladoc Health® is replacing Blue Cross Online VisitsSM effective 1/1/24. For more information, visit www.bcbsm.com/virtualcare.

State of Michigan Non-Medicare and Medicare Retirees

Learn about Medicare and Non-Medicare plans for State of Michigan retirees offered under the State Health Plan and administered by Blue Cross Blue Shield of Michigan.



How do out-of-pocket maximums work?

Your plan shares the cost of your care when you pay your deductible, coinsurance and copayments, but did you know there's a limit to how much you pay? Your out-of-pocket max, or OOPM, is the most you'll pay for your health care services during your plan year. Let's explore how it works.

What counts toward your OOPM for in-network services

What you pay toward your plan's deductible, coinsurance, copays and prescription drug copays are all applied to your OOPM. For example, your OOPM is \$2,000 and you pay a \$20 copay for an office visit, you have \$1,980 left to reach until your OOPM is met. When you reach your OOPM, your plan pays 100% of the allowed amount for in-network services included in your plan.

If your plan covers more than one person, you'll have individual maximums and a family OOPM. Here's how each is met:

- When the deductible, coinsurance and copays for one person reach the individual max, your plan pays 100% for that person only.
- The family OOPM is \$4,000. When your family OOPM has been met, your plan pays 100% for everyone on the plan. The family OOPM is the combined maximum out-of-pocket amount that applies to any combination of family members. One family member isn't required to reach the individual OOPM before the family OOPM can be met. Additionally, one family member can't contribute more than the maximum amount of the individual OOPM.



What doesn't count toward your OOPM for in-network services

Certain costs can't be used toward your OOPM, including your monthly plan premium and amounts you pay for services that aren't included in your plan, such as noncovered services and costs greater than the approved amount or the plan's allowance for a service.

For example, the plan's allowance for hearing aids is \$2,600. Your plan will pay the cost at 100%, but you're responsible for any amount exceeding \$2,600. If hearing aids cost \$3,000, you pay the \$400 difference and what you pay doesn't count toward your OOPM because the cost is above the plan's allowed amount.

For more information about your plan's OOPM, out-of-pocket costs and services included in your plan, visit www.bcbsm.com/som/retirees and click your plan name to see the plan details chart and download plan documents.



Understanding Medicare Advantage Annual Wellness Visits and Annual Physical Exams

An advantage of being a State Health Plan Medicare Advantage PPO member is access to preventive services, such as your Annual Wellness Visit and Annual Physical Exam. These appointments are covered with no out-of-pocket costs and are important steps in taking control of your health. However, there are key differences to remember about each.

Annual Wellness Visit

You can get an Annual Wellness Visit — also known as an enhanced wellness visit — when you've had Medicare Part B for more than 12 months. During the visit, you and your provider will develop or update your personalized prevention plan based on your current health and risk factors and create a plan for future care. The wellness visit isn't a physical exam. It includes:

- Reviewing your medical and family history
- Reviewing current providers and prescriptions
- Creating a preventive screening schedule

You can get an Annual Wellness Visit once each calendar year. If you discuss new symptoms or a current illness, your provider may bill you for an office visit in addition to your wellness visit, and you'll need to pay an office visit copay.

Annual Physical Exam

An Annual Physical Exam is more comprehensive and hands-on than your Annual Wellness Visit. You can get this exam once every 12 months. Your provider will take a detailed medical history and perform a physical exam to assess your overall health.

Services include:

- An age and gender-appropriate physical exam, including vital signs and measurements
- Guidance, counseling and risk factor interventions
- Recommendations for immunizations, lab tests or diagnostic procedures

Annual Physical Exams aren't considered medically necessary or intended to treat or diagnose current illnesses, symptoms or injuries. If your provider treats you for a current illness during your visit, they may bill you for an office visit in addition to your Annual Physical Exam. In this case, you'll need to pay an office visit copay.



For more information on these annual visits, visit the State Health Plan Medicare Advantage page at www.bcbsm.com/som/retirees and download the *State Health Plan MA PPO Evidence of Coverage*.

For Your Benefit

State of Michigan Non-Medicare,
Medicare Supplemental and State Health Plan
Medicare Advantage PPO Retirees

MC L04A — Newsletter return only
Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd.
Detroit, Michigan 48226-2998

How to reach us

For benefit information or claim inquiries, call or write the Blue Cross Customer Service Center.

To call

1-800-843-4876

TTY users should call 711.

Non-Medicare and Medicare Supplemental retiree Customer Service is available Monday through Friday from 7 a.m. to 7 p.m. Eastern time, excluding holidays.

State Health Plan MA PPO Customer Service is available Monday through Friday from 8:30 a.m. to 5 p.m. Eastern time, excluding holidays.

For Your Benefit is published by Blue Cross Blue Shield of Michigan. It is meant to complement the advice of health care professionals and is not intended to take the place of professional medical care.

■ **Editor:** Kiara Murphy, State of Michigan Communications

To write

Please send all correspondence to:
State of Michigan Customer Service Center
Blue Cross Blue Shield of Michigan
232 S. Capitol Avenue L04A
Lansing, MI 48933 1504

Blue Cross Blue Shield of Michigan
Medicare Plus Blue Group PPO
Customer Service Inquiry Department –
Mail Code X521
600 E. Lafayette Blvd.
Detroit, MI 48226-2998

Medicare Plus BlueSM is a PPO plan with a Medicare contract.
Enrollment in Medicare Plus Blue depends on contract renewal.