

2025

READY
TO HELP



Medicare Plus BlueSM PPO + Meijer

Summary of Benefits

To get a complete list of services we cover, call Customer Service and ask for the *Evidence of Coverage* (phone numbers are printed on the back cover of this booklet).

To join Medicare Plus Blue PPO + Meijer, you must have both Medicare Part A and Medicare Part B, be a United States citizen or lawfully present in the United States and live in our geographic service area. Incarcerated individuals are not considered living in the geographic service area even if they are physically located in it. Our service area includes the state of Michigan.

www.bcbsm.com/medicare

Blue Cross Blue Shield of Michigan is a PPO plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Michigan depends on contract renewal.

Premium/Cost-sharing Table for Medicare Plus Blue + Meijer PPO

Premiums vary by county in which you permanently reside (rates are based on the use and cost of health care services in each regional segment). You must continue to pay your Medicare Part B premium. **A Medicare Part B premium reduction is provided (Regions 1, 2, 3, 4 = \$3; Region 6 = \$4).**

- 1) Find the county and region that you live in.
- 2) Look across the plan option columns to find your monthly premium rate.

Regions with counties	Medicare Plus Blue + Meijer premium rates per month
Region 1 Allegan, Barry, Ionia, Kalamazoo, Mason, Muskegon, Newaygo, Oceana and Ottawa counties	\$0
Region 2 Berrien, Branch, Calhoun, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Monroe, Montcalm, St. Joseph and Van Buren counties	\$0
Region 3 Alcona, Alger, Alpena, Arenac, Baraga, Bay, Charlevoix, Cheboygan, Chippewa, Clare, Crawford, Gladwin, Huron, Iosco, Kalkaska, Keweenaw, Luce, Mackinac, Montmorency, Ogemaw, Ontonagon, Oscoda, Presque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee and Tuscola counties	\$0
Region 4 Antrim, Benzie, Cass, Clinton, Delta, Dickinson, Emmet, Genesee, Gogebic, Grand Traverse, Houghton, Iron, Isabella, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Manistee, Marquette, Mecosta, Menominee, Midland, Missaukee, Osceola, Otsego, St. Clair and Wexford counties	\$0
Region 6 Macomb, Oakland, Washtenaw and Wayne counties	\$0
Optional Supplemental Dental and Vision	\$21.80 (additional monthly premium)

Region 5 is not being used at this time.

Medicare Plus Blue + Meijer	
Deductible	This plan does not have a deductible for hospital and medical services. This plan does not have a deductible for Part D prescription drugs.
Deductible - Optional Supplemental Dental and Vision	There is no deductible
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	\$6,750 for services from in-network providers \$6,750 for services from any provider

Benefits Medicare Plus Blue + Meijer	
Note: Services with a ¹ may require prior authorization	
Inpatient Hospital Coverage¹ Our plan covers an unlimited number of days for an inpatient stay.	In-network: \$425 days 1-7 \$0 days 8 and beyond Out-of-network: 50% of approved amount
Outpatient Hospital Coverage¹	In-network: \$375 copay Out-of-network: 50% of approved amount
Ambulatory Surgical Center (ASC) Services¹	In-network \$0 copay for Medicare-covered arthroplasty knee and hip services in an ASC
	\$125 for non-surgical services \$325 for surgical services Out-of-network 50% of the approved amount
Doctor Visits <ul style="list-style-type: none">○ Primary ○ Specialists Our plan also covers telehealth services including those for primary care physician services and behavioral health providers.	In-network: \$0 copay Out-of-network: \$0 copay In-network: \$50 copay Out-of-network: \$55 copay

Benefits**Medicare Plus Blue + Meijer****Preventive Care**

(Any additional preventive services approved by Medicare during the contract year will be covered.)

In- and Out-of-network: \$0

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual physical exam
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease risk reduction visit
- Cardiovascular disease testing
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- Diabetes self-management training
- Glaucoma screening
- HIV screening
- Immunizations, including COVID-19, flu, hepatitis B, and pneumococcal vaccines
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Screening for lung cancer with low-dose computed tomography (LDCT)
- Screening for sexually transmitted infections (STIs) and counseling to prevent STIs
- Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- “Welcome to Medicare” preventive visit (one-time)

Benefits	Medicare Plus Blue + Meijer
Emergency Care	In- and Out-of-network: \$125 copay The copay is waived if you are admitted to the hospital within three days for the same condition. You are covered for emergency medical care worldwide.
Urgently Needed Services You are covered for urgently needed services worldwide	In- and Out-of-network: \$55 copay at urgent care center \$0 copay at primary care physician's office
Diagnostic Services/Labs/Imaging¹ <ul style="list-style-type: none"> ○ Diagnostic radiology services ○ Lab services ○ Diagnostic tests and procedures including COVID -19 testing ○ Outpatient X-rays ○ Therapeutic radiology services 	In-network: \$150-\$250 copay In-network: \$0-\$40 copay In-network: \$0-\$150 In-network: \$35-\$150 In-network: \$35 copay Out-of-network: 0-50% of approved amount
Hearing Services <ul style="list-style-type: none"> ○ Hearing exam to diagnose and treat hearing and balance issues ○ Routine hearing exam (1 every year) 	In-network: \$0-\$50 copay Out-of-network: \$0-\$55 copay
Hearing aids Hearing aid fitting/evaluation (1 every three years)	In-network: \$0 copay Out-of-network: You pay 50% of approved amount \$1,500 allowance maximum for both ears (up to \$750 per ear) every three years for new hearing aids. OTC allowance can be used toward OTC hearing aids.

Benefits	Medicare Plus Blue + Meijer
Dental Services (Medicare covered)	In-network: \$0-\$50 copay Out-of-network: \$55 copay
Enhanced dental services (Preventive and Comprehensive) <ul style="list-style-type: none"> ○ Preventive Services include oral exams, routine cleanings, certain dental X-rays and fluoride treatment ○ Comprehensive Services include brush biopsies, resin and amalgam fillings, crowns for permanent teeth only, crown repairs, root canals, deep cleaning, extractions and oral surgery 	This benefit provides a \$1,500 annual maximum (combined in- and out-of-network) for preventive and comprehensive dental services. In-network: 0% coinsurance Out-of-network: 50% of approved amount
Dental - Optional Supplemental Benefit (available at additional monthly premium) Includes, but not limited to, dentures, bridges, onlays and implants	The benefit provides an extra \$1,500 combined in- and out-of-network benefit maximum (in addition to the enhanced dental benefit for a total of \$3,000) for preventive and comprehensive dental services. No Deductible In-network: 25% coinsurance Out-of-network: 50% of the approved amount
Vision Services (Medicare-covered) <ul style="list-style-type: none"> ○ Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening). ○ Screening for diabetic retinopathy is covered once per year for those at risk. ○ Eyeglasses or contact lenses after cataract surgery 	In-network: \$0-\$50 copay Out-of-network: \$55 copay <hr/> In-network: \$0 Out-of-network: 50% of the approved amount

Benefits**Medicare Plus Blue + Meijer****Enhanced Vision Services**

- Elective Lasik and RK surgery (not provided by VSP)

- Routine eye exam through VSP Choice Network

- Eligible for one each calendar year:
 - Elective contacts OR
 - One pair standard lenses OR
 - One frame OR
 - One complete pair of eyeglasses

For a complete pair of eyeglasses, the allowance can be used for the frame only.

In-network:

\$50 copay

Out-of-network:

\$55 copay

In-network:

\$0

Out-of-network:

50% of the approved amount

In-network:

Eyewear benefit provides a combined in- and out-of-network maximum benefit up to \$150 every calendar year and may be used for either (a) elective contact lenses or, (b) one frame. One pair of standard eyeglass lenses is covered in full every calendar year.

Out-of-network:

Eyewear benefit provides a combined in- and out-of-network maximum benefit with 50% of allowed amounts up to \$150 every calendar year and may be used for either (a) elective contact lenses or, (b) one frame.

Standard eyeglass lenses are reimbursed up to 50% of the allowed amount

Benefits	Medicare Plus Blue + Meijer
<p>Optional Supplemental Vision (available for additional monthly premium)</p> <p>You are eligible for ONE of the following, each calendar year:</p> <ul style="list-style-type: none"> • Elective contact lenses OR • One pair of standard eyeglass lenses OR • One frame OR • One complete pair of eyeglasses <p>For a complete pair of eyeglasses, the allowance can be used for the frame only.</p>	<p>In-network</p> <p>You have an allowance that can be used toward either elective contact lenses or one frame.</p> <p>The optional eyewear benefit provides a \$250 combined in and out-of-network benefit maximum (in addition to the enhanced vision benefit for a total of \$400) once every calendar year and may be used for either (a) elective contact lenses or (b) 1 frame.</p> <p>Standard eyeglass lenses are covered in full every calendar year as part of the Enhanced Vision benefit.</p> <p>Out-of-network</p> <p>The benefit provides (in addition to the Enhanced vision benefit) a combined in-and out-of-network benefit maximum with 50% coinsurance up to \$250 every calendar year and may be used for either (a) elective contact lenses or (b) frames</p> <p>For out-of-network services, you may be required to pay the cost up front and submit for reimbursement. Other limitations apply.</p>
<p>Inpatient Mental Health Care¹</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p>	<p>In-network:</p> <p>\$300 copay per day for days 1 through 7</p> <p>\$0 per day for days 8 through 90</p> <p>Out-of-network:</p> <p>50% of approved amount per stay</p>
<p>Outpatient Mental Health Care</p> <p>Individual and group therapy</p>	<p>In-network:</p> <p>\$20 copay</p> <p>Out-of-network:</p> <p>50% of approved amount</p>
<p>Skilled Nursing Facility (SNF)¹</p> <p>Our plan covers up to 100 days in a SNF.</p> <p>No prior hospital stay is required for a skilled nursing facility stay.</p>	<p>In-network:</p> <p>\$0 for days 1-20</p> <p>\$214 for days 21-100</p> <p>Out-of-network:</p> <p>50% of approved amount</p>
<p>Outpatient Rehabilitation</p> <p>Physical/Speech/Occupational therapy</p>	<p>In-network:</p> <p>\$40 copay</p> <p>Out-of-network:</p> <p>50% of approved amount</p>

Benefits	Medicare Plus Blue + Meijer
<p>Ambulance</p> <ul style="list-style-type: none"> ○ Ground or air transportation ○ Ambulance services without transportation ○ Non-emergency transportation 	<p>In- or Out-of-network: \$350 copay</p> <p>In- or Out-of-network: \$90 copay</p> <p>50% coinsurance</p>
<p>Transportation</p> <p>One round trip per calendar year to an annual physical exam within the state of Michigan</p>	<p>\$0 copay for transportation to an annual physical exam for 1 round trip per calendar year within the state of Michigan; no referral needed.</p> <p>\$0 copay for qualified members who live in Wayne, Oakland, Macomb and Washtenaw counties, non-emergency medical transportation is covered for up to 28 days after a hospital discharge.</p>
<p>Medicare Part B Drugs¹</p> <ul style="list-style-type: none"> ○ Medicare Part B Insulin Drugs (one-month's supply) ○ Chemotherapy drugs and other Part B drugs 	<p>In- and Out-of-network: Not more than \$35 per month</p> <p>In-network: 0% - 20% coinsurance</p> <p>Out-of-network: 50% coinsurance</p>
<p>Cardiac and pulmonary rehabilitation services</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% coinsurance</p>
<p>Medical Equipment/Supplies¹</p> <ul style="list-style-type: none"> ○ Durable Medical Equipment and Prosthetics and Orthotics ○ Diabetes supplies 	<p>In-network: 20% coinsurance</p> <p>Out-of-network: 50% coinsurance</p> <p>In- and Out-of-network: \$0 copay</p>

Benefits	Medicare Plus Blue + Meijer
<p>Health fitness program (SilverSneakers)</p>	<p>In-network:</p> <p>You pay \$0 for the health fitness program.</p> <p>SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved.</p>
<p>Over-the-Counter (OTC) Allowance: Advantage Dollars</p> <p>Over-the-Counter (OTC) items are drugs and health-related products that do not need a prescription. This benefit covers certain approved non-prescription over-the-counter drugs and health-related items.</p>	<p>You receive \$160 per quarter.</p> <p>An allowance is added each quarter (January 1, April 1, July 1, October 1). Unused amounts will <u>not</u> carry forward into the next quarter or the next calendar year. The final day to spend allowance dollars is December 31, 2025 and any unspent allowance will not carry over to 2026.</p> <p>Note: All purchases must be made through plan-approved retailers</p>
<p>Special supplemental benefits for the chronically ill</p> <p>Food Allowance</p> <p>Members with certain health conditions can use their quarterly over-the-counter (OTC) Advantage Dollars allowance to buy approved foods.</p> <p>The benefits described are Special Supplemental Benefits for the Chronically Ill. Those with qualifying chronic conditions can purchase food items with your allowance. Qualifying chronic conditions include hypertension, diabetes, chronic cardiovascular disorders, chronic lung disorders, and chronic heart failure. Other qualifying conditions may apply. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. Your plan will notify you when you're eligible. For details, please contact us.</p>	<p>There is no coinsurance, copayment, or deductible.</p> <p style="text-align: center;">Allowance Amount</p> <p>You receive \$160 per quarter.</p> <p>An allowance is added each quarter (January 1, April 1, July 1, October 1). Unused amounts will <u>not</u> carry forward into the next quarter or the next calendar year. The final day to spend allowance dollars is December 31, 2025 and any unspent allowance will not carry over to 2026.</p> <p>Note: All purchases must be made through plan-approved retailers.</p>
<p>Worldwide emergency coverage</p> <ul style="list-style-type: none"> ○ Worldwide emergency coverage ○ Worldwide urgent coverage ○ Worldwide emergency transportation 	<p>In- and Out-of-Network \$125 copay</p> <p>In- and Out-of-Network \$55 copay</p> <p>In- and Out-of-Network \$290 copay</p>

Outpatient Prescription Drugs - Medicare Plus Blue + Meijer

Phase 1: The Deductible Stage

Because there is no deductible for the plan, this stage does not apply to you.

Phase 2: The Initial Coverage Stage

You pay the amounts listed in the tables below, and on the next page, until your out-of-pocket costs reach \$2,000.

Your share of the cost when you get a *one-month* (31-day) supply of a covered Part D prescription drug:

	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$5	\$0
Tier 2: Generic	\$20	\$11
Tier 3: Preferred Brand	\$47	\$42
Tier 4: Non-Preferred Drug	50%	50%
Tier 5: Specialty Tier	33%	33%

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Your share of the cost when you get a *long-term* (32- to 90-day) supply of a covered Part D prescription drug:

	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail cost sharing (in-network)	Preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$15	\$0	\$0
Tier 2: Generic	\$60	\$0	\$0
Tier 3: Preferred Brand	\$141	\$126	\$84
Tier 4: Non-Preferred Drug	50%	50%	50%
Tier 5: Specialty Tier	Not offered	Not offered	Not offered

You won't pay more than \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at www.bcbsm.com/medicare.

Phase 3: The Catastrophic Stage

You have coverage for generic and brand-name drugs in the Catastrophic Coverage stage. During this stage, you will pay \$0. Most members do not reach this stage. For information about your costs in this stage, look at Chapter 6 in the *Evidence of Coverage* online at www.bcbsm.com/medicare.

Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's pharmacy directory at our website (www.bcbsm.com/pharmaciesmedicare).

You can see the most complete and current information about which drugs are covered on our website (www.bcbsm.com/formularymedicare).

For more information, please call us at the phone number below or visit us at www.bcbsm.com/medicare.

If you are not a member of this plan, call toll-free 1-888-563-3307. TTY users should call 711.

If you are a member of this plan, call toll-free 1-877-241-2583. TTY users should call 711. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 9 p.m. Eastern time. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 9 p.m. Eastern time.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as audio CD and large print. This document may be available in a non-English language.

Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue PPO + Meijer members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

Medicare PLUS BlueSM PPO



**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.