

2025 Resource Guide

Medicare Plus BlueSM Group PPO

A complete guide to understanding your coverage



**READY
TO HELP**



**Michigan Public School Employees'
Retirement System**

bcbsm.com/mpsers

Here's to your health in 2025

- How to get your vaccinations (see Page 6)
- What to know about virtual care visits (see Page 8)
- Attend Blue Cross Virtual Well-BeingSM webinars (see Page 12)
- Benefits of the SilverSneakers[®] fitness program (see Page 17)

Making your benefits work for you

Whether you're new to Blue Cross or an existing member, you've made a smart choice by enrolling in this plan. We value your participation and strive to do our best to serve you. This easy-to-use guide will help you maximize your Blue Cross benefits.

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Welcome to your Medicare Advantage PPO plan

This preferred provider organization (PPO) covers everything that Original Medicare does — plus more — in one plan.

Your PPO plan gives you **access to thousands of primary care providers and specialists**, as well as hundreds of hospitals. These healthcare providers accept your retirement system medical plan payment, and the share of the costs that you pay, as payment in full. So, you save money when you use a Medicare Plus BlueSM Group PPO network provider. The choice is yours: You can go to any provider who accepts your Medicare Plus Blue Group PPO member ID card, but you pay more to use providers outside of the network.

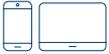
It's always best to have a steady relationship with a trusted Medicare Plus Blue Group PPO primary care provider for ongoing care. Your primary care provider helps coordinate all your care, which keeps them updated on your current health status. As a PPO plan member, you don't need a referral to see a specialist. Learn more about how to find a provider on Page 9.

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

Welcome! Get started

Wondering what to do next to make the most of your coverage? These helpful charts show you how to begin taking advantage of the benefits of Blue Cross.

Steps you can take to get started with your PPO plan

	By mail	By phone call	By mobile device, computer or tablet
Sign up for your secure member account at bcbsm.com/register or using the mobile app.			
Download the Blue Cross mobile app.			
Find a primary care provider.			
Take your health assessment.			
Make an appointment for your free <i>Welcome to Medicare</i> preventive visit or annual wellness visit with your primary care provider.			
Sign up in your member account to receive plan documents and other special program information by email.			

What you'll receive now that you're a Blue Cross member

	By mail	By email ¹	By phone call	In your online member account	In the mobile app
Blue Cross member ID card					
Welcome call					
Evidence of Coverage ²					
Explanation of benefits statements					
Provider directory ²					
Special program information		@			
Member surveys (Your opinion matters!)		@			
<i>Best of Health</i> (Michigan Public School Employees' Retirement System newsletter)		@			

¹When you register for your secure, online member account and provide your email address.

²Included in your new member welcome kit. May be requested by current members.

Sign up for your secure online member account

A perk of being a Blue Cross member is our members-only website. Our online tools make it easy to manage your account and stay informed about your benefits. With your secure member account, you can:

- Keep track of your claims, deductible and out-of-pocket maximum.
- Select the paperless plan document option.
- Find network providers and check provider and hospital quality.
- Take your health assessment.

Register for a Blue Cross member account:

- At bcbsm.com/register or scan the **QR code**.
- Using the app.
- By texting **REGISTER** to **222764**.
Message and data rates may apply.



Download the Blue Cross mobile app

Our mobile app helps you understand your healthcare plan and how it works. From deductibles to claims to out-of-pocket costs, you'll have the information you need to manage your plan and get the most from your coverage, wherever you go. You'll get instant access to your member ID card, explanation of benefits statements, plan information and more.

To download the app:

- Open Apple® App Store or the Google Play™ store.



- Search for "**BCBSM.**"
- Select download.

Blue Cross mobile app questions:

bcbsm.com/app

1-888-417-3479 TTY: **711**

8 a.m. to 8 p.m. Eastern time
Monday through Friday.

Apple is a trademark of Apple Inc., registered in the U.S. and other countries.

App Store is a service mark of Apple Inc., registered in the U.S. and other countries.

Google Play is a trademark of Google LLC.

What to know about your out-of-pocket costs

Here's a snapshot of your out-of-pocket costs:

Annual deductible: \$800

You pay your deductible before your plan begins to pay. Your annual deductible will be applied before coinsurance.

Coinsurance: 10% for in-network covered services

A coinsurance is a fixed percentage of the costs you pay for most covered medical services. Because it is a percentage, coinsurance math is like the math you use for calculating a tip at a restaurant. Coinsurance is applied to the approved amount, reduced by the deductible paid.

Copays: emergency room: \$140 per visit; urgent care: \$65 per visit; routine hearing exam through TruHearing™ network providers: \$45; TruHearing Advanced hearing aid: \$499 per hearing aid; TruHearing Premium hearing aid: \$799 per hearing aid.

A copay is a flat dollar amount you pay for specific services.

Annual coinsurance/copay maximum: \$900

The most you will pay in coinsurance and copays in a calendar year, excluding copays for routine hearing care.

Annual out-of-pocket maximum: \$1,700

This includes the amount you pay each year toward your deductible, coinsurance and copays. Excluding routine hearing care services, after you have met this amount, your retirement system pays 100% of the costs for covered services for the remainder of the year.



How it all comes together

The amount you pay out of pocket varies based on how much you have paid toward your annual deductible and coinsurance/copay maximum throughout the year. After you meet your deductible, you begin to pay coinsurance. Here are a few examples:

Note: Coinsurance is applied to the approved amount, reduced by the deductible paid.

	Total cost (allowed amount the plan has approved)	Amount you owe toward your annual deductible	Amount you owe in coinsurance	Your share of cost	Retirement system pays the remaining balance
Before you've paid any deductible	\$1,500	\$800	\$70 + (\$1,500 - \$800 = \$700; 10% of \$700 = \$70)	= \$870	\$630
After you've paid \$500 toward the deductible	\$1,500	\$300	\$120 + (\$1,500 - \$300 = \$1,200; 10% of \$1,200 = \$120)	= \$420	\$1,080
After you've paid the annual deductible	\$1,500	\$0	\$150 + (\$1,500 - \$0 = \$1,500; 10% of \$1,500 = \$150)	= \$150	\$1,350
After you've paid the annual deductible & coinsurance/ copay maximum	\$1,500	\$0	\$0	= \$0	\$1,500

The above examples exclude copays for routine hearing care services.

Ready to help

You have coverage that works for you in many different ways. Your benefits aren't just for when you're feeling sick or coping with a chronic condition. They can help you take charge of your health.

How to get your COVID-19, flu and pneumonia vaccines

In-network pharmacies can bill Blue Cross for vaccines covered by your medical plan at no cost to you. Here's how you find an in-network pharmacy wherever you are:

 Go to bcbsm.com/mpsers and select *Medical Plans* and click *Medicare Plus BlueSM Group PPO*. Then click *Find a Pharmacy*.

 Use the BCBSM mobile app: Go to the main menu, select *Find Care* and then choose *Pharmacies*.

You can also get these vaccines at your provider's office, but you may have some cost for an office visit. If you choose to get the vaccines from a local health department or community center, you have to pay up front and send Blue Cross your receipt with a completed claim form to get reimbursed.

 Call Blue Cross Customer Service at **1-800-422-9146**, from 8:30 a.m. to 5 p.m. Eastern time, Monday through Friday. TTY users, call **711**.

Helpful information: Your retirement system health plan covers many vaccines to keep you healthy. Keep in mind that the medical and prescription drug plans are administered separately. You'll need to review the *Vaccine Coverage Guide for Medicare PPO Members* to help you understand your retirement system vaccine coverage and out-of-pocket costs. You can find the guide online at bcbsm.com/mpsers, select *Medical Plans* and select *Medicare Plus BlueSM Group PPO*.

In-home health assessment

Blue Cross partners with mobile clinician networks to provide annual in-home health visits at no additional cost to you. You can have a complete health assessment with a licensed medical doctor or nurse practitioner in the comfort of your own home.

During the visit, the licensed professional dedicates about an hour, just to you, to check your blood pressure, your vital signs, your reflexes and to discuss your health-related concerns.

We'll send a summary of the visit to you and your primary care provider. This service is separate from the Medicare Advantage health assessment and doesn't replace your regular primary care visits.

Medicare Diabetes Prevention Program

The Medicare Diabetes Prevention Program is a 12-month program focusing on healthy lifestyle changes with food and activity to best support our members. To participate in this no-cost program, you must be a member who hasn't been diagnosed with Type 2 diabetes, or end stage renal disease and have a body mass index, or BMI, greater than 25 (if Asian, greater than 23). To find out if you would benefit from this program, call Blue Cross Customer Service at **1-800-422-9146** from 8:30 a.m. to 5 p.m. Eastern time, Monday through Friday. TTY users, call **711**.

Behavioral, mental and emotional well-being care

Your health is not just determined by your physical fitness, but also by your overall well-being. Your physical health improves when you get enough sleep, eat healthy and exercise. Likewise, your emotional well-being improves when you have support through life's trials, manage stress and have positive social interactions. Behavioral healthcare benefits are available to help you transition through difficult times. This benefit also helps those struggling with a substance use disorder. When you call, we'll discuss your needs and arrange for services. You can visit bcbsm.com/mentalhealth/ for more information.

 Call **1-888-803-4960** and follow the prompts to connect to services. TTY users, call **711**.

Blue Cross Coordinated CareSM

Achieving better health without the right support isn't easy. That's why Blue Cross Coordinated Care provides you with a dedicated care team to connect you with the right care at the right time, whether it's providing support for behavioral health issues, managing a chronic condition or helping to schedule well-being appointments. The program is completely confidential and available to you at no cost.

It's easy to stay on track with your care plan with the Blue Cross Coordinated Care mobile app, powered by Wellframe[®]. If you participate in the program, you can use the app on your smartphone or tablet to track appointments and medications, read helpful articles and connect with your care team by text or chat.

 **1-800-775-BLUE (2583)** 8 a.m. to 6 p.m. Eastern time, Monday through Friday. TTY users, call **711**.

 Review all the health and well-being programs online at bcbsm.com/mpsers.

- Click the *LOGIN* button and access your secure Blue Cross online member account.
- Select the *Well-Being* tab.

Wellframe[®] is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network members by providing health and well-being services.

Serious illness

If you experience a serious illness, you can count on Blue Cross' dedicated nurse care managers to help you find the right care. They'll also provide important information and resources. Your plan includes care management services based on your medical claims or when your provider refers you for assistance. In some cases, we partner with independent companies to provide services.

Being diagnosed with a serious illness can be overwhelming. Our nurse care managers work with your provider to help you and your family:

- Understand your medical condition.
- Coordinate care.
- Review treatment options.
- Connect with community resources.
- Obtain equipment and medical supplies.

A personal nurse care manager will support you and your loved ones as you consider options, make treatment decisions and handle emotional concerns. You'll find the support you need to feel more in control.

If you're hospitalized, Blue Cross can also help with the transition to your home or another facility to ensure you get the care you need.

 **1-800-775-BLUE (2583)** 8 a.m. to 6 p.m. Eastern time, Monday through Friday. TTY users, call **711**.

Tobacco Cessation Coaching

Increase your chances of becoming tobacco free with a phone-based tobacco cessation coaching program offered by Personify[™] Health. This holistic, clinically sound and whole-person program addresses all factors surrounding tobacco use. Whether you're ready to set a quit date or not, enroll and schedule your first call. Call Personify Health at **1-833-380-8436** for enrollment assistance. TTY users, call **711**. Member services support by phone, chat and email is available from 8 a.m. to 9 p.m. Eastern time Monday through Friday. Health coaches are available: Monday through Thursday: 8 a.m. to 11 p.m. Friday: 8 a.m. to 7 p.m. Saturday: 9 a.m. to 3 p.m. All hours are Eastern time.

Personify Health[®] is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing health and well-being services.

Smart choices for your care

When it's not an emergency, you have choices for when and where to get healthcare. Know your options so you can get the treatment you need, when you need it. Costs vary for each care option, so it's important to think about what kind of care best fits your needs.



Primary care provider

When you're not feeling well, call your primary care provider. They know you best and understand your health history. A patient-centered medical home team is a care team led by a primary care provider who focuses on your health goals and needs. They offer 24-hour access to your medical team and a personalized approach to managing your health.



Virtual care visits

You can receive primary care provider services and behavioral health services online or over the phone directly from your in-network provider if they offer telehealth services.

Virtual care is available through Teladoc Health®, an independent company and our plan-approved vendor.

It's as simple as using your smartphone, tablet or computer anywhere in the U.S. to meet with:

- A provider for minor illnesses such as a cold, flu or sore throat when your primary care provider isn't available.
- A behavioral health professional or psychiatrist to help work through different challenges such as anxiety or grief.

Fast and convenient



Visit bcbsm.com/virtualcare.



Call **1-800-835-2362** 24 hours a day, seven days a week, 365 days a year. TTY users, call **1-855-636-1578**.

Appointments required for mental healthcare.

All Virtual Care services from Teladoc Health are separate from virtual care other providers may offer. Remember to follow up with your primary care provider. Teladoc Health® is an independent company that provides Virtual Care Solutions for Blue Cross Blue Shield of Michigan and Blue Care Network.



24-Hour Nurse Line

You can talk to a registered nurse health coach at no cost anytime when you have questions about an illness or injury. The nurse can help you determine if you can treat your health concern at home. Call **1-855-624-5214**. TTY users, call **711**.



Urgent care centers

Get convenient, non-emergency, in-person care, after hours or on weekends. You can save money by seeing your primary care provider or going to urgent care or a convenient retail health clinic for conditions that aren't life threatening, but need more than home remedies.



Emergency room

Seek treatment for serious or life-threatening illnesses or injuries at an emergency room. Emergency rooms can cost you more because they are equipped to handle trauma and life-threatening situations, such as heart attacks, strokes, broken bones and serious injuries.



Save money on routine procedures

You have outpatient procedure options. This is important because costs for outpatient services are driven in large part by where you receive the procedure. That means a colonoscopy done in an outpatient colonoscopy clinic may cost you significantly less than one done at a hospital.

Your healthcare provider can tell you if you're able to have your procedure performed at an outpatient surgery center. You can save money on your out-of-pocket costs by having routine, non-invasive or low-invasive outpatient procedures performed at a professional outpatient surgery center. These centers provide the same outpatient procedures while helping you avoid hospital overhead costs.

Be sure to ask about the different location options the next time your provider suggests an outpatient procedure, such as:

- Lens and cataract procedures.
- Upper gastrointestinal endoscopy and biopsy.
- Colonoscopy and biopsy.
- Hip and knee arthroplasty.

Find a doctor online

It's easy:

1. Go to bcbsm.com/mpsers.
2. Select *Find a Doctor* to go to the provider locator page.
3. Once you're on the provider locator page, you'll need to select your plan network:
 - Select *Search without logging in*.
 - Choose your search location.
 - Select *All Plans* in the upper right.
 - Scroll down the list until you get to the Medicare (65 and older) section.
 - Select *Medicare Plus Blue (PPO)* and then select *Confirm selection*.
4. You can search for an in-network provider, hospital and clinic by name or specialty.

If you log in to your secure Blue Cross online member account before you search for a provider, the system will automatically select your plan's network and you can skip Step 3 above.

You're the most valuable player on your healthcare team

Did you know your plan offers a multitude of preventive care covered at 100%? These include flu and pneumonia vaccines, mammograms and colorectal cancer screenings. Talk with your provider about what preventive care is right for you. If you are new to Medicare, schedule a Welcome to Medicare exam. If you've been enrolled in Medicare for more than a year, you can take advantage of your annual wellness visit, which includes a personalized prevention plan, screening schedules, referrals and education based on your specific health situation. Annual routine physicals, or checkups, and standard, routine laboratory tests done in conjunction with physicals are covered at 100%. An annual routine physical is more comprehensive than an annual wellness visit — ask your provider what preventive care is right for you.

Get the most out of visits with your healthcare provider:

- Write down questions you want to ask as well as symptoms you want to discuss with your provider.
- Take notes as your provider answers your questions.
- Review your medications (dose, side effects and over-the-counter supplements).
- Speak up if you have any health concerns.
- Be involved in your care decisions.

Remember, you're the MVP on your healthcare team.



Talk to your provider

	Speak up	Good to know	Ask your provider	Get specific
Physical and mental health	Talk to your primary care provider about physical or mental limitations.	If you physically or mentally don't feel your best, there are ways to manage it.	Should you start or change your daily activities?	What type of support programs are right for your overall well-being?
Bladder control	Discuss if you accidentally leak urine.	It's a common problem.	What are your treatment options?	If you're receiving treatment, discuss the effectiveness.
Risk of falling	If you've fallen, make sure to call your provider. Don't wait until your next appointment.	There may be simple solutions, such as a medication dosage change.	Could you benefit from a cane, walker or physical therapy?	Discuss any balance or walking problems.

For more information, visit [bcbsm.com/agehealthy](https://www.bcbsm.com/agehealthy).

Are your screenings up to date?

Your healthcare provider can tell you if you need to schedule any of these regular services. Blue Cross also asks mobile clinician networks to provide annual in-home health assessment visits at no additional cost to you. This will help ensure you keep your health on track.

Screenings			
Breast cancer screening	Colorectal cancer screening	Bone density screening for osteoporosis	Cholesterol
Annually	1 to 10 years depending on the test	Every 2 years	Every 5 years
Vaccines			
COVID-19 vaccine	Flu shot	Pneumonia vaccine	Hepatitis B
Consult your primary care provider about the COVID-19 vaccine and boosters.	Annually	The number of shots per lifetime will depend on the vaccine used and time between doses	If you are at risk
Diabetic services (if applicable)			
A1c test	Diabetic retinal eye exam	Urine protein screening	Treatment for urine protein
2 to 4 times a year	Annually	Annually	As applicable

Reach your health goals

Start making healthy lifestyle changes through the Blue Cross Well-BeingSM website, powered by Personify Health[®].

You'll find Digital Health Assistant programs available at no cost to you. They focus on a variety of health goals, including eating better, conquering stress, feeling happier and enjoying exercise. All tips come straight from Personify Health's expert health coaches.

Set your goal, choose your level (easy, moderate or challenging), then choose from more than 400 activities that appeal to your lifestyle, interests and schedule.

To learn more, log in to your Blue Cross online member account at bcbsm.com/mpsers or open the Blue Cross mobile app (see Page 3 for registration tips), then select *Wellness* under the *Programs & Services* tab. From there, scroll down to *Blue Cross Well-Being* and select or tap *Go to Blue Cross Well-Being*.

Blue Cross Virtual Well-BeingSM

Blue Cross Virtual Well-Being webinars give you the guidance and support you need on your personal journey to better health.

Highlights:

- Features short, high-energy, live webinars every Thursday at noon Eastern time.
- Focuses on a different well-being topic each week.
- Topics include mindfulness, resilience, social connectedness, emotional health, financial well-being, gratitude, meditation and physical health.
- Offers informational materials you can download to save and share.

Conveniently watch Blue Cross Virtual Well-Being webinars on your computer, tablet or mobile phone.

Learn more, register or watch past webinars at bluecrossvirtualwellbeing.com.

Select medical plan medications available at your local pharmacy

You can use your medical plan benefits to receive select nebulizer solutions, oral cancer medications and the hepatitis B vaccine at your local or home-delivery pharmacies. You no longer need to complete forms for reimbursement. Coinsurance and deductible may apply. If you have questions about your medical plan medication coverage, call Blue Cross Customer Service at **1-800-422-9146** from 8:30 a.m. to 5 p.m. Eastern time, Monday through Friday. TTY users, call **711**.





Important explanation of benefits information

What is an explanation of benefits (EOB) statement?

The EOB is your source of truth for how much you owe healthcare providers. However, an EOB is not a bill — it is a statement that helps you track your medical costs.

What should I do with an EOB?

Compare it to your medical bills. If a bill from your provider doesn't look like the correct amount based on your EOB and *Evidence of Coverage*, contact Blue Cross Customer Service at **1-800-422-9146** from 8:30 a.m. to 5:00 p.m. Eastern time, Monday through Friday. TTY users, call **711**.

What if my medical bill doesn't show any insurance payments?

If you receive a medical bill for covered services that doesn't show any Blue Cross payments and you never received an EOB, ask your provider to file an insurance claim. Wait to pay until you have a bill showing that we paid our share of the cost.

When should I pay my medical bills?

Your providers may charge you a copay or coinsurance at the time of service or bill you later. You can wait to pay medical bills you receive in the mail until you receive an EOB that shows your share of the costs.

How often will I get an EOB?

We send EOBs monthly, when you've used your benefits. However, we can only process payments and list them after your provider sends the service information to us.

Can I view my EOBs online?

Yes. You can see your benefits, claims, balances and electronic EOBs using your secure Blue Cross online member account at bcbsm.com/mpsers (Page 3 has more information and easy ways to register).

Will my EOB show my premiums?

No. EOBs only show variable costs. Premiums are a fixed monthly cost and don't count toward your out-of-pocket maximum. If you have questions about your premiums, contact the Michigan Office of Retirement Services (see back cover for contact information).

What can I find on an EOB?

The EOB statement shows what you've paid or need to pay your provider, if anything. For example:

Amount providers have billed the plan	Total cost (amount the plan has approved)	Plan's share	Your share
\$810.00	\$552.00	\$337.60	\$214.40

The EOB shows what your deductible and yearly out-of-pocket limits are, and how much you've paid toward them. For example, this is how your first EOB of the year might read:

Deductible

For most covered services, the plan pays its share of the cost only after you have paid your yearly plan deductible.

As of February 1, 2025, you have paid \$214.40 toward your \$800.00 yearly deductible.

Yearly limits

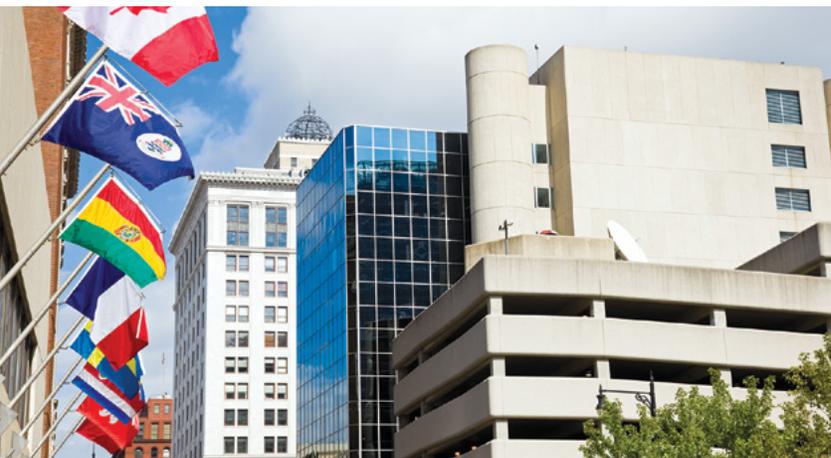
These limits tell the **most** you'll have to pay in 2025 in out-of-pocket costs (deductible, coinsurance and copays) for medical and hospital services covered by the plan.

These yearly limits are called your out-of-pocket maximums. They put a limit on how much you have to pay, but they **don't** put a limit on how much care you can get.

If we deny payment for all or part of a claim, the EOB explains why. Two of the most common denial codes are listed below. Members are encouraged to contact Blue Cross Customer Service with questions.

Things to know about your denied claim:

- Denial code 10Z: We could not process the claim for payment based on the information reported. We need a new claim with the correct information.
- Denial code 105: Our records show that you did not have coverage when you received this service. If you disagree, please contact us at the customer service number shown on this notice.
- **NOTE: We have denied all or part of this claim.** However, you are not responsible for paying the billed amount.



What to know about prior authorizations

Before you get certain treatments or prescriptions, your healthcare provider will request prior authorization from Blue Cross on your behalf. This helps ensure that the recommended treatment is safe, appropriate for your condition and follows guidelines based on the latest medical research.

Here's how you can help

- **Collaborate** with your healthcare provider during your care. Be sure to tell your provider about all earlier treatments because prior authorization requests require the provider to list other treatments you've had.
- **Ask your provider** if the treatment requires prior authorization or call us before you get treatment. Services that need prior authorization are noted in the medical benefits chart included with your *Evidence of Coverage* booklet available online at [bcsm.com/mpsers](https://www.bcsm.com/mpsers).

Here's how the process works

First, a provider sends a written request to Blue Cross detailing the diagnosis and recommended treatment.

Then, we review the request and either:

- **Approve the request**, which means the treatment is covered. Your out-of-pocket cost is determined by your plan benefits.
- **Approve the request on a trial basis**. Part of the initial treatment will be covered to see if it produces the desired outcome. Additional medically necessary treatment may be covered once the initial treatment produces positive results. Your out-of-pocket cost is determined by your plan benefits.
- **Ask for more information** from your provider to document medical necessity based on clinical guidelines.
- **Deny the request**, which means the treatment is not covered. We'll explain the reason for the denial to the provider, and mail you a denial letter that explains your options, including how to appeal. For a service requiring approval without a prior authorization, your provider is usually responsible for the cost. If your provider has told you a service wasn't approved, your provider may ask you to pay the full cost.



Frequently asked questions

What is the difference between an annual routine physical exam and an annual wellness visit?

At an **annual routine physical exam**, a primary care provider collects health information through an exam. It's covered once per calendar year and is more comprehensive than an annual wellness visit. Services include:

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

At an **annual wellness visit**, you will develop or update a personal prevention plan based on your current health and risk factors. You're eligible to schedule your annual wellness visit when you've had Medicare Part B coverage for 12 months. The annual wellness visit is covered by your medical plan and can occur anytime throughout the calendar year, regardless of the date of your previous annual wellness visit.

Each of these visits has separate parameters defined by Medicare. Ask your provider which service is right for you. There are no out-of-pocket costs associated with these services. However, for services outside of the scope of the set Medicare parameters, deductible and coinsurance may apply.

Why am I being billed for my colonoscopy? I thought it was a free screening.

A preventive colonoscopy screening checks to see that you're healthy (no sign, symptom or disease present). Screenings are covered at 100%. When a sign or symptom of disease is discovered during an exam, all further testing and exams are considered diagnostic procedures and diagnostic out-of-pocket costs will apply.

Why am I being charged an emergency room copay? I thought the copay was waived if I spent the night in the hospital.

If you go to the emergency room and are admitted to the hospital as an inpatient, your ER copay is waived.

If you go to the emergency room and are held in observation as an outpatient but not admitted, your ER copay is not waived.

Will I be paying inpatient or outpatient out-of-pocket costs?

If you'll be receiving service in a hospital, you should ask your provider beforehand to see if the service is inpatient or outpatient as this will affect your out-of-pocket costs. Even if you stay in the hospital overnight, the service might still be considered outpatient if you haven't been formally admitted as an inpatient by your provider. If you're not sure the service is considered outpatient, call Blue Cross Customer Service at **1-800-422-9146**. TTY users, call **711**.

Do you have any money-saving tips?

You can save money by receiving care in facilities that **don't** charge hospital facility or usage fees. The best way to determine this is to ask your provider what fees are associated with each visit or procedure. For example, many provider offices, health centers or hospital-based outpatient clinics owned and operated by hospitals charge an additional hospital usage or facility fee when you see any provider in the office, health center or clinic. These offices may cost you more. Additionally, the cost of your services may be different based on where they're performed (in office, outpatient in a surgery center, outpatient hospital facility or hospital-owned provider office).

SilverSneakers® fitness program

SilverSneakers is an exercise and wellness program that helps you live a healthy, active lifestyle through exercise and fitness communities nationwide. You'll have access to thousands of participating fitness locations across the country.

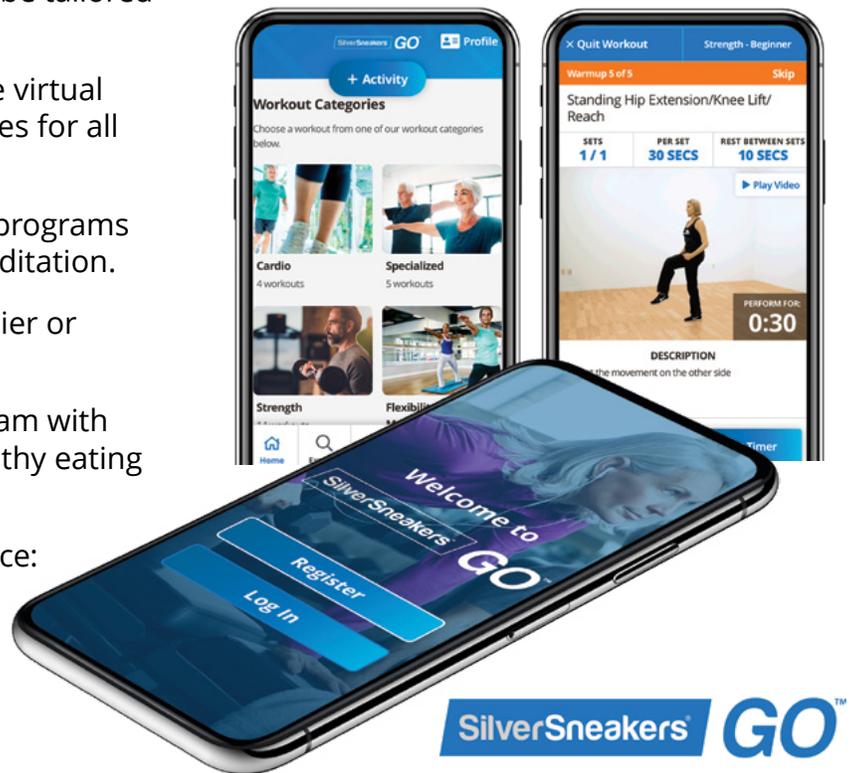
Find a participating location:

 silversneakers.com/locations

 **1-866-584-7352** from 8 a.m. to 8 p.m. Eastern time, Monday through Friday. TTY users, call **711**.

Getting active is easy with SilverSneakers GO™, the first fitness app designed just for you

- Access workout programs that can be tailored to your fitness level.
- Burnalong access with a supportive virtual community and thousands of classes for all interests and abilities.
- Choose between four- or 12-week programs including strength, walking and meditation.
- Modify exercises to make them easier or harder with just one click.
- GetSetUp virtual enrichment program with classes on topics ranging from healthy eating to aging in place.
- Find everything you need in one place: your member ID, SilverSneakers locations and more.



SilverSneakers® app questions: silversneakers.com/go

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GetSetUp is a third-party provider and is not owned or operated by Tivity Health, Inc. ("Tivity") or its affiliates. Users must have internet service to access GetSetUp service. Internet service charges are responsibility of user.

Important contact information

Blue Cross Customer Service

1-800-422-9146

TTY users, call **711**

8:30 a.m. to 5:00 p.m. Eastern time

Monday through Friday

24-Hour Nurse Line

1-855-624-5214

TTY users, call **711**

24 hours a day, seven days a week

Behavioral health, mental health and substance use disorder services

1-888-803-4960

TTY users, call **711**

Routine issues:

8 a.m. to 5 p.m. Eastern time

Monday through Friday

Emergencies: 24-hours a day, seven days a week

TruHearing™

Routine hearing care: **1-855-205-6305**

TTY users, call **711**

8 a.m. to 8 p.m. Eastern time

Monday through Friday

Report fraud

1-888-650-8136

TTY users, call **711**

8:30 a.m. to 4:30 p.m. Eastern time

Monday through Friday

Michigan Office of Retirement Services

1-800-381-5111

TTY users, call **711**

8:30 a.m. to 5 p.m. Eastern time

Monday through Friday

Address and membership changes:

michigan.gov/orsmiaccount

Your prescription, dental and vision coverage are provided by other vendors who partner with the Michigan Public School Employees' Retirement System and aren't covered by Blue Cross.

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Blue Shield
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