

2025 Resource Guide

State Health Plan
Medicare Advantage PPO



**READY
TO HELP**



bcbsm.com/som

Plan highlights

Tips for using your flu and pneumonia vaccine coverage (Page 4)

Learn more about our Blue Cross Virtual Well-BeingSM webinars (Page 9)

What to do when your primary care provider isn't available (Page 10)

Using your cost-free SilverSneakers[®] fitness program (Pages 16 & 17)

Making your benefits work for you

We value your participation as a State Health Plan Medicare Advantage (SHP MA) PPO member and strive to do our best to serve you. This easy guide is designed to help you maximize your SHP MA PPO benefits.

Understanding your plan

Welcome to State Health Plan MA PPO	1
Get started.....	2 & 3
Ready to help.....	4 & 5

Your health coverage

Smart choices for your care.....	6 & 7
You're the most valuable player on your health care team.....	8
Virtual care benefit	10

Additional helpful resources

Important Explanation of Benefits information.....	12 & 13
Frequently asked questions.....	14 & 15
Blue Cross mobile app	16 & 17



Welcome to State Health Plan MA PPO

Our preferred provider organization covers everything that Original Medicare covers — plus much more.

Your SHP MA PPO gives you **access to thousands of primary care providers and specialists**, as well as hundreds of hospitals. You can go to any provider, in network or out of network, who accepts your SHP MA PPO member ID card. These health care providers accept our payment and the share of the costs that you pay as payment in full.


















It's best when you have a steady relationship with a trusted primary care provider for ongoing care. Your primary provider helps coordinate all your care, which keeps him or her updated on your current health status. Plus, as a SHP MA PPO member, you don't need a referral to see a specialist. Learn more about how to find primary care providers and specialists on Page 7.

Out-of-network/noncontracted providers are under no obligation to treat SHP MA PPO members, except in emergency situations. Please call 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 State Health Plan MA PPO

	By mail	By phone	By mobile device	By computer or tablet	By Blue Cross mobile app
Sign up for your secure member account at bcbsm.com/register . ¹					
Download our Blue Cross mobile app.					
Find a provider.					
Take your health assessment.					
Make an appointment for your free Welcome to Medicare 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 from Blue Cross now that you're a 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					
Explanation of Benefits statements					
Provider directory ²					
Special program information					
Member surveys (Your opinion matters!)					

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

One 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 deductible and out-of-pocket maximum.
- View plan details and track claims.
- Select the paperless plan document option.
- Find a doctor.
- Take your health assessment.
- Access a library of helpful health information.

To register for your online member account:

- Visit our website at bcbsm.com/register or scan the **QR code**.
- Click *Register Now*.
- Answer a few simple questions and start using your member account — have your Blue Cross member ID card handy.



Download our Blue Cross mobile app

Our mobile app helps you understand your health care 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. Once you've registered for your online member account, download the mobile app at the Apple® App Store or the Google Play™ store on your smart phone or tablet. 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.**”
- Click download.

Or text APP to 222764.

If you text us, we'll send you a link to download the app. Message and data rates may apply. Visit bcbsm.com/app for our *Terms and Conditions of Use* and *Privacy Practices*.

Or scan the QR code below.

For help downloading or using the Blue Cross mobile app, visit bcbsm.com/app or call us at **1-888-417-3479**, from 8 a.m. to 8 p.m. Eastern time, Monday through Friday. TTY users, call **711**.

*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.*




Ready to help

Our commitment focuses on 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 flu and pneumonia vaccines

If you get your flu and pneumonia vaccines at your provider's office, they can bill us directly. If you get vaccinated at a local health department or community center, you will pay for your vaccines and be reimbursed by completing a reimbursement form and mailing it to us with your receipt.

 You can find the reimbursement form online at bcbsm.com/som.

 Call **1-800-843-4876** 8:30 a.m. to 5 p.m. Eastern time Monday through Friday. After the greeting and entering your information, say "reimbursement form" to get to the correct prompt. TTY users, call **711**.


Good to know: The Centers for Disease Control and Prevention recommend getting your flu vaccine in October before the flu season begins. It takes approximately two weeks for your body to develop flu-protecting antibodies, but getting vaccinated later can still be beneficial and vaccinations are offered throughout flu season.

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 in preventing being diagnosed with Type 2 diabetes. To participate in this no-cost program, you must be a member who hasn't been diagnosed with Type 2 diabetes, 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 Customer Service at **1-800-843-4876**, 8:30 a.m. to 5 p.m. Eastern time Monday through Friday. TTY users, call **711**.

Maintaining your well-being

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. We offer behavioral health care benefits 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.

 Call **1-888-803-4960**
Routine issues: Monday through Friday, 8 a.m. to 5 p.m. Eastern time.
TTY users, call **711**.
Emergencies: 24 hours a day, seven days a week.

Considering surgery?

If surgery might be in your future, it's important to make an informed decision. That's why we're providing you access to a support program to help guide you from diagnosis to recovery. Learn more by contacting Customer Service at **1-800-843-4876**, 8:30 a.m. to 5 p.m. Monday through Friday. TTY users, call **711**.

Serious illness


If you experience a serious illness, you can count on our dedicated care managers to help you find the right care. They'll also provide important information and resources. We offer care management services based on your medical claims or when your health care provider refers you for assistance. In some cases, we work with independent companies to provide services on our behalf.

Diagnosis of a serious illness can be overwhelming. Our care managers work with your health care 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 nurse health 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, we can also help with the transition to your home or another facility to ensure you get the care you need.


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

Chronic conditions

Nurse care managers help you understand and cope with your condition, develop skills for managing it and feel in control again. Your care manager will contact you to help you enroll in a care plan and set goals to improve your health.

Blue Cross Coordinated CareSM

The journey to better health is personal. 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. 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. The program is completely confidential and available to you at no cost.

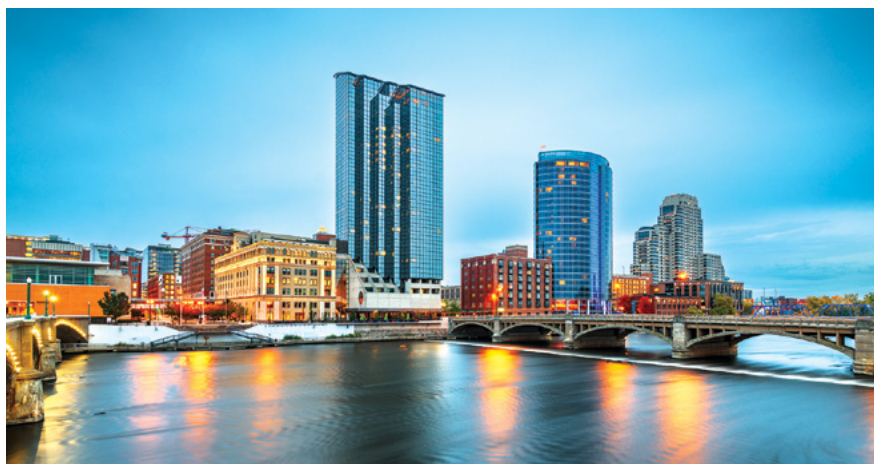
 Call **1-800-775-BLUE (2583)**, 8 a.m. to 6 p.m. Eastern time, Monday through Friday. TTY users, call **711**.

Wellframe is an independent company supporting Blue Cross members by providing well-being services.

Quit tobacco for good

Increase your chances for becoming tobacco free with a phone-based tobacco cessation coaching program offered by Personify[™] Health, formerly Virgin Pulse. 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 by providing well-being services.



Smart choices for your care

You have many options for when and where to get health care. Know your options so you can get the treatment you need, when you need it. Out-of-pocket costs vary for each care option, so it's important to think about what kind of care best fits your needs:

24-Hour Nurse Advice Line

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

Primary care provider

If you're not feeling well, call your primary care provider. He or she knows you best and understands your health history.

Virtual care visits

Virtual care is available through Teladoc Health®, an independent company and our plan-approved vendor. Connect online with a provider or therapist using a smartphone, tablet or computer anywhere in the United States. Visit bcbsm.com/virtualcare or call **1-800-835-2362**, 24 hours a day, seven days a week, 365 days a year. TTY users, call **1-855-636-1578**.

Retail health clinics

Minor illnesses and injuries can be treated on a walk-in basis at select drug store chains near your home or workplace.

Teladoc Health® is an independent company that provides Virtual Care Solutions for Blue Cross Blue Shield of Michigan and Blue Care Network.

Urgent care centers

Get convenient, non-emergency, in-person care, including after hours and weekends. You can save money by seeing your primary care provider, or by going to a retail clinic or urgent care center for minor illnesses and injuries, such as:

- Mild allergy symptoms
- Sore throat and cough
- Colds and flu
- Low-grade fever
- Earache
- Eye irritation or redness
- Skin rash
- Minor burns, cuts and scrapes
- Painful urination
- Sprains and strains

Emergency room

Get treatment for serious or life-threatening illnesses or injuries.

Emergency rooms cost more than retail health clinics or urgent care centers because they are equipped to handle trauma and life-threatening situations.



Finding care online

It's easy:

Need help finding a doctor?

- Go to www.bcbsm.com/som.
- Click *Retirees*
- Click *State Health Plan Medicare Advantage PPO*
- Scroll to *Find a doctor*
- Click *doctors, hospitals and other health services*.



You're the most valuable player on your health care team

Did you know your plan offers dozens of preventive services covered at 100%? These include flu and pneumonia vaccines, mammograms and colorectal cancer screenings. Talk with your provider about which preventive care services are right for you. If you're 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 enhanced wellness visit, which includes a personalized prevention plan, screening schedules, referrals and education based on your specific health situation.

Get the most out of visits with your health care provider:

- Write down questions and symptoms you want to discuss with your provider.
- Take notes as your provider answers your questions.
- Review your medications, including doses, 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 health care team.



Talk to your health care provider

	Speak up	Good to know	Ask your provider	Get specific
Physical and mental health	Talk to your provider about concerns regarding physical or mental limitations.	If you physically or mentally don't feel your best, there are ways to manage it.	Should you start, change or maintain your level of 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 its effectiveness.
Fall prevention	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.

Are your screenings up to date?

Your health care provider can tell you if you need to schedule any of these regular services.

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	Annually
Vaccines*			
Flu shot	Pneumonia vaccine	Hepatitis B	Shingles vaccine
Once per flu season	Annually	If you're at risk	Administered per Centers for Disease Control and Prevention guidelines
Diabetic services (if applicable)			
A1c test	Diabetes retinal eye exam	Urine protein screening	Treatment for urine protein
2 to 4 times a year	Annually	Annually	As applicable

*Other vaccines are covered to treat injury or exposure to a disease.

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 12 p.m. 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 and watch past webinars at bluecrossvirtualwellbeing.com.

Virtual care benefit

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.
- 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. TTY users, call **1-855-636-1578**. Behavioral health services are available by appointment seven days a week from 7 a.m. to 9 p.m.

Teladoc Health® is an independent company that provides Virtual Care Solutions for Blue Cross.

Reach your health goals

Start making healthy lifestyle changes through the Blue Cross Well-BeingSM website.

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 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 or to start working on a Digital Health Assistant program, log in to or register for a Blue Cross member account at bcbsm.com/som (see Page 3 for registration tips), or open the Blue Cross mobile app, then select *Wellness* under the *Programs & Services* tab. From there, scroll down to *Blue Cross Well-Being* and click or tap *Go to Blue Cross Well-Being*.





What to know about prior authorizations

Before you get certain treatments or prescriptions, your provider will request a prior authorization from Blue Cross on your behalf. This ensures 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 provider during your care. Be sure to tell your provider about all previous 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. Most services that need prior authorization are also noted in the medical benefits chart within your *Evidence of Coverage* booklet available online at [bcbsm.com/som](https://www.bcbsm.com/som). Providers know how to request prior authorizations. As a member, there's no additional paperwork for you to do. You'll receive a written notice once we have reviewed the prior authorization request.

Here's how the process works:

First, a provider sends a request detailing the diagnosis and recommended treatment.

Then, we review the request and do one of the following:

- **Approve the request**, which means your plan will cover the treatment. Your out-of-pocket cost is determined by your plan benefits.
- **Approve the request on a trial basis**. We'll cover part of the initial treatment to see if it produces the desired outcome. Additional medically necessary treatment may be covered once it's established the initial treatment is producing 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 Medicare-approved clinical guidelines.
- **Deny the request**, which means your plan won't cover the treatment. 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 the denial. If a provider performs a service requiring approval without a prior authorization, he or she 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.

Important Explanation of Benefits (EOB) information

What is an EOB?

The EOB explains how much you owe health care providers. However, an EOB is not a bill. EOBs help 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 benefits, call us.

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

If you receive a medical bill for services included in your plan that doesn't show any Blue Cross payments and you don't receive 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 at the time of service or bill you later. You can wait to pay medical bills you receive online or in the mail until you receive an EOB or see the claim in your Blue Cross member account showing your share of the costs.



How often will I get an EOB?

We send EOBs monthly, after you've used your benefits. However, we can only process payments and list them on EOBs 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 medical EOBs using your secure Blue Cross online member account at bcbsm.com/som. (Pages 3, 16 and 17 have more information and easy ways to register.)

Will my EOB show my premiums?

No. EOBs only show costs for covered services. Premiums are a fixed monthly cost managed by your retirement system. Please contact the Michigan Office of Retirement Services (ORS) at **1-800-381-5111** for information about your plan premium.

What can I find on an EOB?

The medical EOB 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	\$540.96	\$11.04

The EOB shows what your deductible and annual out-of-pocket limits are, and how much you've paid toward them. For example, this is how your first medical 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 annual plan deductible.

As of February 1, 2025, you have paid \$214.40 toward your \$400.00 annual deductible.

Annual limits

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

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

As of February 1, 2025, you have had \$314.25 in out-of-pocket costs that count toward your \$2,000.00 combined out-of-pocket maximum for covered services. This amount includes what you've paid in prescription drug copays.

If we deny payment for all or part of a claim, the EOB explains why.



Frequently asked questions

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

At an **enhanced annual wellness visit**, you will develop or update a personal prevention plan based on your current health and risk factors. The annual wellness visit is included under Medicare Part B and can occur anytime throughout the calendar year, regardless of the date of your annual wellness visit last year.

At an **annual physical exam**, a primary care provider collects health information through an exam. It's covered once every 12 months 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

Each of these visits has separate parameters defined by Medicare and the State of Michigan as your plan's sponsor. There is no coinsurance, copay or deductible for these preventive services. However, for services outside of parameters, some out-of-pocket costs 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). There is no coinsurance, copayment or deductible for a Medicare-covered colorectal cancer screening exam. If your provider finds and removes a polyp or other tissue during the colonoscopy or flexible sigmoidoscopy, the screening exam becomes a diagnostic exam and your contractual out-of-pocket costs for Medicare-covered surgical services 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.

Per Medicare guidelines:

- If you go to the emergency room and are admitted to the hospital as an inpatient within three days, 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 may affect your out-of-pocket costs. Unless the provider writes an order to admit you as an inpatient to the hospital and your plan authorizes the admission, the service will be outpatient and you will pay the out-of-pocket amounts for outpatient services. Even if you stay in the hospital overnight, the service might still be considered outpatient. If you're not sure if the service is considered outpatient, call Customer Service at **1-800-843-4876**. 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 about 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).



A health care plan at your fingertips

The **Blue Cross mobile app** helps you understand how your health care plan works. From deductibles and 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.

- Find care in your network and check provider and hospital quality.
- Show your Blue Cross member ID card to your provider's office staff so they have the information they need to look up your coverage.

Register for a Blue Cross online member account:

- Using the Blue Cross mobile app
- At bcbsm.com/register
- By texting **REGISTER** to **222764**
Message and data rates may apply.



Download the BCBSM app today.

Scan the QR code on the right.



Blue Cross app questions:

bcbsm.com/app

1-888-417-3479

Monday through Friday

8 a.m. to 8 p.m. Eastern time. TTY: **711**

SilverSneakers® fitness program

SilverSneakers* is an exercise and wellness program that promotes a healthy, active lifestyle. You'll have access to thousands of participating fitness locations across the country.

Find a participating location:

SilverSneakers.com/Locations

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

SilverSneakers® app questions:

SilverSneakers.com/GO

**Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved. Tivity Health is an independent corporation retained by Blue Cross Blue Shield of Michigan to provide health and fitness services to its Medicare Plus Blue PPO members.*

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.

Apple and the Apple logo are trademarks 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 and the Google Play logo are trademarks of Google LLC.

Manage your costs with confidence

Your Blue Cross online member account can help you make informed, confident decisions, especially when it comes to health care costs.

Keep track of your deductible and out-of-pocket maximum

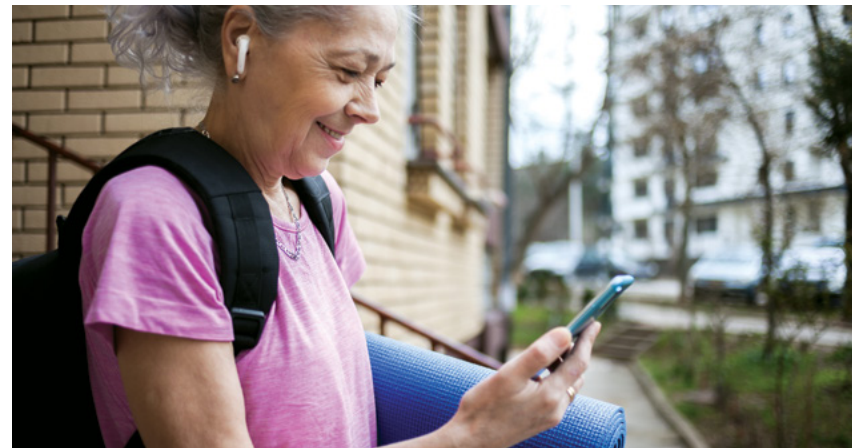
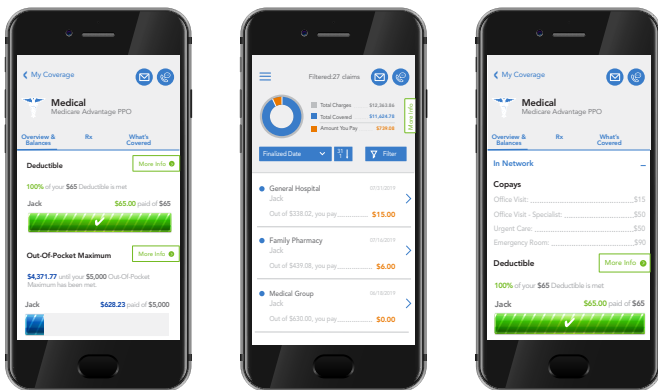
Your deductible is how much you'll pay for care before we start to pay, but doesn't apply to all services. Your out-of-pocket maximum is the most you'll pay before we cover the cost completely. You can see how close you are to meeting both.

Review your claims and explanation of benefits

Claims and EOBs show you how much a provider charged for services and what portion we've paid. They may also tell you what services you've already paid for and if your payment amount is correct.

Know your copays before you visit a provider

Easily access copay information for commonly used services, including office visits and urgent care.



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.
- Burn along access with a supportive virtual community and thousands of classes for all interests and abilities.
- Choose between 4- or 12-week programs including strength, walking and meditation.
- GetSetUp virtual enrichment program with classes on topics ranging from healthy eating to aging in place.
- Find everything you need in one place: your Silver Sneakers member ID, SilverSneakers locations and more.



SilverSneakers GO™
Download the app today.

Download on the App Store

GET IT ON Google Play

Important contact information

State Health Plan Medicare Advantage PPO Customer Service

1-800-843-4876

TTY users, call **711**

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

24-Hour Nurse Advice Line

1-855-624-5214

TTY users, call **711**

24 hours a day, seven days a week

Behavioral 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

Report fraud

1-888-650-8136

TTY users, call **711**

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

Monday through Friday

Medicare PLUS BlueSM Group PPO



Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.