



# Medicare Plus Blue<sup>SM</sup> Group PPO

## Medical Benefits with Prescription Drugs

2019

## Genesee Health Systems

### Benefits-at-a-Glance

January 1, 2019 - December 31, 2019

The information provided is a **Summary of Benefits**. It is a summary of what we cover and what you pay. A complete list of services is found in your *Evidence of Coverage* and the *Medical Benefits Chart*. If you have any questions about this plan's benefits or costs, please call Medicare Plus Blue Group PPO Customer Service (phone numbers are on the back cover of this booklet). You can always view your most current *Evidence of Coverage* by signing into Member Secured Services at [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare) or by requesting them from Customer Service.

To join Medicare Plus Blue Group PPO, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area of all 50 states and U.S. territories.

This information is not a complete description of benefits. Call Medicare Plus Blue Group PPO at 1-866-684-8216, Monday through Friday from 8:30 a.m. to 5:00 p.m. Eastern time for more information. From October 1 through March 31, hours are from 8:00 a.m. to 9:00 p.m., Eastern time, seven days a week. (TTY users should call 711.)

Comprehensive Formulary  
51150601

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

[www.bcbsm.com/medicare](http://www.bcbsm.com/medicare)

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<b>Benefit</b>	<b>In-network:</b>	<b>Out-of-network:</b>
<b>Premium</b>	In addition to the Medicare Part B premium, you may also be required to pay a premium contribution as defined by your employer or union group.	
<b>Combined Deductible</b>	\$100	
<b>Out-of-Pocket Maximum</b>	\$1,000 In-network medical and hospital care services below apply to this annual amount.	Not Applicable
<b>Combined Out-of-Pocket Maximum</b>	\$2,000 All medical and hospital care services below apply to this annual amount.	
<b>Inpatient Care</b>	<b>Note:</b> Services with a <sup>1</sup> may require prior authorization.	
Home health care <sup>1</sup>	Covered – 100%	Covered – 100%
Hospice care	Services are paid for by Original Medicare, not Medicare Plus Blue Group PPO. Member may have to pay part of the costs for respite care and hospice-related outpatient prescription drugs.	
Inpatient facility evaluation and management <sup>1</sup>	5% of approved amount, after deductible	10% of approved amount, after deductible
Inpatient hospital care <sup>1</sup>	Covered up to 100% of approved amount	Covered up to 100% of approved amount
Inpatient mental health care <sup>1</sup>	Covered up to 100% of approved amount	Covered up to 100% of approved amount
Skilled nursing facility <sup>1</sup> – covers up to 120 days per benefit period	Covered up to 100% of approved amount	Covered up to 100% of approved amount
<b>Office Visits</b>	<b>*Including Diagnostic Hearing, Outpatient Substance Abuse, Podiatry, and Vision</b>	
Office visits*	\$15	\$35

<b>Benefit</b>	<b>In-network:</b>	<b>Out-of-network:</b>
Outpatient mental health services in an office <sup>1</sup>	\$15	\$35
<b>Outpatient Care</b>		
Ambulance services <sup>1</sup> – medically necessary transport; coverage applies to each one-way trip	5% of approved amount, after deductible	10% of approved amount, after deductible
Cardiac and pulmonary rehabilitation services <sup>1</sup>	5% of approved amount, after deductible	10% of approved amount, after deductible
Chiropractic care <sup>1</sup> – covered services include manual manipulation of the spine to correct subluxation	\$15	\$35
Dental services	Original Medicare covers very limited medically necessary dental services. Your Medicare Plus Blue Group PPO plan will cover those same medically necessary services. For cost sharing information for those services (e.g. surgery, office visits, X-rays), contact Customer Service.	
Diabetes programs and supplies <sup>1</sup> (includes coverage for glucose monitors, test strips, lancets, screening tests and self-management training)	Services are covered up to 100% of the approved amount for diabetes screenings, diabetes-related durable medical equipment or supplies, and self-management training.	Services are covered up to 100% of the approved amount for diabetes screenings, diabetes-related durable medical equipment or supplies, and self-management training.  Diabetic shoes covered up to 100% of approved amount, after deductible
Diagnostic tests, lab services, and radiology services <sup>1</sup> (costs for these services may vary based on place of service)	5% of approved amount, after deductible	10% of approved amount, after deductible
Durable medical equipment <sup>1</sup>	Covered up to 100% of approved amount	10% of approved amount, after deductible

Benefit	In-network:	Out-of-network:
Emergency care – worldwide coverage for qualified medical emergencies and first aid services (copay waived if admitted to hospital within 3 days)	\$50 (waived if admitted within three days)	\$50 (waived if admitted within three days)
Hearing services <ul style="list-style-type: none"> <li data-bbox="151 520 440 556">• Diagnostic testing</li> </ul>	5% of approved amount, after deductible	10% of approved amount, after deductible
Kidney disease <ul style="list-style-type: none"> <li data-bbox="151 695 435 730">• Dialysis services<sup>1</sup></li> <li data-bbox="151 783 483 819">• Professional charges</li> </ul>	5% of approved amount, after deductible 5% of approved amount, after deductible	10% of approved amount, after deductible 10% of approved amount, after deductible
Online visits (remote access technology)	\$15 for medical services \$15 for behavioral health services	\$35 for medical services \$35 for behavioral health services
Outpatient mental health services <sup>1</sup> <ul style="list-style-type: none"> <li data-bbox="151 1220 548 1255">• Facility and clinic services</li> </ul>	5% of approved amount, after deductible	10% of approved amount, after deductible
Outpatient physical, speech and occupational therapy <sup>1</sup>	5% of approved amount, after deductible	10% of approved amount, after deductible
Outpatient services <sup>1</sup>	5% of approved amount, after deductible	10% of approved amount, after deductible
Outpatient substance abuse care <sup>1</sup> <ul style="list-style-type: none"> <li data-bbox="151 1709 548 1745">• Facility and clinic services</li> </ul>	5% of approved amount, after deductible	10% of approved amount, after deductible
Outpatient surgery, including related surgical services <sup>1</sup>	5% of approved amount, after deductible	10% of approved amount, after deductible

<b>Benefit</b>	<b>In-network:</b>	<b>Out-of-network:</b>
Podiatry: <ul style="list-style-type: none"> <li>Medically necessary foot care services other than office visits<sup>1</sup></li> </ul>	5% of approved amount, after deductible	10% of approved amount, after deductible
Prosthetic and orthotic appliances <sup>1</sup>	Covered up to 100% of approved amount	10% of approved amount, after deductible
Supervised exercise therapy	5% of approved amount, after deductible	10% of approved amount, after deductible
Urgent care visits – covered worldwide	\$15	\$15
Vision services <ul style="list-style-type: none"> <li>Diagnosis and treatment of diseases and conditions of the eye</li> </ul>	5% of approved amount, after deductible	10% of approved amount, after deductible
<b>Additional Services</b>		
Chiropractic spinal X-rays, other chiropractic radiological, chiropractic physical therapy services, and evaluation and management services <sup>1</sup> (must be provided by chiropractors or other qualified providers)	\$15	\$35
Hearing aids	Standard (analog or basic digital) hearing aids are covered up to \$1,500 every 36 months.	Standard (analog or basic digital) hearing aids are covered up to \$1,500 every 36 months.
Hearing services – routine exam	\$15	\$35
Home infusion therapy	Covered up to 100% of approved amount	Covered up to 100% of approved amount

<b>Benefit</b>	<b>In-network:</b>	<b>Out-of-network:</b>
Hospice respite care – cost share for respite and drugs	Covered up to 100% of approved amount	Covered up to 100% of approved amount
Human organ transplants– additional coverage There is no lifetime maximum for non-Medicare covered organs.	5% of approved amount, after deductible	10% of approved amount, after deductible
Wigs, wig stand, adhesive	Covered up to 100% of approved amount	Covered up to 100% of approved amount

## Preventive Services and Wellness/Education Programs

- Abdominal aortic aneurysm screening
- Alcohol misuse screening and counseling
- Annual "Wellness" visit
- Bone mass measurement (bone density)
- Breast cancer screening (mammograms)
- Cardiovascular disease screening (behavioral therapy)
- Cervical and vaginal cancer screenings
- Colorectal cancer screenings
  - o Screening fecal occult blood test
  - o Screening flexible sigmoidoscopy
  - o Screening colonoscopy
  - o Screening barium enema
  - o Multi-target stool DNA test
- Depression screenings
- Diabetes screening
- Diabetes self-management training
- Flu shots (vaccine)
- Glaucoma screening
- Hepatitis B shots (vaccine)
- Hepatitis C screening test
- HIV screening
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screening and counseling
- Pneumococcal shot
- Prostate cancer screening
  - o Digital rectal exam
  - o Prostate specific antigen (PSA) test
- Screening for lung cancer with low dose computed tomography (LDCT)
- Sexually transmitted infections screening and counseling
- Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- Welcome to Medicare prevention visits (initial preventive physical exam)

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

In-network and Out-of-network:

Covered – 100%



# Prescription Drugs

Formulary Type: Comprehensive Formulary

## Phase 1: The Deductible Stage

Because we have no deductible, this payment stage does not apply to you.

## Phase 2: The Initial Coverage Stage

You pay the following until your out-of-pocket costs reach \$5,100. See Chapter 4 Section 5.6 of the *Evidence of Coverage* for information about how Medicare counts your out-of-pocket costs.

Up to a 31-day supply	Preferred retail and preferred mail-order pharmacies	Standard retail and standard mail-order pharmacies
Tier 1 – Preferred Generic	\$5	\$10
Tier 2 – Generic	\$5	\$10
Tier 3 – Preferred Brand	\$35	\$40
Tier 4 – Non-Preferred Drug	\$35	\$40
Tier 5 – Specialty	\$35	\$40

Up to a 90-day supply	Preferred retail and preferred mail-order pharmacies	Standard retail and standard mail-order pharmacies
Tier 1 – Preferred Generic	\$12.50	\$30
Tier 2 – Generic	\$12.50	\$30
Tier 3 – Preferred Brand	\$87.50	\$120
Tier 4 – Non-Preferred Drug	\$87.50	\$120
Tier 5 – Specialty	Not offered	Not offered

*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.*

## Phase 3 & 4: The Coverage Gap & The Catastrophic Stages

Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage* online at [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare).

**Medicare Plus Blue Group PPO** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network in Michigan, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue Group PPO 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.

Outside Michigan, your costs are the same as in-network services when you use providers that accept Medicare. Using providers that do not accept Medicare may cost you more. To locate a provider in our network, use the Find a Doctor tool on our website at: [www.bcbsm.com/providersmedicare](http://www.bcbsm.com/providersmedicare).

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](http://www.bcbsm.com/pharmaciesmedicare)).

Or, call us and we will send you a copy of the *Provider/Pharmacy Directory* or *Provider/Pharmacy Locator* for members outside Michigan (phone numbers are on the back cover of this booklet).

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at [www.bcbsm.com/formularymedicare](http://www.bcbsm.com/formularymedicare).



For more information, please call us at 1-866-684-8216, Monday through Friday from 8:30 a.m. to 5:00 p.m. Eastern time. From October 1 through March 31, hours are from 8:00 a.m. to 9:00 p.m., Eastern time, seven days a week. TTY users should call 711. Or you can visit us at [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare).

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](http://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 for free in other formats such as audio CD and large print. This document may be available in a non-English language.

## Medicare PLUS Blue<sup>SM</sup> Group PPO



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Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

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