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21



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Confidence comes with every card.®

Medicare Advantage, Medicare Supplement, and Prescription Drug Plans

www.bcbsm.com/medicare

All this Blue is waiting for you

Your Medicare beneficiary status comes with wisdom, respect, retirement, wanderlust, and perhaps, a bit of worry about choosing new health care coverage.

Blue Cross Blue Shield of Michigan and Blue Care Network have **diverse plans** that come with valuable benefits and **cool extras**. You'll get **great coverage** with the confidence you expect from Blue Cross — confidence you can trust whether you feel great or when you need medical care.

There's a reason our logo is as recognizable as your favorite song. After all, Blue Cross has been around for over 80 years. That's **generations of experience** to keep you healthy so you can rock on well into your 80s and beyond.

ABC – 1,2,3
It's easy!

Whether you're a Boomer just turning 65 or if you've been on Medicare for a while and are looking for a new plan, we can help. Our Health Plan Advisors, experienced sales agents and comprehensive website will help you find the plan that is a **perfect fit** for your lifestyle.

Contact us with questions or to join today

A

Call 1-888-563-3307 from 8 a.m. to 9 p.m., Eastern time, Monday through Friday, with weekend hours Oct. 1 through March 31. TTY users call **711**.

B

To enroll in a **Medicare Advantage** plan or a Part D plan, go to **www.bcbsm.com/medicare**. Or enroll in a **Medicare Supplement** (also called Medigap) plan by visiting **www.bcbsm.com/medicare-supplement**.

C

Contact your Blue Cross authorized, independent agent.




Turn the page

This booklet shines light on the many Medicare plans that come with **the strength of Blue Cross**. We've included the following index to guide you through your choices. Of course, we're available to help if you have questions or need further guidance.



2	Introducing Medicare
6	Your Medicare enrollment timeline
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Medicare got you uptight? Everything's all right!

If you're feeling stressed about your Medicare coverage – [relax, we've got your back](#). Here's how it works.

Original Medicare is a federal health insurance program for eligible adults age 65 and older and those under 65 with a medical disability who qualify. It has four parts – Part A, Part B, Part C and Part D.

■ **Parts A and B** pay for different health care costs.

■ **Part C** is unique because it combines the coverage of Parts A and B; it's known as Medicare Advantage.

■ **Part D** is additional prescription drug coverage, often included in Medicare Advantage plans; it's also available as a stand-alone plan.

■ There's also a Medicare state-approved offering, known as **Medicare supplement** insurance. Medicare supplement helps cover the costs that aren't covered by Original Medicare as well as your share of the costs for Medicare services.

Part A and Part B: Original Medicare

Original Medicare is managed by the federal government. When you choose Original Medicare, you get the coverage included in Medicare Part A and Part B. Original Medicare *doesn't* cover most prescription drugs or supplemental benefits like routine dental and vision care.

Medicare Part A acts as hospital insurance. Part A helps pay for inpatient care in hospitals, hospice care, home health care and care provided in a skilled nursing facility. Most people do not pay a premium for Part A.

Medicare Part B provides medical insurance. Part B helps cover doctor visits, procedures that don't require an overnight hospital stay and some preventive care services, such as flu shots. Most people pay a monthly premium for Part B, which is based on their income. The monthly premium for Part B is typically taken out of your Social Security benefit.

Introducing Medicare

Part C: Medicare Advantage

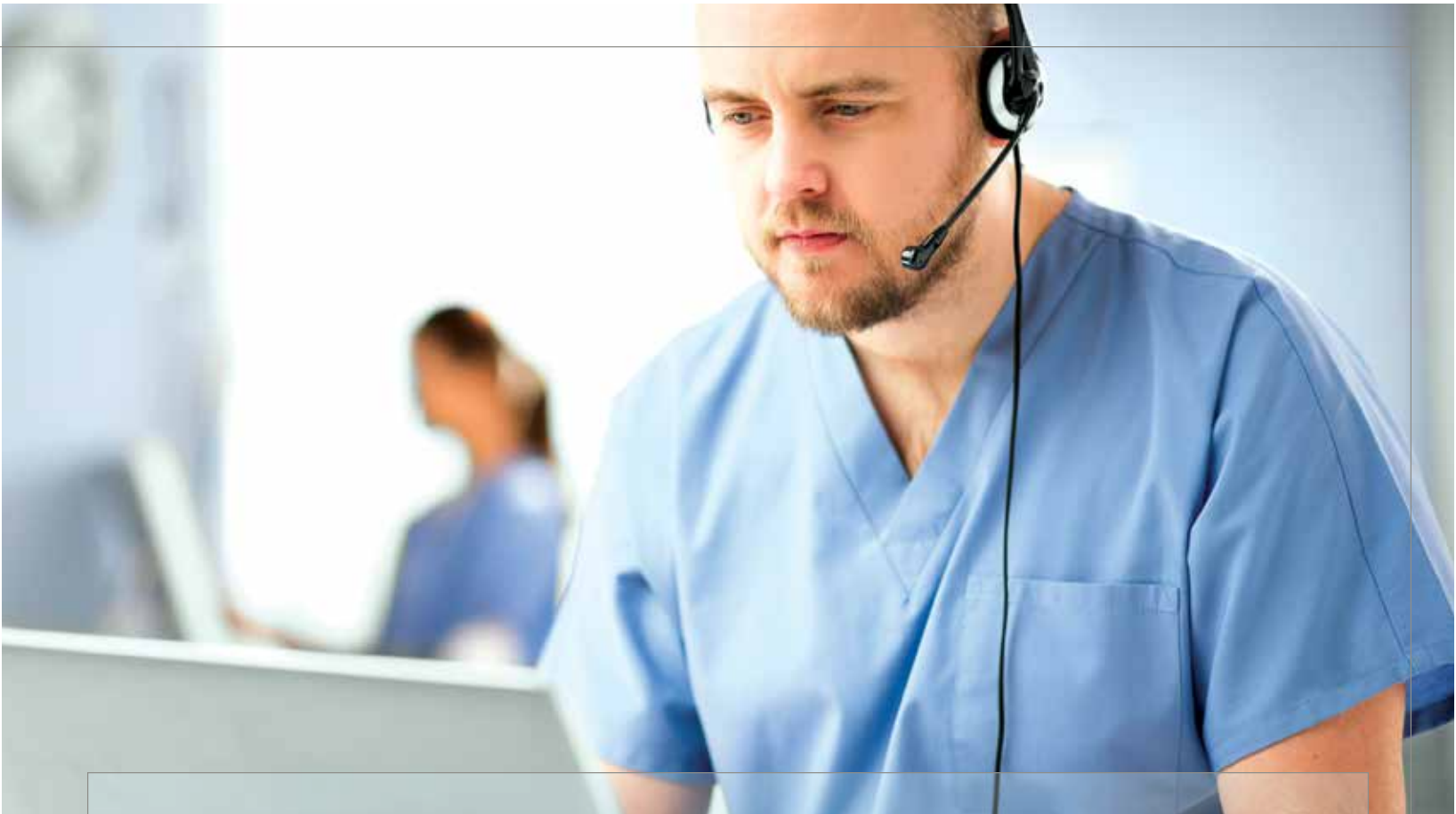
Medicare Part C, known as Medicare Advantage, integrates Medicare Part A and Part B, and often Part D, with additional medical benefits not covered by Original Medicare. Medicare Advantage plans are available through private health insurers and provides extras, such as:

- Routine vision and dental care
- Resources for managing chronic conditions
- Hearing aids and eyewear
- Wellness and fitness programs
- Health assessments
- Preventive services and annual wellness exams at no additional cost

When you enroll in a Medicare Advantage plan, you receive all the entitlements and privileges of Original Medicare. You're simply choosing to assign the administration of your Medicare benefits to a private insurer, like Blue Cross, and receive your benefits through the Medicare Advantage plan you join. A policy covers only one person. If you and your spouse both want coverage, each of you will need to buy separate policies.

To be eligible for a Medicare Advantage plan, you must:

- Reside in the U.S.
- Be entitled to Medicare Part A
- Live in the plan's service area at least 6 months of the year
- Have enrolled in Medicare Part B
- Continue to pay your Part B premium



Medicare supplement, also called Medigap

Medicare supplement plans help bridge the gap between what Original Medicare covers and the total cost of medical services. They cover all or a portion of Medicare deductibles and coinsurances; plans are accepted nationwide. As long as you pay your premium, a Medicare supplement policy is guaranteed renewable.

In instances when you're within your Medicare Supplement Open Enrollment Period (as defined within the 'Your Medicare Supplement Enrollment Timeline' section), monthly premiums are generally affected by variables such as age, gender, and where you live. If you're within your Medicare Supplement Open Enrollment Period, your premium won't be underwritten based on pre-existing conditions or your current health status. In instances where you're outside of your Medicare Supplement Open Enrollment Period, you could be underwritten and your monthly premiums could be impacted by health status and use of tobacco.

Since costs vary, it's important to compare Medicare supplement policies across different carriers. It's also important to understand that the benefits within the plans that are offered nationwide are standard, but premiums will vary by carrier.

Part D: Prescription Drug Coverage

Medicare Part D helps cover your cost for prescription drugs if you have Original Medicare. Part D plans are managed by private Medicare-approved insurers. You must enroll in a private plan, such as those offered by Blue Cross, to receive Part D drug coverage.

A Part D drug plan can be added to your Medicare benefits as a stand-alone plan if you've chosen Original Medicare and a Medicare Supplement plan. Another cost-effective way to buy Part D drug benefits is to get them through a Medicare Advantage plan with hospital and medical coverage.



Your Medicare Advantage Enrollment Timeline

1

Enroll during your **Initial Enrollment Period**, the 7-month window around your 65th birthday.

2

Join during the **Annual Election Period** (October 15 through December 7).

3

Sign on during a **Special Enrollment Period** (for certain situations).

3>>
months
before

2>>
months
before

1>>
month
before



Your birthday month

<<1
month
after

<<2
months
after

<<3
months
after

Your Medicare Supplement Enrollment Timeline

Enroll during your **Medicare Supplement Open Enrollment Period**, which begins the first month that you're covered under Medicare Part B, and you're 65 or older, or on the first month that you're covered under Medicare Part B and disabled or have End Stage Renal Disease (ESRD).

During **this period**, you can't be denied a Medicare supplement policy or charged more due to past or present health conditions. You are also able to enroll **outside of your Open Enrollment Period** but may be subject to medical underwriting.



2
months

3
months

4
months

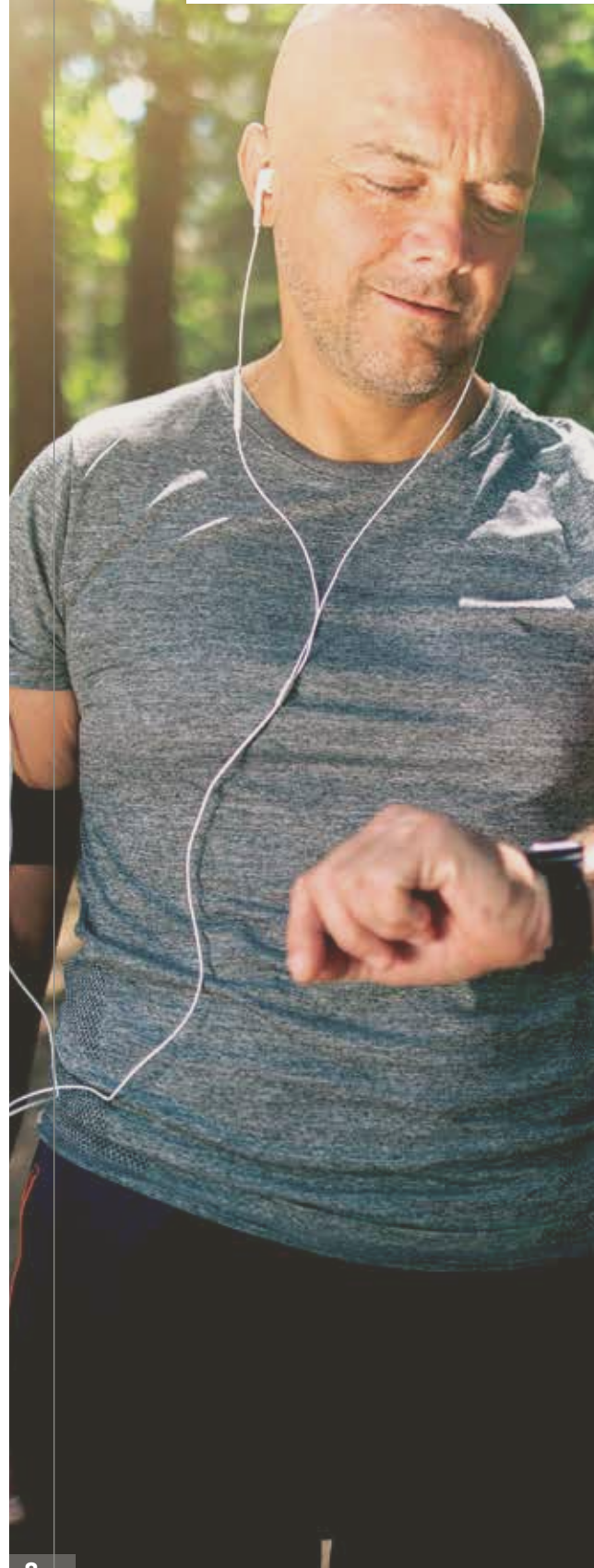
5
months

6
months

Your birthday month or your
Medicare eligibility date

Learn more about
Medicare Advantage plans

Are you ready for a brand-new beat?



If you're new to Medicare, you might not be familiar with **Medicare Advantage** plans. You'll find that Original Medicare doesn't cover everything, so before deciding, learn what you can get with a Medicare Advantage plan. The **most common types** of Medicare Advantage plans are Preferred Provider Organization or **PPO plans** and Health Maintenance Organization or **HMO plans**. There is also another type of Medicare Advantage plan called an HMO Point-of-Service or **HMO-POS plan**.

Our Medicare Advantage plans include prescription drug coverage in most plan options, as well as extras such as **online visits**, a **free fitness plan** and an **over-the-counter supplies allowance**. Most also include dental, hearing and vision benefits. We also offer optional supplemental plans if you want even more dental and vision coverage. By comparing plans, you can choose the benefits you need and **save money**, too.

Blue Cross understands that health care plans aren't one-size-fits-all

We have plans for everyone.

- If a large network of doctors and hospitals is important to you, we've got it.
- If you want a plan that doesn't require referrals, we've got it.
- If a low premium is one of your priorities, we've got that too.



Medicare Advantage preventive benefits & extras

Kick out your sneakers and take control of your health

... with these free preventive and wellness benefits:

- Annual wellness visit
- SilverSneakers® fitness program
- Medicare Diabetes Prevention program
- Immunizations, including flu, hepatitis B and pneumonia vaccines
- Screening for lung cancer
- Smoking and tobacco use cessation
- Cardiovascular disease testing
- Alcohol misuse screening and counseling

What you want, baby we got it

Our plans offer tons of **sweet extras**, so you save money and stay healthy. Here's the scoop on extra benefits we think you'll love:

Prescription drug or Part D benefits

Most Blue Cross Medicare Advantage plans include Part D prescription drug coverage that includes common brand-name and generic drugs. Plus we have a large pharmacy network with convenient locations.

- More than 25,000 in-network preferred pharmacies¹.
- Locations close-to-home.
- Major pharmacy chains you can find while traveling or on-the-go.
- An online easy-to-use *Find a Pharmacy* tool.

¹Source: National Council for Prescription Drug Programs database compared to active participating pharmacies within ESI's Medicare Preferred Value Network.

Dental, vision and hearing benefits

- Routine dental, vision and hearing exams.
- Many plans include these benefits at no extra cost (level of coverage may vary by plan).

Free SilverSneakers fitness program

- Access to online fitness tools to keep you fit in your home.
- Access to more than 17,000 fitness centers across the U.S.²
- Time with a personal health advisor to keep you moving and grooving.

²Source: SilverSneakers.com

24-hour Nurse Line offers confidentiality and peace of mind

- Around-the-clock access to a registered nurse by phone.
- Resources and answers to non-emergency questions and issues.

Over-the-counter items

- All members with a plan allowance can use it to purchase over-the-counter items (such as dental care, cold and flu supplies, pain relievers and fever reducers, eye and ear care, first aid supplies and vitamins and minerals).

See more >

New extras for 2021

Expanded allowance to cover over-the-counter items and grocery/pantry items

- Allowance ranging from \$25 to \$100 each quarter (level of coverage varies by plan).
- Members can shop online, on the phone, through the mail or in person; includes a richer digital shopping experience and popular in-store options.
- Members can pay for any amount above their allowance if they want to purchase additional items.

In-home support services

- Assistance with activities such as transportation, light household help and meal preparation, technology education and support, grocery shopping, companionship and more.
- To qualify for this benefit, you must live alone and require help with activities related to independent living such as transportation, light household help, meal preparation and grocery shopping.
- Not available on all plans.

Caregiver support

- We offer training, coaching and support to caregivers of our high-risk Medicare Advantage members.
- To qualify for this benefit, you must be enrolled in the Blue Cross Coordinated Care, a care management program, and be cared for at home by a family member or other person who would benefit from the support, training and coaching this program provides. Qualifying members will be referred to this program by their Care Manager.
- Not available on all plans.

Meals benefit

- If you have a hospital stay, you may be eligible for a meals benefit.
- To qualify for this benefit, you must be enrolled in the Blue Cross Coordinated Care care management program. An assessment with your Blue Cross nurse care manager is also required to determine eligibility for the meal benefit.

Part D Senior Savings Model for HMO and HMO-POS members using insulin

For HMO and HMO-POS members enrolled in BCN Advantage ConnectedCare HMO and Prime Value, Classic or Prestige HMO-POS plans who use certain preferred insulin products, you can have even more predictable costs throughout the year with an enhanced Part D plan. Blue Cross partnered with the Centers for Medicare & Medicaid Services to participate in this voluntary program for 2021.

Transportation service

Qualifying members who reside in Wayne, Oakland, Macomb and Washtenaw counties can get transportation services after acute care hospital discharge.

[See more >](#)



More extras ...

Grocery and produce items

Some members with a history of certain health conditions may be eligible to use their over-the-counter allowance toward select grocery and produce items at participating retail locations.

Care management programs help you recover and feel better faster

A team of health professionals identify and help members with complex issues. Care managers work with you to create a personalized plan to meet your needs.

Count on Blue Cross Concierge services for the ins and outs of your benefits

They'll help you:

- Set up doctor appointments.
- Remind you about needed tests, vaccines and wellness services.
- Get in touch with your care management team.

BlueCard® travels with members

- With our Medicare Advantage PPO plans and HMO-POS plans, members can access a nationwide network of Blue Cross and Blue Shield doctors and hospitals that accept Medicare, often at in-network rates for emergency, urgent care and some routine care.¹

- Medical emergencies and urgently needed care are covered up to a \$50,000 lifetime limit when members travel, no matter what plan they're enrolled in. Follow-up care for emergent and urgent situations are covered anywhere in the U.S.²
- **New for 2021**, members have transportation coverage as part of their emergency worldwide coverage.

Get care while you're there with our Snowbird TravelCare program

If your plan includes travel coverage, you're eligible for this exclusive program, which offers **personalized support** for members traveling to Arizona and Florida for short or extended vacations.

Your dedicated snowbird care management team for this program will:

- Answer questions about your medications and treatment options.
- Assist you in managing medical equipment and diabetic supplies.
- Connect you to community support and services.
- Coordinate care with your health care providers.
- Offer you continued-care support for chronic conditions.
- Transition your wound care, occupational or physical therapy needs.

Plug in to the latest technology

Stay safe and stay well. With our 2021 Medicare Advantage plans, members can access **safe and secure** online medical and behavioral health services using a smartphone, tablet or computer from anywhere in the United States. **Blue Cross Online VisitsSM** provides 24/7 access to U.S. board-certified medical doctors trained in telemedicine to treat non-emergency illnesses.

And, when you access your secure and **private Blue Cross member site** from the app or at **bcbsm.com/medicare** from a tablet or computer, you'll be cool *and* connected. It's a quick and easy way to...

- Access your virtual member ID card.
- Look for services covered by your plan.
- Review your claims.
- Choose or change your primary care physician.
- Take a health assessment.

Navigate your way to your new Blue Cross Medicare Advantage plan

Now that you've learned about Medicare Advantage basics and great extras, you can check out our Medicare Advantage plans that are customized so you get the benefits you want. Depending on your health issues and prescription drug needs, you can choose from a **wide range** of Medicare Advantage plans, starting with our PPO plan options. Look over each plan carefully to decide what's best for you and refer to our comparison chart for even more plan details.

¹BlueCard travel coverage is not included in the BCN Advantage ConnectedCare HMO plan.

²Prior authorization for follow-up care is required for HMO-POS members.



Medicare Plus Blue PPO plans

With **Medicare Plus Blue PPO** you can visit any health care provider you'd like without a referral. With your PPO plan, you can choose any doctor or hospital that accepts Medicare. You'll get **nationwide coverage** and low out-of-pocket costs. Plus, all of our PPO plans include the nationwide SilverSneakers fitness program.

Here's an overview of what makes each of our PPO plans stand out:

Medicare Plus Blue PPO Essential

CHECK OUT NEW PLAN BENEFITS AND EXTRAS FOR 2021

What sets this plan apart?

If you've been looking for a **\$0 PPO plan**, we're now offering this option in most Michigan counties. You'll love this plan if you want access to providers **both in- and out-of-network** without a referral. Some members may be eligible for very rich supplemental benefits including, limited meals and transportation, in-home support services and grocery items.

Medicare Plus Blue PPO Vitality

What sets this plan apart?

You'll want to enroll in this plan if you want to **pay less for office visits**, would like a lower out-of-pocket maximum and want to have access to providers both in- and out-of-network without a referral.



Medicare Plus Blue PPO Signature

What sets this plan apart?

Enroll in this plan if you want to **pay even less for medical visits and prescriptions**, want a lower in-network maximum out-of-pocket and want to have the flexibility to see in-network and out-of-network doctors without a referral.

Medicare Plus Blue PPO Assure

What sets this plan apart?

Our **most comprehensive PPO plan** with the lowest in-network maximum out-of-pocket costs and copayments. You should choose this plan if you want to pay even less for medical visits and prescriptions and would like the flexibility to see in-network and out-of-network doctors without a referral.



BCN Advantage HMO-POS plans

Our **HMO-POS plans** offer routine health care coverage when you're traveling outside the plan's service area. Prime Value plan members pay in-network rates for out-of-state PCP visits and deductibles when getting care from a BlueCard® provider (no prior authorization required for routine services). All our HMO-POS plans feature a large provider network, plus all include the nationwide SilverSneakers fitness program.

Take a look at what our HMO-POS plans offer:

NEW PLAN FOR 2021

BCN Advantage HMO-POS Prime Value

What sets this plan apart?

You'll love this plan if you want to pay **no monthly premium** and receive a comprehensive suite of core and supplemental benefits, including embedded dental, vision and hearing coverage. This plan offers a **\$0 PCP copay both in- and out-of-network**. Some members may be eligible for even more supplemental benefits including limited meals and transportation, in-home support services and grocery items.

BCN Advantage HMO-POS Elements

What sets this plan apart?

Choose this plan if you **don't require Part D prescription drug coverage** and only need medical coverage at an affordable price. Like many of our other plans, it includes hearing coverage along with preventive dental services and routine vision coverage.



NEW PLAN FOR 2021

BCN Advantage HMO-POS Community Value

What sets this plan apart?

This plan is for you if you live in **Genesee, Livingston, Macomb, Oakland, St. Clair, Wayne or Washtenaw county** and want to choose from a specific network of local doctors for your medical needs, plus receive an affordable plan with **more coverage and robust, supplemental benefits**. Includes preventive and comprehensive dental, eye wear and hearing aid benefits — no need to pay for an add-on plan. You'll also get supplemental benefits including a \$100 allowance per quarter for over-the-counter items. Some members may be eligible for even more supplemental benefits including in-home support services and grocery items.

Turn the page for more plan options >

BCN Advantage HMO-POS Classic

What sets this plan apart?

This plan is for you if you'd like a lower out-of-pocket maximum and want to **pay less out-of-pocket** for doctor office visits and prescriptions. Like many of our other plans, it includes hearing coverage along with preventive dental services and routine vision coverage.

BCN Advantage HMO-POS Prestige

What sets this plan apart?

If you'd like **richer benefits** and want to pay less out-of-pocket for doctor office visits and prescriptions, this plan is for you. This plan offers the lowest maximum out-of-pocket cost of any Blue Cross plan and has a **low specialist copay** for both in- and out-of-network office visits.



The BCN Advantage HMO plan

BCN Advantage HMO ConnectedCare

Our **BCN Advantage ConnectedCare HMO plan** is accepted by thousands of providers and more than a hundred hospitals, including psychiatric and rehabilitation hospitals, in 11 Michigan counties: Arenac, Genesee, Iosco, Kalamazoo, Livingston, Macomb, Oakland, Saginaw, St. Clair, Washtenaw and Wayne. Plus, it includes the nationwide SilverSneakers fitness program.

What sets this plan apart?

This plan is for you if you live in **Arenac, Genesee, Iosco, Kalamazoo, Livingston, Macomb, Oakland, Saginaw, St. Clair, Washtenaw or Wayne County**, and you'd like to choose from a **network of local doctors** for your medical needs. If you don't travel much and want to **pay less for office visits and prescriptions**, choose this plan.



Medicare Advantage Regions

The following map shows our regional coverage areas for the state of Michigan, so you can find the plan in your area that's best for you. Find the county you live in to see what region you belong to; your region determines the monthly premium amount you pay.

You can easily see and compare the [Medicare Advantage](#) plan benefits Blue Cross offers where you live.

Medicare Advantage plan regions

Region 1

Allegan, Barry, Ionia, Kalamazoo, Kent (HMO-POS), Mason, Muskegon, Newaygo, Oceana, Ottawa

Region 2

Berrien, Branch, Calhoun, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Monroe, Montcalm, St. Joseph, Van Buren

Region 3

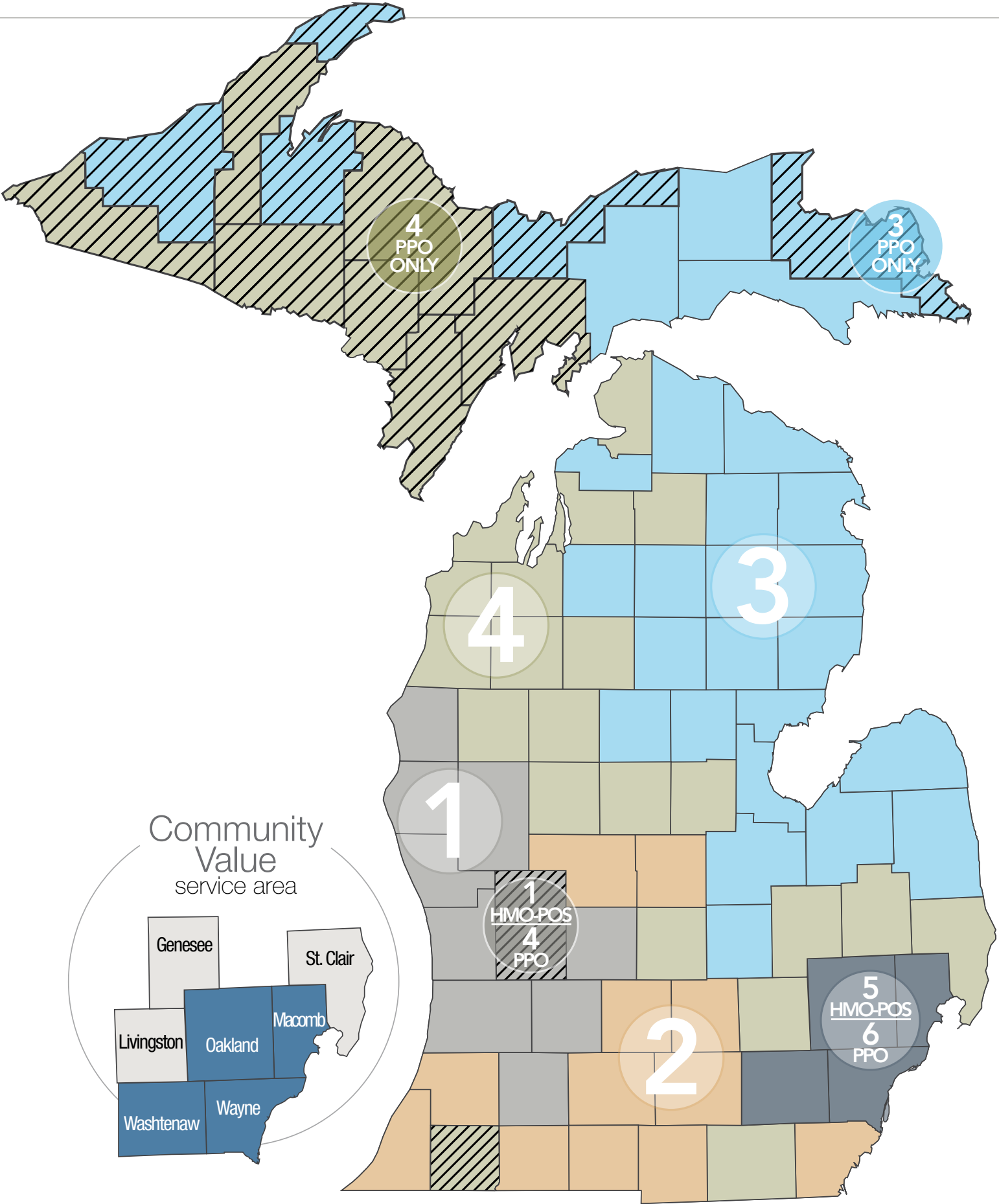
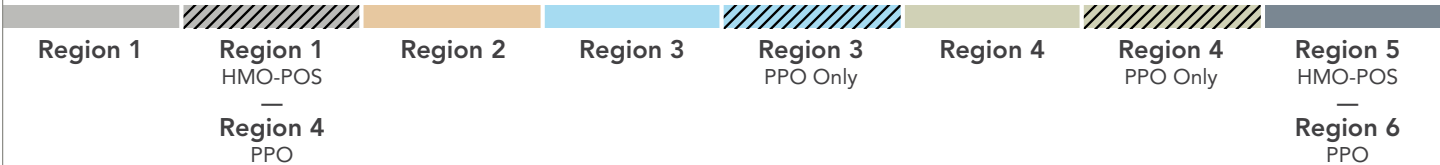
Alcona, Alger, Alpena, Arenac, Baraga, Bay, Charlevoix, Cheboygan, Chippewa, Clare, Crawford, Gladwin, Huron, Iosco, Kalkaska, Keweenaw, Luce, Mackinac, Montmorency, Ogemaw, Ontonagon, Oscoda, Presque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee, Tuscola

Region 4

Antrim, Benzie, Cass, Clinton, Delta, Dickinson, Emmet, Genesee, Gogebic, Grand Traverse, Houghton, Iron, Isabella, Kent (PPO), Lake, Lapeer, Leelanau, Lenawee, Livingston, Manistee, Marquette, Mecosta, Menominee, Midland, Missaukee, Osceola, Otsego, St. Clair, Wexford

Region 5/Region 6

Macomb, Oakland, Washtenaw, Wayne





Medicare Advantage Plan Benefits

It's your choice.

Light

Plans for fewer health needs.

BCN Advantage HMO-POS **Prime Value**

Medicare Plus Blue PPO **Essential**

BCN Advantage HMO-POS **Elements**

BCN Advantage HMO-POS **Community Value**

Balanced

Plans for average health needs.

Medicare Plus Blue PPO **Vitality**

BCN Advantage HMO **ConnectedCare**

BCN Advantage HMO-POS **Classic**


Medicare Plus Blue PPO **Signature**

Extended



Plans for significant health needs.

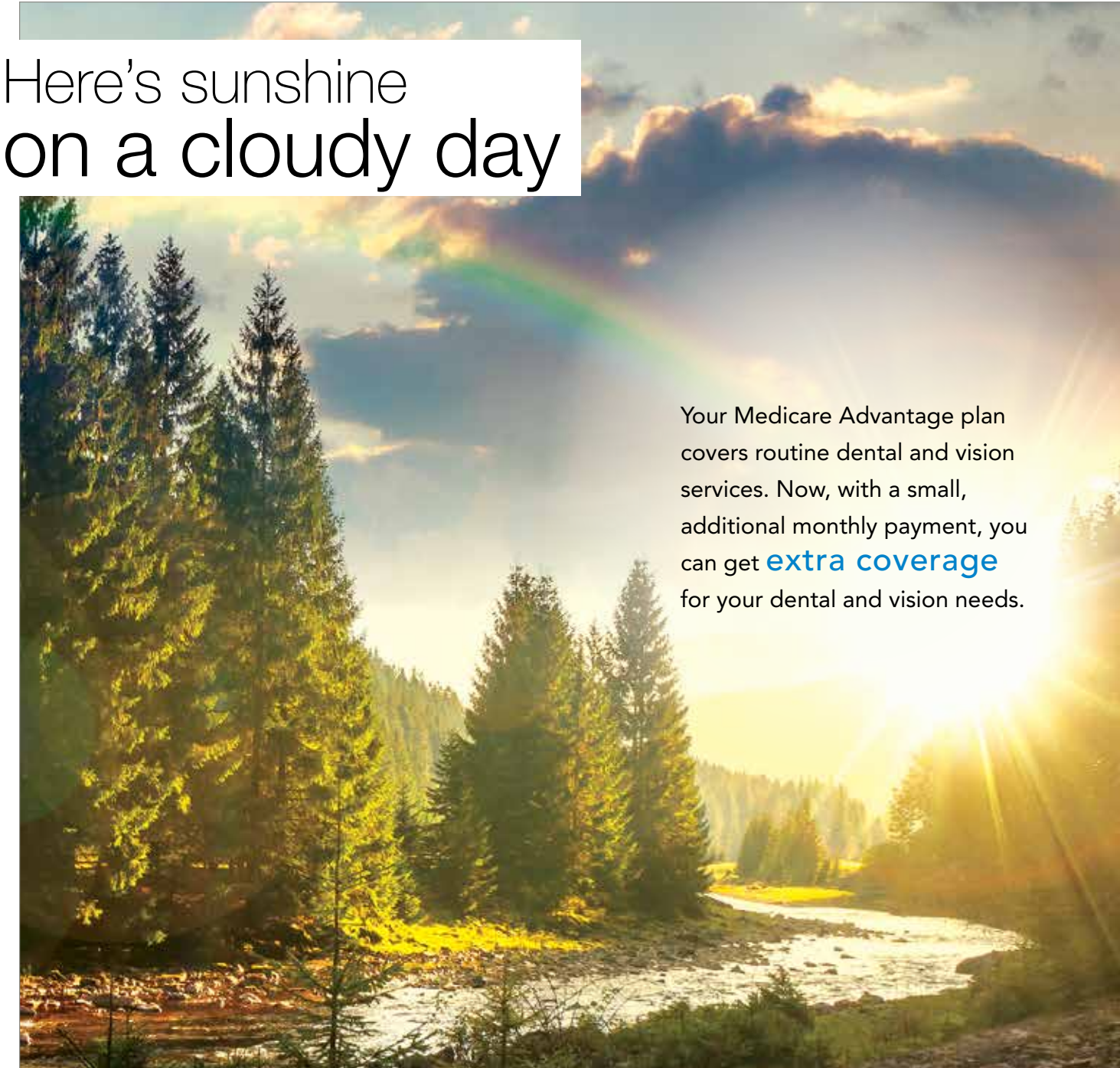
BCN Advantage HMO-POS **Prestige**

Medicare Plus Blue PPO **Assure**

PLANS FOR FEWER HEALTH NEEDS			BCN ADVANTAGE HMO-POS Prime Value	MEDICARE PLUS BLUE PPO Essential	BCN ADVANTAGE HMO-POS Elements	BCN ADVANTAGE HMO-POS Community Value
2021 Monthly Premium	Region 1		\$0	\$0	\$8	\$20 Premium For residents of: Genesee, St. Clair, Livingston, Macomb, Oakland, Wayne, Washtenaw counties
	Region 2		\$0	\$0	\$23.20	
	Region 3		\$0	\$10	\$33.80	
	Region 4		\$0	\$0	\$25	
	Regions 5/6		\$0	\$0	\$30	
In-network Medical Deductible		\$0 Regions 1 / 2 / 4 / 5 / 6 \$280 Region 3		\$0	\$160	\$0
Primary Care Office Visit Copay			\$0	\$0	\$0	\$0
Specialist Copay			\$45	\$45	\$40	\$35
Inpatient Hospital Copay (Days 1-6)			\$325	\$325	\$205	\$300
Maximum Out-of-Pocket (MOOP) In-network			\$4,500	\$6,000	\$4,500	\$4,500
Over-the-Counter Allowance (No carry-over)		\$75 per quarter Regions 1 / 2 / 5 / 6 Region 4: \$25 per quarter Region 3: No OTC		\$50 per quarter	\$25 per quarter	\$100 per quarter
Emergency Care Copay			\$90	\$90	\$90	\$90
Urgent Care Copay			\$0-\$45	\$0-\$50	\$0-\$45	\$45
Dental Services						
Two Oral Exams			\$0 copay	\$0 copay	\$0 copay	Comprehensive dental benefits include a \$2,000 annual maximum. \$0 copay \$0 copay \$0 copay
Two Cleanings			\$0 copay	\$0 copay	\$0 copay	
X-Rays			\$0 copay	\$0 copay	\$0 copay	
Vision Services						
Routine Eye Exam			\$0	\$10	\$0	\$0
Lenses			Covered in full once/year	Covered in full once/year	Not covered	Covered in full once/year
Frames or Contacts			\$100 combined maximum allowance every 12 months for either elective contact lenses or frames.	\$100 combined maximum allowance every 12 months for either elective contact lenses or frames.	Not covered	\$150 combined maximum allowance every 12 months for either elective contact lenses or frames.
Hearing Services						
Routine Hearing Exam			\$0-\$45	\$0-\$45	\$0-\$40	\$0-\$35
Hearing Aids			Up to \$600 allowance per ear every 3 years	Up to \$750 allowance per ear every 3 years	Up to \$600 allowance per ear every 3 years	Up to \$750 allowance per ear every 3 years
	Prescription Drug Deductible		\$0 on tiers 1, 2, 6 \$50 on tiers 3, 4, 5	\$0 on tiers 1, 2, 6 \$100 on tiers 3, 4, 5	No Prescription Drug Coverage	\$0 on all tiers
	Preferred pharmacy network copays / coinsurance					
	Prescription drug tiers					
Tier 1 preferred generic			Tier 1: \$3	Tier 1: \$2	Not Covered	Tier 1: \$0
Tier 2 generic			Tier 2: \$11	Tier 2: \$11		Tier 2: \$10
Tier 3 preferred brand			Tier 3: \$42	Tier 3: \$42		Tier 3: \$45
Tier 4 non-preferred drug			Tier 4: 50%	Tier 4: 50%		Tier 4: 50%
Tier 5 specialty tier			Tier 5: 32%	Tier 5: 31%		Tier 5: 33%
Tier 6 select care drugs			Tier 6: \$0	Tier 6: \$0		Tier 6: N/A

PLANS FOR AVERAGE HEALTH NEEDS			MEDICARE PLUS BLUE PPO Vitality	BCN ADVANTAGE HMO ConnectedCare	BCN ADVANTAGE HMO-POS Classic	MEDICARE PLUS BLUE PPO Signature
<div></div>	2021 Monthly Premium	Region 1	\$40	\$57	\$80	\$97
		Region 2	\$70		\$112	\$152
		Region 3	\$85		\$124	\$152
		Region 4	\$80		\$104	\$122
		Regions 5/6	\$77		\$129	\$135
	In-network Medical Deductible		\$0	\$0	\$0	\$0
	Primary Care Office Visit Copay		\$0	\$0	\$0	\$0
	Specialist Copay		\$40	\$40	\$35	\$40
	Inpatient Hospital Copay (Days 1-6)		\$250	\$225	\$225	\$175
	Maximum Out-of-Pocket (MOOP) In-network		\$5,000	\$3,800	\$3,800	\$4,700
	Over-the-Counter Allowance (No carry-over)		\$25 per quarter	\$25 per quarter	\$25 per quarter	\$25 per quarter
	Emergency Care Copay		\$90	\$90	\$90	\$90
	Urgent Care Copay		\$0-\$50	\$45	\$0-\$40	\$0-\$50
	Dental Services					
	Two Oral Exams		\$0 copay	\$0 copay	\$0 copay	\$0 copay
	Two Cleanings		\$0 copay	\$0 copay	\$0 copay	\$0 copay
	X-Rays		\$0 copay	\$0 copay	\$0 copay	\$0 copay
	Vision Services					
	Routine Eye Exam		\$0	\$0	\$0	\$0
<div></div>	Lenses		Covered in full once/year	Eyewear not covered	Covered in full once/year	Covered in full once/year
	Frames or Contacts		\$100 combined maximum allowance every 12 months for either elective contact lenses or frames.		\$100 combined maximum allowance every 12 months for either elective contact lenses or frames.	\$100 combined maximum allowance every 12 months for either elective contact lenses or frames.
	Hearing Services					
	Routine Hearing Exam		\$0-\$40	Not covered	\$0-\$35	\$0-\$40
	Hearing Aids		Up to \$750 allowance per ear every three years		Up to \$600 allowance per ear every three years	Up to \$750 allowance per ear every three years
	Prescription Drug Deductible		\$0 on tiers 1, 2, 6 \$100 on tiers 3, 4, 5	\$0 on all tiers	\$0 on all tiers	\$0 on all tiers
	Preferred pharmacy network copays / coinsurance					
	Prescription drug tiers					
	Tier 1 preferred generic		Tier 1: \$2	Tier 1: \$1	Tier 1: \$1	Tier 1: \$1
	Tier 2 generic		Tier 2: \$11	Tier 2: \$10	Tier 2: \$7	Tier 2: \$10
	Tier 3 preferred brand		Tier 3: \$42	Tier 3: \$42	Tier 3: \$38	Tier 3: \$42
	Tier 4 non-preferred drug		Tier 4: 50%	Tier 4: 48%	Tier 4: 45%	Tier 4: 48%
	Tier 5 specialty tier		Tier 5: 31%	Tier 5: 33%	Tier 5: 33%	Tier 5: 33%
	Tier 6 select care drugs		Tier 6: \$0	Tier 6: \$0	Tier 6: \$0	Tier 6: \$0

PLANS FOR SIGNIFICANT HEALTH NEEDS			BCN ADVANTAGE HMO-POS Prestige	MEDICARE PLUS BLUE PPO Assure
	2021 Monthly Premium	Region 1	\$178	\$200
		Region 2	\$249	\$257
		Region 3	\$242	\$300
		Region 4	\$227	\$260
		Regions 5/6	\$264	\$299
	In-network Medical Deductible		\$0	\$0
	Primary Care Office Visit Copay		\$0	\$0
	Specialist Copay		\$20	\$0
	Inpatient Hospital Copay (Days 1-6)		\$125	\$100
	Maximum Out-of-Pocket (MOOP) In-network		\$3,400	\$3,425
	Over-the-Counter Allowance (No carry-over)		\$25 per quarter	\$25 per quarter
	Emergency Care Copay		\$90	\$90
	Urgent Care Copay		\$0-\$35	\$0-\$40
	Dental Services			
	Two Oral Exams		\$0 copay	\$0 copay
	Two Cleanings		\$0 copay	\$0 copay
	X-Rays		\$0 copay	\$0 copay
	Vision Services			
	Routine Eye Exam		\$0	\$0
	Lenses		Covered in full once/year	Covered in full once/year
	Frames or Contacts		\$100 combined maximum allowance every 12 months for either elective contact lenses or frames.	\$100 combined maximum allowance every 12 months for either elective contact lenses or frames.
	Hearing Services			
	Routine Hearing Exam		\$0-\$20	\$0
	Hearing Aids		Up to \$600 allowance per ear every three years	Up to \$750 allowance per ear every three years
	Prescription Drug Deductible		\$0 on all tiers	\$0 on all tiers
	Preferred pharmacy network copays / coinsurance			
	Prescription drug tiers Tier 1 preferred generic Tier 2 generic Tier 3 preferred brand Tier 4 non-preferred drug Tier 5 specialty tier Tier 6 select care drugs		Tier 1: \$1 Tier 2: \$7 Tier 3: \$38 Tier 4: 45% Tier 5: 33% Tier 6: \$0	Tier 1: \$1 Tier 2: \$7 Tier 3: \$37 Tier 4: 45% Tier 5: 33% Tier 6: \$0



Here’s sunshine
on a cloudy day

Your Medicare Advantage plan covers routine dental and vision services. Now, with a small, additional monthly payment, you can get **extra coverage** for your dental and vision needs.

Medicare Advantage *Optional Supplemental*
dental and vision plans

Dental and Vision *Optional Supplemental* plans

2021 Medicare Plus Blue PPO

Receive these extras when you choose the following **Optional Supplemental** plan at a cost of **\$21.40 per month**, plus your monthly plan and Medicare Part B premium.

Routine exams, cleanings and X-rays are covered by your Medicare Advantage plan.

This Optional Supplemental package is **available with all PPO plans** and includes extra coverage available to offset costs for dental procedures and eye wear not covered in your base PPO plan.

DENTAL				VISION
Comprehensive Dental \$2,500 combined in- and out-of-network annual maximum. No waiting periods. No deductible.				\$250 combined in- and out-of-network allowance for elective contacts or frames every 12 months. Lenses are covered in full once per year. No Prior Authorization needed. No deductible.
In-network Co-insurance	Class I 0%	Class II 25%	Class III 25%	
Procedures	Fluoride. Brush Biopsy.	Amalgam and resin fillings. Crown repairs. Root canals. Simple extractions.	Crowns. Adjunct crown services.	

Frequency for dental procedures: Fluoride once per calendar year; amalgam/resin fillings once per tooth every 48 months; root canals once per lifetime per tooth; crowns for permanent teeth, once per tooth every 84 months.

2021 BCN Advantage HMO-POS

Option 1

Receive these extras when you choose the following **Optional Supplemental** plan at a cost of **\$20.40 per month**, plus your monthly plan and Medicare Part B premium.

Routine exams, cleanings and X-rays are covered by your Medicare Advantage plan.

This Optional Supplemental package is available for all HMO-POS plans except the Community Value plan. It includes extra coverage to offset costs for dental procedures and eye wear not covered in your base HMO-POS plan.

DENTAL					VISION	
Dental \$1,500 allowance combined in- and out-of-network annual maximum. No waiting periods. No deductible.					\$200 combined in- and out-of-network allowance for elective contacts or frames every 12 months. Lenses are covered in full once per year. Eye exams are subject to the one routine eye exam per year limit No prior authorization needed. No deductible.	
In-network Co-insurance	Class I 0%	Class II 50%	Class III 50%			
Procedures	Fluoride. Brush biopsy.	Amalgam and resin fillings. Crown repairs. Root canals. Simple extractions.	Crowns. Adjunct crown services.			

Frequency for dental procedures: Fluoride once per calendar year; amalgam/resin fillings once per tooth every 48 months; root canals once per lifetime per tooth; crowns for permanent teeth, once per tooth every 84 months.



Option 2

The following **Optional Supplemental** plan costs **\$32.40 per month** for **Prime Value, Classic and Prestige HMO-POS plans** or **\$37.40 per month** for **Elements HMO-POS plan*** plus your monthly plan and Medicare Part B premiums for these extras.

DENTAL					VISION	
Dental \$2,500 allowance combined in- and out-of-network annual maximum. No waiting periods. No deductible.					\$300 combined in- and out-of-network allowance for elective contacts or frames every 12 months. Lenses are covered in full once per year. Eye exams are subject to the one routine eye exam per year limit. No prior authorization needed. No deductible.	
In-network Co-insurance	Class I 0%	Class II 25%	Class III 25%			
Procedures	Fluoride. Brush biopsy.	Amalgam and resin fillings. Onlays. Crown repairs. Root canals and other endodontics. Periodontics. Simple extractions. Oral surgery. Anesthesia. Consult exams.	Crowns. Adjunct crown services. Dentures. Dentures removable partial. Bridges. Repairs.			

Frequency for dental procedures: Fluoride is covered once per calendar year; amalgam/resin fillings once per tooth every 48 months; root canals once per lifetime per tooth; crowns for permanent teeth, once per tooth every 84 months. Dentures/bridges/onlays every 84 months. Relines/rebase one time per arch every 36 months.

*The **Elements HMO-POS plan** doesn't include embedded eyewear coverage; members can get eyewear coverage with an Optional Supplemental package.

2021 BCN Advantage HMO ConnectedCare

Option 1
Receive these extras when you choose the following **Optional Supplemental** plan for **\$13.50 per month**, plus your monthly plan and Medicare Part B premium.

Routine exams, cleanings and X-rays are covered by your ConnectedCare HMO plan. The following Optional Supplemental package includes extras that are available for an additional monthly premium to offset costs for dental procedures, eye wear and hearing aids.

DENTAL				
Option 1	\$1,500 in-network annual maximum. No waiting periods. No deductible.			
	In-network Co-insurance	Class I 0%	Class II 50%	Class III 50%
	Procedures	Fluoride. Brush biopsy.	Amalgam and resin fillings. Crown repairs. Root canals. Simple extractions.	Crowns. Adjunct crown services.
	VISION		HEARING	
	\$200 allowance for elective contacts or frames every 12 months. Lenses are covered in full once per year. No prior authorization needed. No deductible.		Routine hearing exam once per year \$0. Hearing aid(s) up to \$1,200 allowance (\$600/ear) every three years. Hearing aid fitting and evaluation covered once every three years at \$0.	

Frequency for dental procedures: Fluoride once per calendar year; amalgam/resin fillings once per tooth every 48 months; root canals once per lifetime per tooth; crowns for permanent teeth, once per tooth every 84 months.

Option 2
Receive these extras when you choose the following **Optional Supplemental** plan for **\$35.50 per month**, plus your monthly plan and Medicare Part B premium.

DENTAL				
Option 2	\$2,500 in-network annual maximum. No waiting periods. No deductible.			
	In-network Co-insurance	Class I 0%	Class II 25%	Class III 25%
	Procedures	Fluoride. Brush biopsy.	Amalgam and resin fillings. Onlays. Crown repairs. Root canals and other endodontics. Periodontics. Simple extractions. Oral surgery. Anesthesia. Consult exams.	Crowns. Adjunct crown services. Dentures. Dentures removable partial. Bridges. Repairs.
	VISION		HEARING	
	\$300 allowance for elective contacts or frames every 12 months. Lenses are covered in full once per year. No prior authorization needed. No deductible.		Routine hearing exam once per year \$0. Hearing aid(s) up to \$2,500 allowance (\$1,250/ear) every three years. Hearing aid fitting and evaluation covered once every three years at \$0.	

Frequency for dental procedures: Fluoride once per calendar year; amalgam/resin fillings once per tooth every 48 months; root canals once per lifetime per tooth; crowns for permanent teeth, once per tooth every 84 months. Dentures/bridges/onlays every 84 months. Relines/rebase one time per arch every 36 months.



Medicare Supplement plans

Learn more about 2020

Blue Cross® Medicare Supplement plans

We'll give you the
best that we've got

Medicare supplement coverage is a cost-saving health policy that **works together with Original Medicare** Part A (hospital) and Part B (medical) to help cover certain costs Original Medicare doesn't. It offers great benefits and lowers your out-of-pocket costs.

As your primary health care coverage, Original Medicare provides hospital and medical coverage. It doesn't cover all health care costs and has deductibles and coinsurance that must be paid for Medicare-covered services. Medicare also limits coverage for certain services.

Don't you worry about a thing with a supplement plan

A Medicare supplement plan works well with Original Medicare coverage. In fact, depending on the plan you're eligible for, it may cover all or a portion of your Medicare deductibles and coinsurances.

Here are some outstanding reasons to choose a Blue Cross Medicare Supplement plan:

- Supplements Original Medicare and lowers out-of-pocket costs.
- Premium discount of 5% for Blue Cross Medicare Supplement members who live in the same household.
- You can keep your own doctor, as long as they accept Medicare.
- No network restrictions.
- Use any specialist who accepts Original Medicare; no referrals required.
- Nationwide coverage; great for snowbirds or those who travel.
- Depending on the plan, all or a portion of Original Medicare deductibles and coinsurances can be covered.
- A variety of plan options help meet your health care needs and budget.

Plans are **guaranteed renewable**, so there’s no need to reapply each year. As long as you pay your premium, you can stay enrolled in the plan.

Although supplement plans can be sold in 10 standard plan options, plus two high-deductible plan options, throughout the country, **Blue Cross offers Blue Cross Medicare Supplement options A, C, D, F, High-Deductible F, G, High-Deductible G, and N.**

Here’s an overview of our Medicare Supplement plan benefits:

BENEFITS	BLUE CROSS PLANS					
	A	C	D	F*	G*	N
Medicare Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copay	✓	✓	✓	✓	✓	✓**
Blood (first three pints)	✓	✓	✓	✓	✓	✓
Part A hospice care coinsurance or copay	✓	✓	✓	✓	✓	✓
Skilled nursing facility care coinsurance		✓	✓	✓	✓	✓
Medicare Part A deductible (\$1,408 in 2020)		✓	✓	✓	✓	✓
Medicare Part B deductible (\$198 in 2020)		✓		✓		
Medicare Part B access charges				✓	✓	
Foreign travel emergency (up to plan limits)		80%	80%	80%	80%	80%

*There are also two high-deductible plans, **HD-F** and **HD-G**. If you are eligible for either plan and decide to enroll, this means you must pay for Medicare-covered costs up to the deductible amount of \$2,340 for 2020 before your supplement plan pays anything.

**Plan N pays 100% of the Part B coinsurance, except for a copay of up to \$20 for some office visits and up to a \$50 copay for emergency room visits that don’t result in an inpatient admission.

Some of our most popular plans are:

Plan A

- This is our leanest benefit plan.
- It **covers your basic benefits**, but you’ll be responsible for your Medicare Part A and Part B deductible and Medicare Part B excess charges.

Plan G

- This is our most popular plan.
- This comprehensive plan offers robust coverage. You’ll **pay nothing for services covered by Original Medicare**, except for a \$198 Medicare Part B deductible.

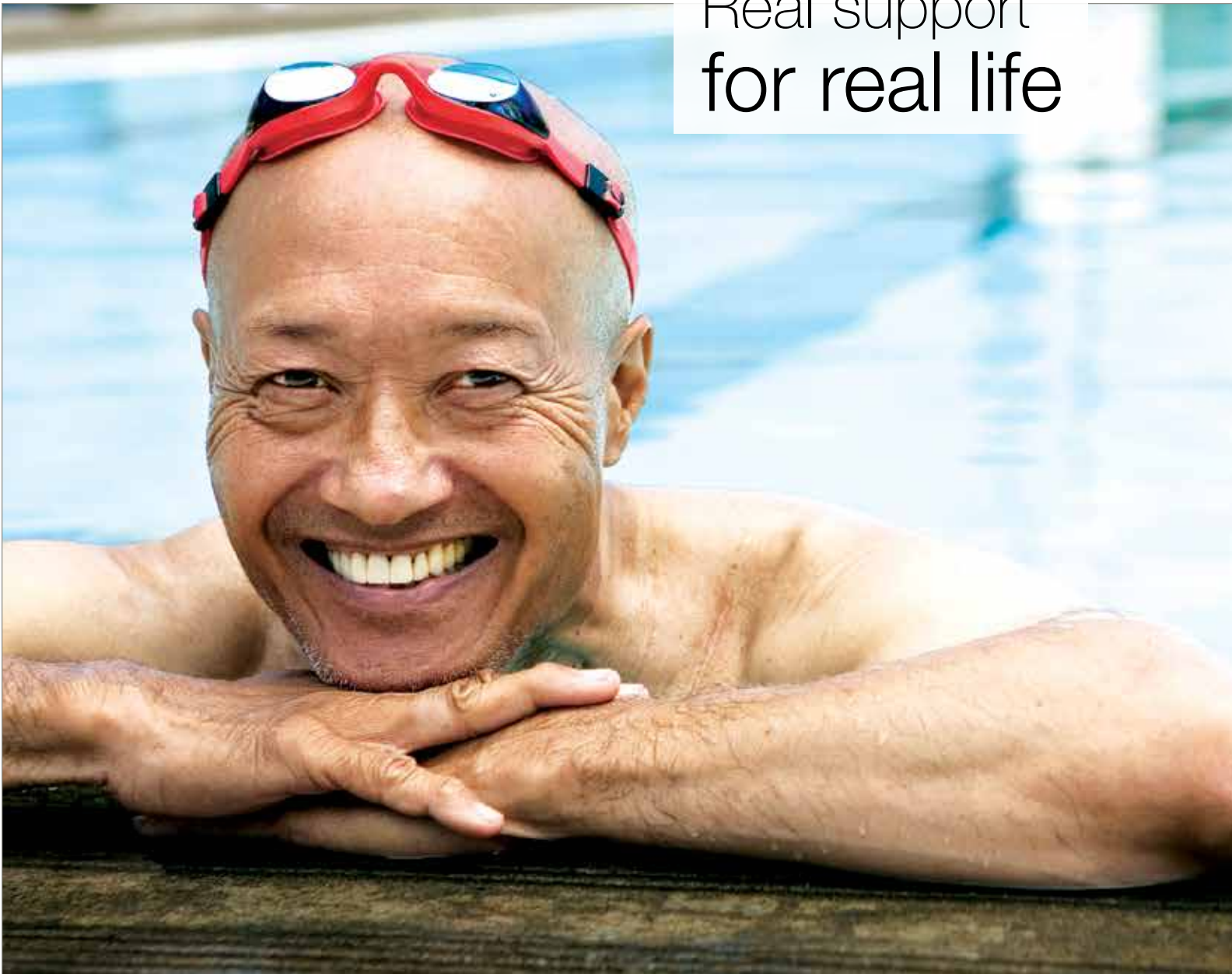
Plan High-Deductible G

- This high-deductible plan offers the same benefits as Plan G, with a **lower monthly premium** but a \$2,340 annual deductible.
- This plan may be good for those who are relatively healthy and want to lower their costs.

Plan N

- With **slightly leaner benefits**, Plan N is a great option for someone looking for a more affordable alternative to Plan G.





Real support for real life

The Blue Cross Medicare Supplement well-being program

Our Well-Being program helps you live your best life. As a member, you have benefits that let you experience life's adventures with Blue Cross confidence. You choose the Medicare supplement plan you want, and we supply the support you need to **fulfill your personal health goals**. So, plan that party or vacation — knowing that your Blue Cross Medicare Supplement plan has prepared you for all life's journeys.

■ WelvieSM Surgery Decision-Support Program

We have an online surgery support program that helps you decide on, prepare for and recover from surgery. It can help you talk with your doctor about surgery and other treatment options. If you need surgery, the program can show you how to avoid common problems that may occur after surgery.

■ 24-Hour Nurse Line

Talk to a registered nurse when you have questions about an illness or injury. The nurse line can help you, day or night, determine how you can treat minor things at home.

■ Blue Cross[®] Virtual Well-Being

Get guidance and support on your journey to personal well-being. Short, high energy, virtual webinars are available to watch on your computer, tablet or mobile phone each week. They focus on different topics, such as mindfulness, emotional health, financial security, physical wellness, preventive health care and more. The program also offers informational materials you can download to save and share with your family and caregivers.

More members means more savings

We're happy to offer a **household discount** to Blue Cross Medicare Supplement members.

If you're a Blue Cross Medicare Supplement member, you may be eligible to save 5% on your monthly premium. To learn more about the household discount, visit <https://www.bcbsm.com/medicare/help/understanding-plans/supplement/household-discounts.html>.

Please note: There does not need to be a spousal or familial relationship between the policy holders to make them eligible for the discount; however, you must reside in the same household. A household is defined as a single-family home, a condominium or an apartment. Assisted living facilities, group homes, adult day care facilities, nursing homes or any other health residential facilities are not included in the definition of household.

The deductible, coinsurance and copay amounts listed in this section are based on the 2020 CMS-approved values and could change for 2021. Like Medicare, Blue Cross Medicare Supplement coverage is accepted nationwide and the plan is easy to use. There are no provider networks or referrals — just use any health care provider who accepts Medicare. Simply present your Blue Cross Medicare Supplement ID card along with your red, white and blue Medicare health insurance card whenever you receive health care services. We'll coordinate payment with Medicare and your health care providers. In most cases, you'll never have to bother with claim filing or paperwork. This is a solicitation of insurance. We may contact you about buying insurance. Blue Cross Medicare Supplement plans aren't connected with or endorsed by the U.S. government or the federal Medicare program.

It's the
real thing

Adding a genuine Prescription Blue PDP plan to your Original Medicare or Medicare supplement plan gives you **complete coverage**. We offer two options for your prescription medication needs. Both stand-alone prescription drug plans offer the **confidence** of coverage and **cost-savings** for brand-name and generic drugs.

Prescription BlueSM prescription drug plans

What makes these plans special?

Both plans have mail order, 90-day supply options and prescriptions filled from anywhere within the United States. You can take advantage of:

- An expansive preferred pharmacy network that includes major drug store chains and most of Michigan's retail pharmacies.*
- Lower copays on generic and brand-name drugs.
- Covers network pharmacies nationwide when you travel.
- Safeguards that protect against possible harmful drug interactions.

The following chart explains what our PDP plans cover:

	PRESCRIPTION BLUE PDP Select	PRESCRIPTION BLUE PDP Premium		
Premium	\$87.70	\$109.30		
Deductible	\$445	\$0		
	Standard Pharmacies Up to 31-day supply	Up to 31-day supply	Preferred Pharmacies/ Mail Order	Standard Pharmacies
	25% (Select has only 1 Tier)	Tier 1 preferred generic	\$1	\$6
		Tier 2 generic	\$5	\$10
		Tier 3 preferred brand	\$40	\$45
		Tier 4 non-preferred drug	45%	45%
		Tier 5 specialty tier	33%	33%
	Standard Pharmacies 32+ day supply	32+ day supply	Preferred Pharmacies/ Mail Order	Standard Pharmacies
	25% (Select has only 1 Tier)	Tier 1 preferred generic	\$0	\$18
		Tier 2 generic	\$0	\$30
		Tier 3 preferred brand	\$120	\$135
		Tier 4 non-preferred drug	45%	45%

We offer two pharmacy networks

Premium Plan has the Medicare Preferred Value Network with the Exclusive Performance Network — Approximately 25,000 Preferred pharmacies and 39,000 Standard pharmacies across the country.*

Select Plan has the Standard Medicare Network — Approximately 65,000 network pharmacies across the country.*

*Source: National Council for Prescription Drug Programs database compared to active participating pharmacies within ESI's Medicare Preferred Value Network.



Frequently asked questions

When can I enroll in a Medicare Advantage plan?

Anyone who is eligible for and enrolled in Medicare can enroll in a Medicare Advantage plan. You can join during the Annual Election Period (October 15 through December 7) or during the 7-month window around your 65th birthday, called your Initial Enrollment Period. There are also other Special Enrollment Periods for certain situations.

When can I enroll in a Medicare supplement (or Medigap) plan?

You can enroll in a Medicare Supplement plan at any time during the year; however, there are certain times or circumstances where an insurance company can't use medical underwriting to decide whether to accept your application. This means an insurance company can't do any of the following because of your health status:

- Refuse to sell you a Medicare supplement policy it offers (except that in some circumstances an insurance company may be able to limit the choice of policies available).
- Charge you more for a Medicare supplement policy than they charge someone with no health problems.
- Make you wait for coverage to start (except in some instances with pre-existing conditions).

An insurance company can't use medical underwriting if you apply during what is known as the Medigap Open Enrollment Period. This is a 6-month period that begins with the first month that you are enrolled in Medicare Part B if you are 65 years of age or older. There are also circumstances, such as a loss of Medicare Advantage or Medicare supplemental coverage, where an insurance company can't use medical underwriting to decide whether to accept your application.

What do I need to know if I want to buy a Medicare supplement policy?

To buy a Medicare supplement policy, you should know that:

- You must have Medicare Part A (hospital insurance) and Medicare Part B (medical insurance).
- You pay the private insurance company a premium for your Medicare supplement policy in addition to the monthly Part B premium you pay to Medicare.
- Any standardized Medicare supplement policy is guaranteed renewable even if you have health problems. This means the insurance company can't cancel your Medicare supplement policy as long as you stay enrolled and pay the premium.
- Different insurance companies may charge different premiums for the same exact policy. As you shop for a policy, be sure you're comparing the same policy (for example, compare Plan A from one company with Plan A from another company).

What are Medicare supplement guaranteed issue rights?

Guaranteed issue rights are rights you have in certain situations when insurance companies must offer you certain Medicare supplement policies when you aren't in your Medigap Open Enrollment Period. In these situations, an insurance company must:

- Sell you a Medicare supplement policy.
- Cover all your pre-existing health conditions.
- Not charge you more for a Medicare supplement policy regardless of past or present health problems.

Can I change my Medicare Advantage plan if my current plan doesn't meet my needs?

Yes, you can enroll once a year during the Annual Election Period (October 15 – December 7) or change your plan one time during the Open Enrollment Period (January 1 – March 31).



What if I need to join or change Medicare Advantage plans outside the designated times?

You can only do so in special circumstances. These include:

- Moving out of your existing plan's service area.
- Living in a facility, such as a nursing home.
- Qualifying for extra help, such as if you receive both Medicare and Medicaid, get Supplemental Security Income, or apply for and receive financial assistance.

Can I buy a Medicare supplement policy if I lose my health care coverage?

Yes, you may be able to buy a Medicare supplement policy. Because you may have the right to buy a guaranteed issue Medicare supplement policy, make sure you keep these:

- A copy of any letters, notices, emails, and claim denials that have your name on them as proof of your coverage being terminated.
- The postmarked envelope these papers come in as proof of when it was mailed. You may need to send a copy of some or all of these papers with your Medicare supplement application to prove you have a guaranteed issue right.

Which plans are best for me when I travel?

All of our Medicare Advantage plans offer worldwide emergency and urgent care coverage. With our PPO plans you can see any doctor in our nationwide BlueCard network at in-network rates. BlueCard is an international network of Blue Cross doctors. With our HMO-POS plans, you can get routine health care when you travel outside Michigan but within the U.S. using BlueCard providers. Our Blue Cross Medicare Supplement plans are also great for traveling. Members can go to any doctor nationwide that accepts Original Medicare.

Do Blue Cross Medicare Advantage plans offer fitness programs for no additional cost?

Yes, all of our Medicare Advantage plans include the free SilverSneakers fitness program.

Do I need to continue paying the Medicare Part B monthly premium to enroll in a Medicare Advantage plan?

Yes. In most cases, if you enroll in a Medicare Advantage plan, you must continue to pay your Part B premium.



Can I enroll in both a Medicare supplement plan and a stand-alone prescription drug plan?

Yes. Medicare supplement plans purchased after January 1, 2006 do not include Part D drug coverage, therefore to avoid a late enrollment penalty for Part D, you can enroll in both a Medicare supplement plan and a stand-alone Part D plan.

What is a Medicare Advantage Open Enrollment Period?

The Medicare Open Enrollment Period (OEP) takes place from January 1 through March 31 annually. The OEP applies to you if you're already enrolled in a Medicare Advantage plan or are newly eligible for Medicare. If you drop your Medicare Advantage coverage during OEP, you may add standalone PDP coverage.



Medicare definitions

Coinsurance – A coinsurance is a percentage of the cost of Medicare-approved services.

Deductible – A deductible is a set amount you pay every year before Medicare coverage begins.

Health Maintenance Organization or HMO – An HMO requires you to choose a network primary care physician, or PCP, to manage your medical needs and use other network providers. Your PCP coordinates your care with other specialists, providing referrals as appropriate.

HMO Point of Service or HMO-POS – An HMO-POS plan requires you to choose a network primary care physician, or PCP, to manage your medical needs and use other network providers, and it allows you to get some out-of-network services at in-network costs.

Medicare Part A – Hospital coverage that's included under Original Medicare.

Medicare Part B – Medical coverage and doctor office visits that are included in Original Medicare.

Medicare Part C or Medicare Advantage – Medicare Advantage plans combine Medicare Part A and Part B coverage with additional medical benefits not covered by Original Medicare, such as routine eye and dental care, hearing aids and eyewear, and fitness programs. These plans may also include Part D drug coverage.

Medicare Part D – Part D prescription drug coverage is available to add as a stand-alone plan to accompany Original Medicare or a Medicare supplement plan. Most Medicare Advantage plans include Part D drug benefits.

Medicare Supplement or Medigap – Medicare supplement plans help bridge the gap between what Original Medicare covers and the total cost of medical services. They cover all or a portion of Medicare deductibles and coinsurances and are accepted nationwide. Monthly premiums are generally impacted by such variables as where you live, if you use tobacco, your age, height, weight and gender. Since costs vary, it's important to compare Medicare supplement policies.

Point-of-Service – A managed care product that allows members to use providers outside of the managed care network, sometimes at a higher cost.

Preferred Provider Organization or PPO – A PPO plan allows you to visit any health provider you'd like, as long as the provider accepts Medicare. You may pay more to see doctors outside the preferred provider network.

Discrimination is Against the Law

Blue Cross Blue Shield of Michigan and Blue Care Network comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross Blue Shield of Michigan and Blue Care Network:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Office of Civil Rights Coordinator.

If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Office of Civil Rights Coordinator
600 E. Lafayette Blvd.
MC 1302
Detroit, MI 48226
1-888-605-6461, TTY: 711
Fax: 1-866-559-0578
civilrights@bcbsm.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación de miembro.

Arabic: ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم الهاتف الظاهر على الجهة الخلفية لبطاقة العضوية الخاصة بك.

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。
請撥您的會員ID卡背面的電話號碼。

Syriac: ܡܝܬܐ ܕܥܠ ܗܝܘܢܐ ܕܡܪܝܢܐ ܕܡܫܝܚܐ ܕܡܫܝܚܐ ܕܡܫܝܚܐ ܕܡܫܝܚܐ ܕܡܫܝܚܐ
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Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Xin gọi số điện thoại ghi trên mặt sau của thẻ thành viên của quý vị.

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në numrin e telefonit në anën e pasme të kartës së identitetit të anëtarit.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
가입자 ID 카드 뒷면에 있는 전화번호로 연락해 주십시오.

Bengali: মনে রাখবেন যদি আপনার ভাষা বাংলা হয়, ভাষা সহায়তা পরিষেবা আপনি বিনামূল্যে পেতে পারেন।
আপনার সদস্য আইডি কার্ড এর পিছনে দেওয়া ফোন নম্বরে অনগ্রহ করে কল করুন।

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer telefonu znajdujący się na odwrocie identyfikacyjnej karty członkowskiej.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie bitte unter der auf der Rückseite Ihres Mitgliedsausweises angegebenen Telefonnummer an.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Comporre il numero di telefono riportato sul retro della scheda identificativa membro.

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
メンバーIDカードの裏に記載された電話番号に電話してください。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Позвоните по номеру телефона, указанному на задней стороне вашего удостоверения участника.

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite broj telefona na poleđini članske ID kartice.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa likod ng iyong member ID card.





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