

Medicare Plus BlueSM Group PPO

Medical Benefits with Prescription Drugs

Hope College

Benefits-at-a-Glance

January 1, 2024 - December 31, 2024

The benefit information provided is a summary of what we cover and what you pay. A complete list of services is found in the Evidence of Coverage and 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 document). You can always view the most current Evidence of Coverage by requesting it from Customer Service.

To join Medicare Plus Blue Group PPO, you must meet all of the following requirements:

- Have both Medicare Part A and Medicare Part B
- Be a United States citizen or lawfully present in the United States.
- Live in our geographic service area. Incarcerated individuals are not considered living in the geographic service area even if they are physically located in it.

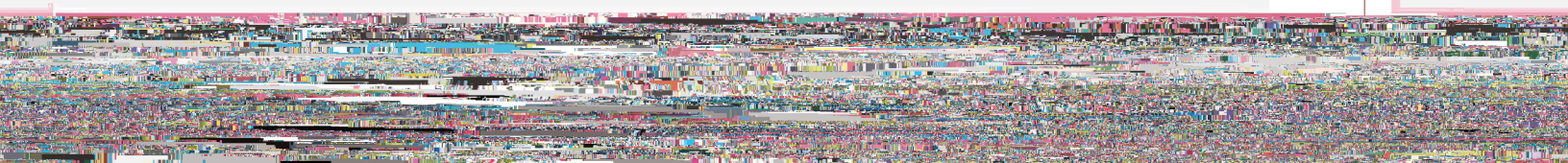
Comprehensive Formulary
51623601

09/23

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

www.bcbsm.com/medicare

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In-network and Out-of-network:	
Premium	In addition to the Medicare Part B premium, you may also be required to pay a premium contribution as defined by your employer, union group, or third-party administrator.
Deductible	\$500
Medical/Hospital Out-of-Pocket Maximum	\$2,500 All medical and hospital care services below apply to this annual amount.
Pharmacy Out-of-Pocket Maximum	Not applicable All Part D drugs/prescriptions apply to this annual amount.
Coinsurance Maximum	Not applicable

Benefit	In-network and Out-of-network:
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Note: Services with a ¹ may require prior authorization.

Ambulance services – medically necessary transport; coverage applies to each one-way trip	20% of approved amount, after deductible
Cardiac rehabilitation services	20% of approved amount, after deductible
Chiropractic care – covered services include manual manipulation of the spine to correct subluxation	\$20
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 services and supplies ¹ (includes coverage for insulin, insulin pumps, and supplies)	20% of approved amount, after deductible

In-network and Out-of-network:

<p>Office visits, including Diagnostic Hearing, Outpatient Substance Abuse, Podiatry, and Vision</p>	<p>\$25 \$50 with a specialist</p>
<p>Outpatient mental health care</p> <ul style="list-style-type: none"> • Facility and clinic services • Services in an office 	<p>20% of approved amount, after deductible \$25</p>

In-network and Out-of-network:

<p>Vision services</p> <ul style="list-style-type: none"> • Diagnosis and treatment of diseases and injuries of the eye 	<p>20% of approved amount, after deductible</p>
<p>Additional Benefits</p>	
<p>Adult briefs and incontinence liners</p>	<p>Covered up to 100% of approved amount</p>
<p>Chiropractic spinal X-rays, other chiropractic radiological, chiropractic physical therapy services, and evaluation and management services (must be provided by chiropractors or other qualified providers)</p>	<p>\$20</p>
<p>Foreign travel health care - not restricted to emergency or urgent care</p>	<p>Cost share same as if services were provided in the U.S.</p>
<p>Hearing aids</p>	<p>Standard (analog or basic digital) hearing aids are covered up to \$1,500 every 36 months.</p>
<p>Hearing services – routine exam</p>	<p>\$25 \$50 with a specialist</p>
<p>Home infusion therapy</p>	<p>Covered up to 100% of approved amount</p>
<p>Hospice respite care – cost share for respite and drugs</p>	<p>Covered up to 100% of approved amount</p>
<p>Human organ transplants– additional coverage There is no lifetime maximum for non-Medicare covered organs.</p>	<p>20% of approved amount, after deductible</p>

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 DNA based colorectal screening every 3 years
- 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%

Tier	Standard retail cost sharing (in-network) (32- to 90-day supply)	Preferred retail cost sharing (in-network) (32- to 90-day supply)	Standard mail-order cost sharing (in-network) (32- to 90-day supply)	Preferred mail-order cost sharing (in-network) (32- to 90-day supply)
Tier 1 – Preferred Generic	\$60	\$35	\$60	\$35
Tier 2 – Generic	\$60	\$35	\$60	\$35
Tier 3 – Preferred Brand	\$120	\$75	\$120	\$75
Tier 4 – Non-Preferred Drug	\$240	\$175	\$240	\$175
Tier 5 – Specialty Tier	Not offered	Not offered	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.

Phases 3 & 4: The Coverage Gap & The Catastrophic Stages

Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.

For plans with a coverage gap:

During the Coverage Gap Stage, you receive a discount on brand-name drugs and pay no more than 25% of the costs for generic drugs.

For plans without a coverage gap:

There is no coverage gap for most Medicare Plus Group PPO plans.

During the Catastrophic Coverage Stage, the plan pays the full cost for your covered Part D Drugs: You enter the Catastrophic Coverage stage when your out-of-pocket costs have reached the \$8,000 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.

- During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

Information about your costs in these stages, can also be located in Chapter 6, Sections 6 and 7, of the Evidence of Coverage or by contacting Customer Service. Phone numbers are on the back cover of this document.

Medicare Plus Blue Group PPO has a network of doctors, hospitals, pharmacies, and other providers. Using providers that do not accept Medicare may cost you more.

Outside Michigan, your costs are the same as in-network and out-of-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.

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 the Evidence of Cover -nete.

For more information, please call us at 1-866-694-8816. Monday through Friday, 9am - 5pm.