

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

10/2018



Saginaw County MA PPO Benefits



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Agenda



- Medicare basics
- Key terms
- Using your plan
- Health and Wellness
- Additional benefits in your plan





Medicare basics



WHAT'S INCLUDED

- Hospital care
- Skilled nursing facility care
- Hospice
- Home health care

PART
A

PREMIUM

- There is no charge for people who have at least 40 work credits



WHAT'S INCLUDED

- Doctor visits
- Mental health care
- Outpatient surgery
- Lab tests
- Durable medical equipment

PART B

PREMIUM

- You must pay your Part B premium every month
- Your premium depends on when you first signed up and your income



WHAT'S INCLUDED – Medicare Advantage

PART C

- Original Medicare benefits
- Original Medicare rights & protections
- Original Medicare covered service
- Extra benefits
 - Silver sneakers
 - Care management services

You must continue to pay your monthly Part B premium

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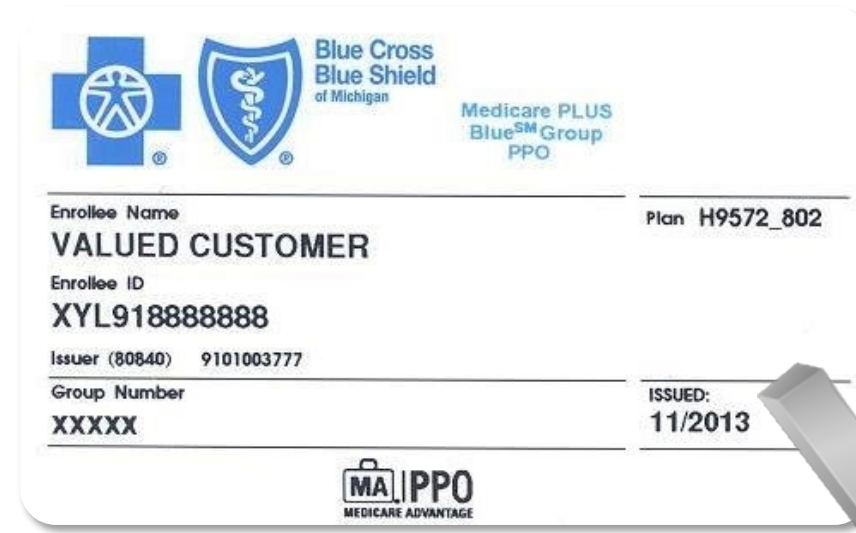
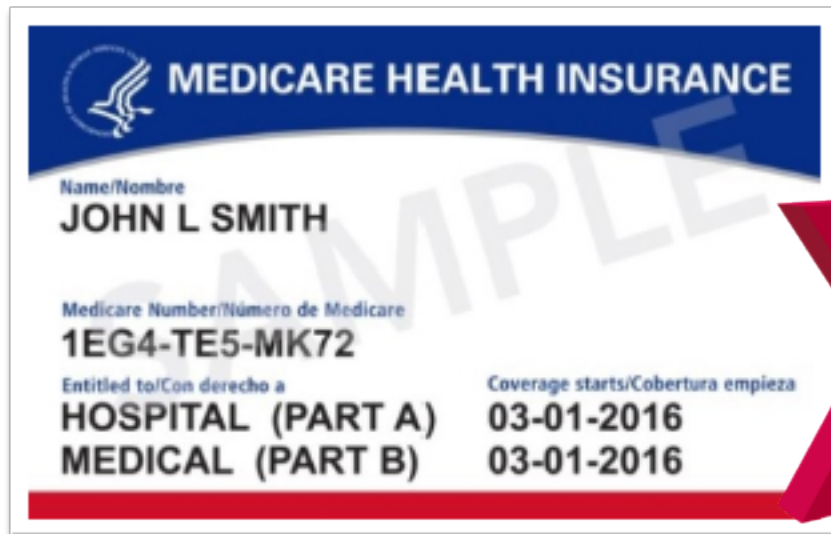
One Card
One Explanation of Benefits
One Claims Processing
Once Customer Service



Membership confirmation and ID card



Put your red, white and blue Medicare card in a safe place – you only need your Blue Cross ID card for your medical services. You will be getting a new Medicare card in the mail April 2018 – 2019.





Saginaw County plan benefits



Key Terms



Deductible

The amount you pay before your plan begins to pay its share.

Coinsurance

The percentage of the cost of the service that you pay.

Copayment

A fixed dollar amount you pay to health care providers each time you use their services, such as an office visit.

Out-of-Pocket Maximum

The most you have to spend for copays, coinsurance and deductibles in any given year.

Deductible, coinsurance and dollar maximums



| | In network | Out of network |
|---------------------------------------|--|----------------|
| Annual deductible per member per year | \$ | |
| Coinsurance | % coinsurance | |
| Copayment | \$ | |
| Out-of-pocket maximum | This is a safety net to ensure you do not pay more than \$ in copays in one year | |

Preventive Services



| | In network | Out of network* |
|--|------------------------|-----------------|
| Welcome to Medicare exam | Covered at 100% | |
| Routine physical | | |
| Pap smear and prostate cancer screening | | |
| Cardiovascular, diabetes and HIV screening | | |
| Immunizations | | |
| Mammography | Covered at 100% | |
| Bone mass measurement | | |
| Colorectal cancer screening | | |

*Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue PPO members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, provider network, premium and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

Plan Benefits



| | In network | Out of network* |
|---|-------------------------------------|-----------------|
| Office visits (Primary care doctor) | \$ copay | |
| Specialist visits (No referral required) | \$ copay | |
| Chiropractic manipulations | \$ copay | |
| Emergency care | \$ copay (copay waived if admitted) | |
| Urgent care | \$ copay | |
| Ambulance services (if medically necessary) | % coinsurance | |

Prescription Drugs



| Retiree Benefits | 2018 Preferred RX Cost Share | 2019 Preferred RX Cost Share |
|--------------------------|------------------------------------|------------------------------------|
| Option 4, \$10/\$40/\$80 | \$5/\$35/\$75 | \$4/\$30/\$70 |
| Option 7, \$10/\$40/\$80 | \$5/\$35/\$75 | \$4/\$30/\$70 |
| Option 8, \$2/\$40/\$80 | \$1/\$35/\$75 | \$1/\$30/\$70 |
| Option 9, \$0/\$40/\$80 | \$0/\$35/\$75 | \$0/\$30/\$70 |
| Option 10, \$5/\$40/\$80 | \$1/\$35/\$75 | \$1/\$30/\$70 |
| Option 11, \$3/\$40/\$80 | \$1/\$35/\$75 | \$1/\$30/\$70 |

2019 Sample of Preferred Pharmacies



Note: This list includes Michigan preferred chains only. This list is subject to change and doesn't include independent chains or preferred chains that participate outside of Michigan.

- Costco Pharmacy
- D & W Pharmacy
- Family Fare Pharmacy
- Felpausch Pharmacy
- Glen's Pharmacy
- Kmart Pharmacy
- Kroger Pharmacy
- Meijer Pharmacy
- Rite Aid Pharmacy
- Sam's Club Pharmacy
- Shopko Pharmacy
- VG's Pharmacy
- Walgreens Pharmacy
- Walmart Pharmacy

Flu Shot



| Benefit | At the Doctor's Office | At the Pharmacy |
|--------------------------|--|---|
| Medical Benefit (Part B) | Members can receive their flu vaccine at their doctor's office (in state or out of state). BCBSM Medicare Advantage PPO plans provide full coverage for the influenza vaccine with no member cost share. | <p>In State:</p> <p>Members can receive their flu vaccine at participating pharmacies that directly bill BCBSM. The following pharmacies will direct bill BCBSM, with no out of pocket cost to the member: Walgreens, Rite Aid, CVS (CVS in Target), Meijer, Kroger and Kmart.</p> <p>Out of State:</p> <p>If the out of State Pharmacy has the ability to bill BCBSM. The flu shot is covered at 100% of the approved amount. If the out of state pharmacy cannot bill the Medicare Advantage Plan directly, the member can pay up front and submit the bill for reimbursement.</p> |
| Additional Information | <p>Please note: At the doctor's office members may be responsible for an associated office visit charge if other services are provided during your office visit.</p> | <p>Member should submit their receipt along with a completed claim form to:</p> <p>BCBSM Imaging and Support Services P.O. Box 432593 Detroit, MI 48232-0593</p> |

When you travel



Blue Cross Blue Shield of Michigan gives you access to providers anywhere in the United States.

Your benefits travel with you anywhere in the United States and its territories. Call customer service to find a provider wherever you are.

When traveling outside of the United States, in some instances, you will have to pay for your emergency and urgent care and get a refund from us.



**You're covered for
emergency and
urgent care
worldwide.**

How to find a participating provider



Call: the customer service number on the back of your card (TTY users please call 711)



Click: Go to www.bcbsm.com/medicare, click on “Find a Doctor”

Find a Doctor

The button is dark blue with a white icon of a clipboard with a plus sign on the left and the text "Find a Doctor" in white on the right.

Ask: You can also call your provider’s office and speak to the billing department. You can ask, “Do you participate with the Medicare Advantage PPO plan offered by Blue Cross Blue Shield?”



Value of a primary care physician



Medicare does not require PPO members to have PCP, but they can serve a valuable role.

Examples of primary care physicians include:

- Family Practice
- Internal Medicine
- Nurse Practitioner

To know you and your health: Your PCP can recognize changes in your health and what it means

To expertly guide your care through the PPO network

- Your PCP can help you identify other doctors or specialists you need and brief them on your health
- They also monitor the big picture of your health, while specialists will manage more focused needs

Manage your costs



- Track your treatment and the amounts you have paid throughout the year
 - Use the Member Portal
 - Download the Mobile App
- Register for and check <http://www.bcbsm.com/medicare> to monitor claims status
- Allow time for the claim to be processed
 - Typically 30 to 60 days from date of billing
- Compare doctor's bill to your Explanation of Benefits statement
 - Make sure your out-of-pocket costs are the same
- Reach out early if you have questions
 - Call our Customer Service team at 888-322-5616 or
 - Access your account online (once you're signed up)



Explanation of Benefits payment



- Is not a bill
- Summarizes the total cost of the medical services you received.
- Shows you what your health care provider billed us, what we paid the provider and what your share of the cost is.
- Explains what your deductible and yearly out-of-pocket maximums are and how much you have paid towards them.
- Sent monthly, if you receive services

MONTHLY REPORT

**Medical and Hospital Claims
Processed in August 2014**

Statement Date: September 00, 2014
For Member Name
Member ID: XXXX4567

This is not a bill:

- This monthly report of claims we have processed tells what care you have received, what the plan has paid, and how much you have paid (or can expect to be billed).
- If you owe anything, your doctors and other health care providers will send you a bill.
- This report covers medical and hospital care only. [We send a separate report on Part D prescription drugs.]
- If you notice something suspicious that might be dishonest billing, you can report it by calling the BCBSM Anti-Fraud Hotline at 1-888-650-8136 Monday – Friday, 8:30am – 4:30pm. (TTY/TDD users should call 1-800-588-2711) or 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY/TDD users should call 1-877-486-2048.)

Blue Cross Blue Shield of Michigan
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Medicare Plus Blue™ is a PPO plan with a Medicare contract. Enrollment in Medicare Plus Blue depends on contract renewal.
<http://www.bcbsm.com>

Blue Cross Blue Shield of Michigan Member Services
If you have questions, call us: 1-877-241-2583
We are here from 8 a.m. to 8 p.m., Monday through Friday with weekend hours during October 1 through February 14.
TTY/TDD only: 711
Member Services has free language interpreter services available for non-English speakers.

Download the BCBSM Mobile App

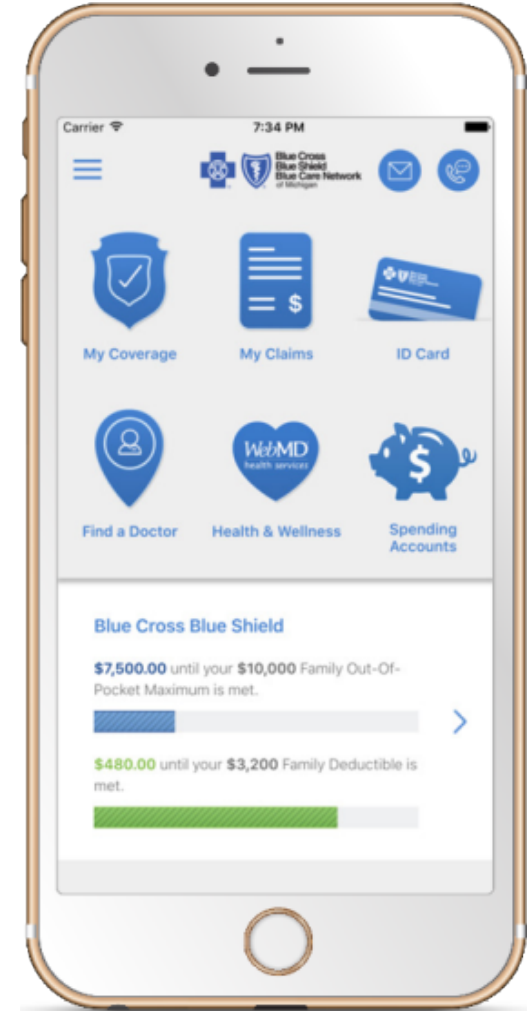


The most convenient way to stay informed about your plan any time of the day. With the app you can:

- Track your costs
- Check on claims
- Find a doctor
- ...and more

How to get the app

- It's available in the App Store® for iPhones and Google Play™ for smartphones using Android.
- The app is not yet available for tablets.





Blue Cross
Health & Wellness[®]

Call the Blue Cross Engagement Center for access to these programs



Our knowledgeable specialists are here to answer your questions about any of the programs or services offered through Blue Cross Health & Wellness.

We can help:

- Coordinate any program referrals
- Find personal or specialist doctors

1-800-775-2583

MON-FRI, 8 a.m. – 6 p.m., Eastern

TTY users please call 1-800-240-3050

Blue Cross®
HEALTH & WELLNESS



Chronic condition management



A personal nurse manager can help you if you have:

- Coronary artery disease
- Chronic obstructive pulmonary disease
- Diabetes
- Heart failure

Once you're in the program, your nurse can support your health care needs by:

- Reviewing your health
- Creating a personalized care plan for you
- Identifying health goals and building skills
- Helping you recognize symptoms and respond to warning signs
- Identifying additional care you may need
- Working with your regular doctor



Case management

A serious illness can feel overwhelming and we're here to help you. Rely on our registered nurses who will work with you, your family and your regular doctor to:

- Coordinate care
- Inform you about your condition and treatment options
- Help with community resources
- Find specialty medical devices and equipment





Blue Care Connect is your connection to the extra support you might need if you have complex care needs.

A nurse will call you to work with you to meet your goals, help you feel comfortable and:

- Help you manage your condition
- Coordinate your care
- Inform you about your care and treatment options
- Coordinate the delivery of medical supplies and equipment prescribed by your doctor
- Coordinate home visits as needed
- Help with community resources



Care transition to home



- **Our goal is your full recovery and continued good health!** Most people don't feel 100 percent perfect when leaving a hospital. The first 30 days after a hospital stay are critical to a full recovery.
- When you are discharged from a hospital or skilled nursing facility, a Blue Cross nurse will call you to:
 - Make sure you have the medications you need and that you know how and when to take them
 - Explain the signs of possible complications or worsening symptoms so you get the help you need
 - Follow up with your doctor as appropriate
 - Make sure you have the support and resources you need to maintain your health

24-Hour Nurse Line



A registered nurse health coach is available to you 24 hours a day, seven days a week if you have health questions, want information to help you make a medical decision or need support with managing a chronic condition.

SAFE. One-on-one conversations with a registered nurse. Caring. Confidential.

QUICK. Expert health advice by phone. No Web searches. No waiting.

EASY. Connect from home or on the go. No appointments. No cost. No hassle.

1-800-775-BLUE (2583).

Tobacco cessation program



Our tobacco cessation program is a free **12- month** telephone-based support program. **A personal health coach** helps you develop an action plan to quit smoking or using tobacco.

Tobacco Cessation Coaching offers:

- Unlimited telephone access to your dedicated health coach
- Personal plan for quitting
- Online resources



WelvieSM surgery decision-support



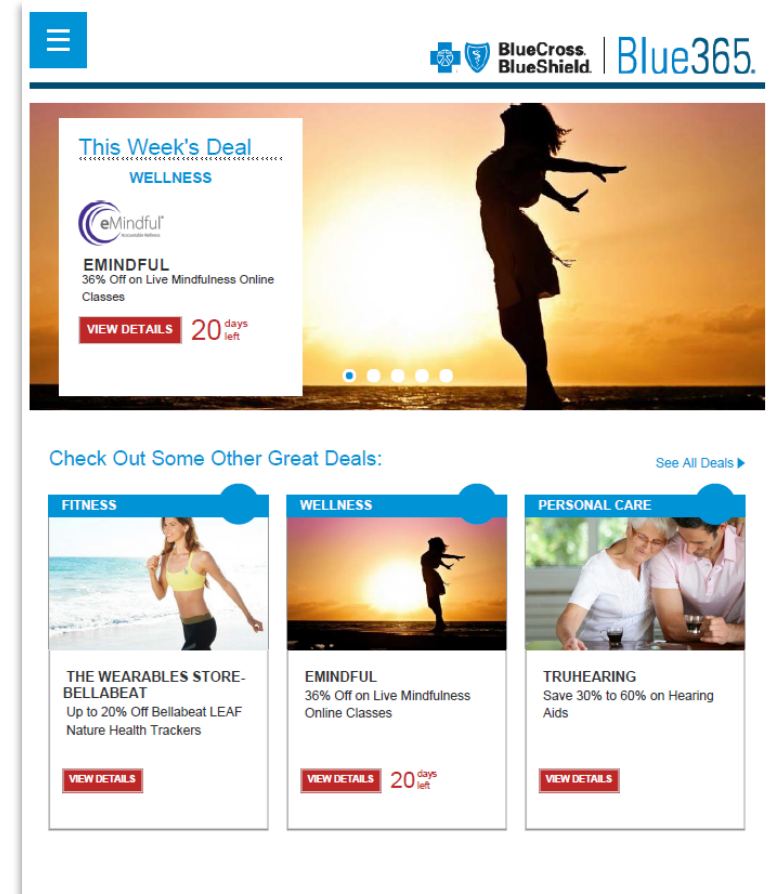
- You have access to **WelvieSM**, a surgery decision-support program to help you explore your treatment options. It's available to you at **no additional cost**.
- Welvie is an internet based program that walks you through the surgery decision process. It provides a unique, step-by-step approach from diagnosis to recovery.
- Visit **welvie.com*** and click on I am ready to log in and then click on register now.
- Even if surgery isn't in your immediate future, check out Welvie so you're prepared if you're ever faced with a surgery decision.

***Welvie is an independent company retained by Blue Cross Blue Shield of Michigan to provide a surgery decision-support program to select Blue Cross Medicare Advantage members.*



Blue 365 offers exclusive health and wellness deals, keeping you healthy and happy, every day of the year! As a member of Blue Cross' Medicare Plus Blue PPO, you automatically have access to nationwide discounts. Visit

www.blue365deals.com



The screenshot shows the Blue365 website interface. At the top, there is a navigation bar with the Blue Cross Blue Shield logo and the Blue365 logo. Below the navigation bar, there is a large banner for 'This Week's Deal' featuring a silhouette of a person jumping against a sunset background. The deal is for eMindful, offering 36% off on Live Mindfulness Online Classes, with a 'VIEW DETAILS' button and a '20 days left' countdown. Below the banner, there is a section titled 'Check Out Some Other Great Deals:' with a 'See All Deals' link. This section contains three cards: 'FITNESS' for The Wearables Store-Bellabeat (up to 20% off on Bellabeat LEAF Nature Health Trackers), 'WELLNESS' for eMindful (36% off on Live Mindfulness Online Classes), and 'PERSONAL CARE' for TrueHearing (save 30% to 60% on hearing aids). Each card has a 'VIEW DETAILS' button.

SilverSneakers®* fitness program



Program benefits:

- Membership in a network of health clubs and exercise classes
- 15,000 participating U.S. locations (no restrictions on days and times)
- Classes designed just for you
- Exercise at your own pace with people in your age group
- Program advisors at each location to help you get started
- Online support to help you lose weight, reduce stress
- Walking programs and home fitness programs

*SilverSneakers is a registered trademark of Tivity Health, an independent company that provides services to Blue Cross Blue Shield of Michigan Medicare Plus Blue Group PPO members.



Visit:

www.silversneakers.com
for participating locations.

Or call:

1-888-423-4632,
Monday through Friday,
8 a.m. to 8 p.m. Eastern time.
TTY users call 711.



Customer Service

- Request a new Blue Cross ID card
- Locate a provider
- Answer personal account questions
- Assist with benefit questions



Thank you for coming!



Our commitment to you: We work hard to be clear and simple, to help you make the right choices, to offer valuable coverage, and help you get quality health care for you and those you love.