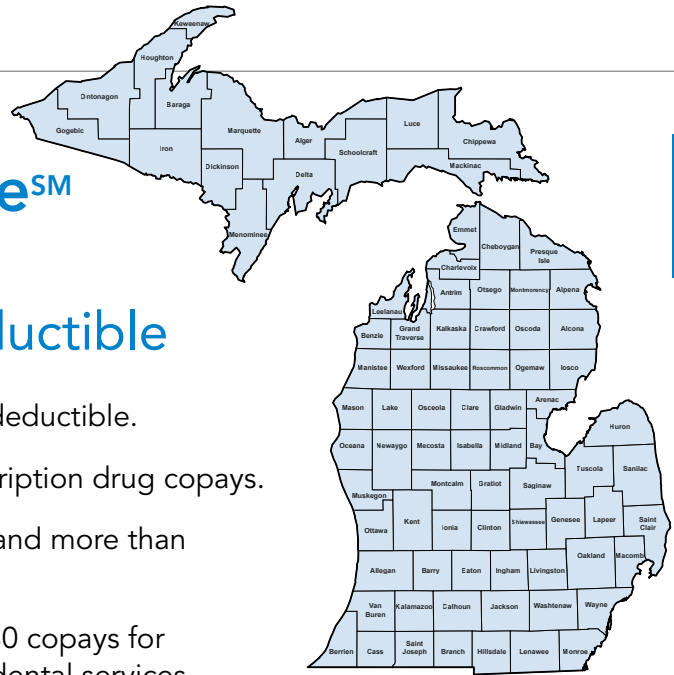




# 2024 Medicare Plus Blue<sup>SM</sup> PPO Essential

## \$0 Monthly Premium | \$0 Deductible

- Affordable plan option with \$0 premium and \$0 deductible.
- \$0 in-network primary care copays and low prescription drug copays.
- Access to more than 50,000 doctors in Michigan and more than 1.7 million doctors nationwide.<sup>1,2</sup>
- All-in-one medical and dental benefits. Includes \$0 copays for crowns, fillings, extractions and other in-network dental services.



Agent:

Phone:

Address:

Email:

### Benefit

Annual medical deductible	\$0
Primary care office visits (in network/out of network)	\$0 copay/\$25 copay
Specialist office visits (in network/out of network)	\$45 copay/\$50 copay
Chiropractic Medicare-covered services (in network/out of network)	\$15 copay/50% coinsurance
Outpatient diagnostic procedures/ tests/lab services	\$0 to \$40 copay 50% out of network
Outpatient surgery	\$0 to \$125 ambulatory surgical center; \$150 to \$275 outpatient hospital surgery; 50% out of network
Urgent/emergency care	\$0 to \$50 urgent care \$90 emergency care
Worldwide urgent/emergency care (includes transportation)	\$50 urgent care; \$90 emergency care \$275 transportation copay \$50,000 lifetime maximum
Inpatient hospital Days 1 to 6 Days 7 and beyond	\$325 copay per day, in network; 50% coinsurance, out of network \$0

<sup>1</sup>Source: Facets Provider and Hospital Counts, Provider and Facility Counts June 1, 2023.

<sup>2</sup>Blue Cross and Blue Shield Association, Blue Facts, February 2022

Benefit	
Dental services	<p>\$1,500 combined in- and out of network annual maximum for preventive and comprehensive dental care. No waiting period and no deductible. \$0 copay in network for up to two oral exams per calendar year and up to two cleanings per calendar year, one set of bitewing X-rays (up to four views) every two calendar years or up to six periapical films every two calendar years (not both), and one fluoride treatment per calendar year. 50% out of network.</p> <p>Also includes fillings, crowns, crown repairs, deep cleaning, root canals, extractions and oral surgery at \$0 in network; 50% out of network. See your <i>Evidence of Coverage</i> for additional details, including frequency and limitations.</p> <p><b>Note:</b> Supplemental \$1,500 dental coverage available for an additional \$20.50 per month.</p>
Vision services	
Routine eye exam	\$0 copay
Eyewear	\$0 copay in network for Medicare-covered eyewear. Combined in- and out-of-network maximum benefit up to \$150 allowance once per calendar year that may be used for elective eyewear. One pair of standard eyeglass lenses is covered in full.
Hearing services	
Routine hearing exam once per year	\$0 to \$45; 50% of approved amount out of network
Hearing aids	\$1,500 (\$750 per ear) allowance maximum may be used toward the purchase of hearing aids every three years. Hearing aid fitting evaluation once every three years.
Advantage Dollars over the counter	\$125 per quarter; balance carries forward within the plan year
SilverSneakers® fitness program	No cost
Out-of-pocket maximum for Medicare-covered medical services	\$5,200 (combined in/out of network)

Part D prescription drug deductible	\$0 all tiers	
Initial coverage period (until your total drug costs reach <b>\$5,030</b> ). Copays listed are for a 31-day supply.		
Preferred and standard pharmacy network copay — a complete listing of preferred and standard pharmacies can be found at <a href="http://www.bcbsm.com/pharmaciesmedicare">www.bcbsm.com/pharmaciesmedicare</a> .		
	Preferred	Standard
Tier 1 preferred generic drugs	\$0	\$5
Tier 2 generic drugs	\$11	\$20
Tier 3 preferred brand drugs <sup>3</sup>	\$42	\$47
Tier 4 nonpreferred drugs	50% coinsurance <sup>4</sup>	
Tier 5 specialty tier drugs	33% coinsurance <sup>4</sup>	
Coverage gap (after your drug costs reach \$5,030 until your out-of-pocket costs reach \$8,000)	You pay no more than: 25% coinsurance of the price for generic drugs; 25% coinsurance of the price for brand-name drugs. This plan has additional coverage in the gap period for some Tier 1 preferred generic drugs.	
Catastrophic period (after your out-of-pocket costs reach \$8,000)	\$0 copay	

<sup>3</sup>You won't pay more than \$35 for a one-month supply of each insulin product included in your plan, no matter what cost-sharing tier it's on.

<sup>4</sup>Of plan's approved amount

**We look forward to supporting your health care needs in 2024.**

SilverSneakers is a registered trademark of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved. Tivity Health is an independent corporation retained by Blue Care Network to provide health and fitness services to their BCN Advantage members.

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

Medicare Plus Blue<sup>SM</sup>, BCN Advantage<sup>SM</sup> and Prescription Blue<sup>SM</sup> are PPO, HMO-POS, HMO and PDP plans with Medicare contracts.

Enrollment in Medicare Plus Blue, BCN Advantage and Prescription Blue depends on contract renewal.

Out-of-network/noncontracted providers are under no obligation to treat Medicare Plus Blue PPO and BCN Advantage HMO-POS and HMO 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.