2026

Welcome

Get off to a great start using your plan

READY TO HELP

Blue Cross Medicare Supplement℠

bcbsm.com/medicare-supplement

Welcome to Blue Cross Medicare Supplement

As part of our Blue Cross family, you'll receive our full commitment to help you understand your coverage and reach your wellness goals. This welcome guide outlines your benefits and explains how your plan works, including:

- What to do now that you're a member
- What we pay and what you'll pay for certain services

We're here to help, so if you have any questions about your coverage, call Customer Service at **1-888-216-4858**, or register at **bcbsm.com** for 24-hour access to your account. TTY users, call **711**.

Thank you for your membership. You've made the right choice.

Blue Cross Blue Shield of Michigan

You have a new plan. What you'll want to know

We're happy you chose to enroll in one of our Medicare supplement plans. We'll do everything we can to help you understand your plan and its benefits. This booklet is an easy guide to help you get started.

You're a member of a Medicare supplement plan

Medicare supplement coverage, also called Medigap coverage, is a health policy that works with Original Medicare Part A (hospital) and Part B (medical) to help with certain costs not covered by Original Medicare. It offers great benefits and lowers your out-of-pocket costs. As your primary health coverage, Original Medicare provides hospital and medical coverage, but it doesn't cover all health care costs and has deductibles and coinsurances that must be paid before Medicare starts to pay for benefits. Medicare also limits coverage for certain services.

What does that mean?

You have access to all doctors who accept Original Medicare, which gives you incredible flexibility.

You have many benefits with your Medicare supplement plan:

- You can keep your own doctor, as long as he or she accepts Original Medicare. There are no network restrictions.
- Use any specialist who accepts Original Medicare. You don't need a referral.
- Blue Cross Blue Shield of Michigan Medicare Supplement and Legacy Medigap members who live in the same household are eligible to get a 10% discount on premiums.
- Plans have guaranteed renewal, so there's no need to reapply each year. As long as you pay your premium, you'll stay enrolled in the plan.
- You can speak to a registered nurse at our 24-Hour Nurse Line when you have questions about an illness or injury.

See what your plan covers

Depending on the option you chose, your **Medicare supplement** plan covers all or a portion of your Medicare deductibles and coinsurances. For highlights on what each plan covers, see the chart below.

Prescription drug coverage isn't included with your Medicare supplement plan and must be purchased separately. If you don't have Medicare prescription drug coverage or creditable prescription drug coverage (meaning, comparable to Medicare), you may have to pay a Part D late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

Benefits	Blue Cross Medicare Supplement plans					
	A	C	D	F* (high deductible)	G* (high deductible)	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 copayment	✔	✔	✔	✔	✔	✔**
Blood (first 3 pints)	✔	✔	✔	✔	✔	✔
Part A hospice care coinsurance or copayment	✔	✔	✔	✔	✔	✔
Skilled nursing facility care coinsurance		✔	✔	✔	✔	✔
Medicare Part A deductible		✔	✔	✔	✔	✔
Medicare Part B deductible		✔		✔		
Medicare Part B excess charges				✔	✔	
Foreign travel emergency (up to plan limits)		80%	80%	80%	80%	80%

This is not a complete listing of benefits. The coinsurance amounts listed in this chart are based on the 2026 Centers for Medicare & Medicaid Services approved values and could change for 2027.

Like Medicare, Blue Cross Medicare Supplement coverage is accepted nationwide, and plans are easy to use. Simply present your Blue Cross Medicare Supplement member ID card 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.

**There are also two high-deductible plans, HD-F and HD-G. If you choose either option, you must pay Medicare-covered costs up to the deductible amount of $2,950 for 2026 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.*

In sickness and in health:

Our commitment to you includes coverage that works for you at every stage. Your benefits aren't just for when you're feeling sick or managing a chronic condition. They can help you take charge of your health. To help you do that, we have preventive services available and suggestions on how to stay healthy. A few are listed here.

Flu vaccine

Protect yourself and your family by getting vaccines to prevent illnesses and diseases, such as the flu, COVID and pneumonia. Talk to your doctor about what's recommended for you. You can get your Medicare-covered flu vaccine at your doctor's office, pharmacy, local health department, community center or any place that accepts Original Medicare.

Pneumonia vaccine

Medicare covers a pneumonia vaccine to help prevent pneumococcal infections (such as certain types of pneumonia). Medicare also covers a different, second vaccine if it's given one year (or later) after the first vaccine. Talk with your doctor or other health care provider to see if you need one or both of the pneumonia vaccines. You pay nothing for these vaccines if the doctor or other qualified health care provider accepts Original Medicare.

Quit tobacco for good

Increase your chances of successfully quitting. Medicare covers up to eight face-to-face counseling visits in a 12-month period. All people with Medicare who use tobacco are covered. You pay nothing for the counseling sessions if the doctor or other qualified health care provider accepts Original Medicare.

Exercise and maintain a healthy weight

Anyone who's overweight has increased risks for diseases and conditions, such as diabetes, heart disease and stroke. Thirty minutes of moderate physical activity a day will help keep you fit and can help prevent some diseases. Exercise can be cutting the grass or just walking. The important thing is to get moving. Pairing a healthier diet with moderate exercise may assist you in maintaining a healthy weight.

Eat healthy, balanced meals

Eating five or more servings of fruits and vegetables a day and less saturated fat can help improve your health and may reduce the risk of cancer and other chronic diseases.

We've got you covered

Know your numbers

Your cholesterol, blood pressure, weight and body mass index are key numbers for gauging your heart health. It's best to regularly visit your primary doctor to have an annual wellness exam.

Depression screening

Medicare covers one depression screening per year. The screening must be done in a primary care setting (like a doctor's office) that can provide follow-up treatment and referrals. You pay nothing for this screening if your doctor participates with Original Medicare.

Cognitive assessment

When you see your health care provider, he or she may perform a cognitive assessment to look for signs of dementia, including Alzheimer's disease. Signs of cognitive impairment include trouble remembering, learning new things, concentrating, managing finances or making decisions about your everyday life. Conditions, such as depression, anxiety and delirium can also cause confusion, so it's important to understand why you may be having symptoms and develop a care plan. This benefit is covered by Medicare and may have a copayment.

Manage stress

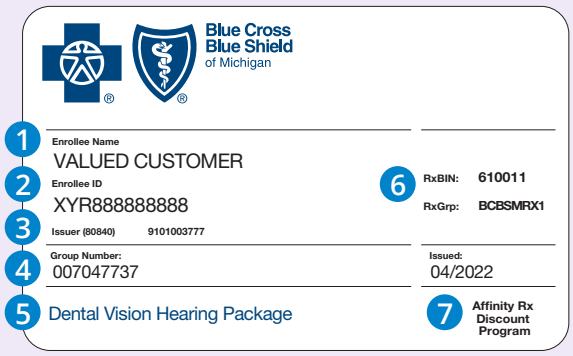
Stress can keep us on our toes — or negatively affect our health. If stress is causing you to eat poorly or drink too much, smoke or neglect your health, find ways to relax. Ask your doctor what you can do to help improve your overall mental health. You can also use Blue Cross Virtual Well-Being℠ to help you manage stress.

Using your coverage

Member ID card

Start using your ID card

New members: We sent you a new Blue Cross member ID card. Use it with your red, white and blue Medicare card when you obtain medical services. Your providers may ask you to show these cards.



(1) Enrollee Name: The person who has coverage with Blue Cross.

(2) Enrollee ID: Used by health care providers to identify you and your benefits. You may be asked for this number when you use your benefits, on forms or when you have questions about coverage.

(3) Issuer: Identifies your specific plan, primarily for health care providers; it's unlikely you'll be asked for it.

(4) Group Number: You may be asked for this number when you use your benefits, fill out forms or have questions about your coverage.

(5) Dental Vision Hearing Package: You will see this indicator only if you have added the Dental Vision Hearing Package to your Blue Cross Medicare Supplement plan.

(6) RxBIN number: Used by pharmacies to identify which company will reimburse them for prescription costs.

(7) Affinity Rx Discount Program: Drug discount program that allows members to purchase prescription drugs at our approved amount.

Provider participation

The majority of providers accept Original Medicare. When you make your appointment, it's always good practice to verify that your provider accepts Original Medicare.

Explanation of Benefits

When you use your medical coverage, we'll send you a detailed *Explanation of Benefits* statement. It's not a bill. It lists the services you received, what your provider billed, what your plan paid and how much you may owe. You'll receive an explanation of benefits the month after the claim is processed.

Well-Being

Our Blue Cross Medicare Supplement Well-Being Program supports your personal health goals. The program gives you access to a 24-Hour Nurse Line, special member-only discounts on Blue 365®, and material from the Blue Cross Virtual Well-Being℠ platform at no extra charge. We also offer a new health and well-being digital platform, provided by Personify Health™. See Page 12 for more details.

Surveys

You may receive surveys asking for your opinion on the service or information you've received. We're always looking for ways to provide better service. Your answers are confidential. They don't affect your coverage or costs. We appreciate your honest feedback.

Your bill

Automatic premium payments offers the convenience of paying your Blue Cross Medicare Supplement premium bill automatically from your bank account each month. No need to write checks, mail payments or worry about late payments. You can sign up for automatic bill payment in the following ways:

- Sending in the *Authorization Agreement for Automatic Payments* form to us by mail or fax:

  Mail:
  Blue Cross Blue Shield of Michigan
  P.O. Box 44407, MC J200
  Detroit, MI 48244-0407

  Fax:
  1-866-392-7528

- You can find the form online: **bcbsm.com/medicare/help/forms-documents/payments.html**
- Call Customer Service. They can can also set up your account for you. Call **1-888-216-4858**. TTY users, call **711**.

Please have the following information available to set up your account:

- Your Blue Cross member ID card
- Your bank's name
- The number of the account you want to use for the payments
- Your bank's routing number
- A voided check if you're using a checking account, or if you're using a savings account, a deposit slip with your account number on it

If you haven't already done so, we encourage you to sign up for paperless billing. Register for an online member account at bcbsm.com/register to enroll in paperless billing and receive your bills electronically.

Important Medicare-covered preventive services

Type of service or test	Recommended frequency
Annual wellness visit	Every 12 months
Breast cancer screening	Every 12 to 24 months
Cardiovascular disease screening	Every five years
Diabetes screening	Up to two times per year
Flu vaccine	Once per flu season
Colorectal cancer screening	Every 12 to 24 months
Bone mass measurements for osteoporosis	Every 24 months
Pneumonia vaccine	The number of vaccines per lifetime will depend on the vaccine used and the time between doses

For a complete list of preventive services, take a look at the *Medicare and You* handbook.

Take an active role in your care

If you're new to Medicare, schedule your one-time, introductory **Welcome to Medicare** exam with your doctor. If you've been enrolled in Medicare for more than a year, you can take advantage of your **annual wellness visit**, which includes a personalized prevention plan, screening schedules, referrals and education based on your specific health situation. This is different from an annual physical exam and is covered once every 12 months.

Here's how you can empower yourself and get more out of your doctor visits:

- Write down symptoms you want your doctor to be aware of and questions you want to ask.
- Take notes as the doctor answers your questions.
- Review your medications (dose, side effects and over-the-counter supplements).
- Speak up about any health concerns.
- Be involved in your care decisions.
- Discuss your family history.

You're a key player on your health care team.

Health topics to discuss with your doctor

Each time you visit your doctor, it's important to speak up about any changes you've noticed to your health since your last visit. These are some common concerns you can discuss with your doctor to help build knowledge about your health and prevent future issues.

Do you ...	You should ask your doctor about ...
Need to update your vaccines?	Which vaccines you may need or are appropriate, as well as where you can get them administered
Feel sad, anxious or lonely?	Available resources to help with your mood
Visit your primary doctor for an annual wellness visit?	Additional recommended screenings to keep you healthy and prevent ailments from worsening
Feel frequent pain?	How your pain limits your physical activity
Wish to increase physical exercise?	Whether you should start, increase or maintain your level of exercise, and what types of exercise are right for you
Experience incontinence?	Effective treatments
Have an advance care plan?	How to create one and share it with loved ones
Find yourself unsteady or off balance?	What can be done throughout your home and daily routines to help prevent falls

Notes from my visit

Date	Doctor	Notes

Talking with your doctor

If you're looking for better dialogue with your doctor, try this: Pick at least one question from the list below to ask every time you visit your doctor. Write down your questions ahead of time so you're prepared to ask them during your appointment.

What ...

exercise is right for me?

_____

is a healthy weight for me?

_____

chronic conditions am I most at risk for?

_____

are my treatment options?

_____

How ...

healthy am I?

_____

serious is my condition?

_____

will I know if the treatment is working?

_____

is this treatment covered by my plan?

_____

When do I need preventive care, such as ...

vaccines for flu or pneumonia?

_____

bone mass measurements for osteoporosis?

_____

cancer screenings?

_____

diabetes screenings?

_____

Why ...

do I need this treatment?

_____

does my medication have side effects like making me feel weak or dizzy?

_____

am I forgetting things or feeling sad?

_____

am I on this medication?

_____

Get the right care when you need it

Type of care	Best for	Advantages
24-Hour Nurse Line	Helping you determine the next level of care	**Availability:** Contact a nurse from wherever you are at **1-844-278-6316**
Your regular doctor	• Annual exams • Screenings and vaccines • Minor illnesses or injuries	**Trusted doctor:** Knows you and your medical history Can track and guide all care, including specialist referrals After-hours access by phone or email
Specialist	A particular area of expertise	**Specialized care:** For issues, such as heart or lung health or geriatric care
Urgent care center	Illnesses that aren't life-threatening or issues when you can't get in to see your regular doctor, such as: • Severe sore throat, cough or cold • Ear, eye, upper respiratory or urinary tract infections • Minor burns and cuts • Muscle sprains and strains	**Convenience:** Extended hours, walk-in service, convenient locations
Emergency room	Handles sudden, very serious or life-threatening illness or injury, such as: • Heart attack — chest pain, pressure or tightness; shortness of breath • Stroke — sudden onset of dizziness, blurred vision, slurred speech or bodily weakness • Major trauma — head injuries, uncontrolled bleeding or broken bones	**Accessibility:** 24 hours a day, seven days a week
USA Senior Care Network	Scheduled inpatient care	**Preparedness:** $100 credit that can be used toward a future premium payment
	To find a participating facility in and out of state, visit **providersearch.usascn.com/bcbsm**.	

Medicare Supplement Well-Being Program

Real support for real life

Our Blue Cross Medicare Supplement℠ Well-Being Program helps you live your best life. As a member, you have the advantages to experience life's adventures with Blue Cross confidence.

You choose the Medicare supplement plan you want, and we'll supply the well-being support you need to fulfill your personal health goals.

We're ready to help you live a healthier, happier life

Online health and well-being resources

Lead a healthy life using our new health and well-being digital platform, provided by Personify™ Health.

You'll find 24/7 access to:

- Programs and resources to address your interests and health goals
- Health assessment to identify risk factors
- A collaborative tobacco cessation coaching program for help to stop smoking, vaping and using nicotine
- Tools to track well-visits, screenings and other care needs
- Digital health coaching Journeys®

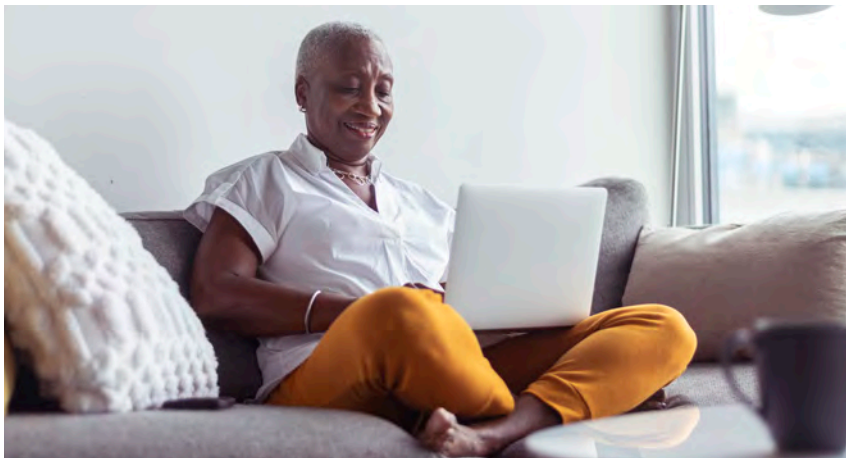
Plus, easy integration with more than 100 fitness devices and apps, such as Apple® Health, Garmin® and MyFitnessPal®.

Log in to your member account at **bcbsm.com** from your computer, tablet or smart phone. First-time users must register. Your Blue Cross member ID card has the information you need to get started.

Apple® is a trademark of Apple Inc., registered in the U.S. and other countries.

Blue Cross Blue Shield of Michigan does not use any information obtained from the health assessment for the purpose of rating a Medicare Supplement Insurance policy.

Personify Health is an independent company that provides health and well-being services to Blue Cross Blue Shield of Michigan and Blue Care Network members.



Blue365®

When you show your member ID card, you get nationwide savings for health magazines, cooking classes, weight-loss programs and retail stores. Plus save on healthy food and vitamin deliveries, travel accommodations, fitness programs and wearable fitness trackers. Get a list of current savings at **blue365deals.com**. You may also call **1-855-511-2583** from 9 a.m. to 8 p.m. Monday through Friday. TTY users, call **711**.

Blue Cross Virtual Well-Being℠

Begin a personal journey by attending our virtual well-being webinars. Each week you can access a new high-energy presentation from your computer, tablet or mobile phone. Topics include home fitness, social isolation, healthy cooking and gardening. Plus, you can download session materials to save and share with your family and caregivers.

Conveniently watch Blue Cross Virtual Well-Being webinars on your computer, tablet or smartphone.

Learn more, register or watch past webinars from the convenience of your own home at **bluecrossvirtualwellbeing.com**.

Blue365 is brought to you by the Blue Cross and Blue Shield Association. Value-added items and services are not a part of your insurance benefits. For complete terms and conditions, see ***blue365deals.com/terms-use****.*

Dental Vision Hearing Package

ADD-ON BENEFIT PACKAGE

Get one monthly bill that covers extra benefits

You'll smile, see and hear more with our Dental Vision Hearing Package for Blue Cross Medicare Supplement and Legacy Medigap members. Add the Dental Vision Hearing Package to your base coverage premium for a monthly cost of $37.75 and get the extra coverage you deserve.

All Medicare supplement and Legacy members can sign up for the additional dental, vision and hearing coverage as long as they don't have coverage through another individual plan. To add the Dental Vision Hearing Package to your plan, you can talk to your agent. Call **833-844-3871** (TTY users, call **711**), or complete a paper application available upon request at **bcbsm.com**.

Medicare supplement and Legacy members with the Dental Vision Hearing Package will get one new member ID card for all their services and receive one monthly bill that covers both their plan premium and their Dental Vision Hearing Package premium. Payments can be made by mail, automatic withdrawal, or by phone.

New Medicare supplement members: You can add the package to your Medicare supplement plan during your initial enrollment or within the first 30 days of your policy start date. Benefits start the first day of the month after we receive and process your application.

Existing Blue Cross Medicare Supplement or Legacy Medigap members: You can add the package to your existing plan between February 1 and April 30 of each year.

Please note: The Dental Vision Hearing Package is sold as a bundle; the benefits aren't sold separately. The premium for the Dental Vision Hearing Package is subject to change each year.

Dental services

	In network	Out of network
Deductible	$0	$0
Exams: Two per calendar year **Cleanings:** Two per calendar year **Fluoride:** Once per calendar year **Brush biopsy:** Once per calendar year **X-rays:** Once every two calendar years Either One set of up to four bitewings Or Six periapical films	0% coinsurance	50% coinsurance
Annual maximum Combined in and out of network Applies to services below	$1,500	
Amalgam and resin fillings: Once per tooth every 48 months **Root canals:** Once per tooth, per lifetime **Simple extractions** **Crown:** For permanent teeth, once per tooth every 84 months **Crown repairs**	50% coinsurance	50% coinsurance

Finding an in-network dentist

Log in to your account at **bcbsm.com** or **MIBlueDentist.com** and choose *Medicare Supplement* to search for in-network dentists. Or call Customer Service at **1-888-826-8152**. TTY users, call **711**.

Vision services

	In network	Out of network
Frames or elective contact lenses	$300 allowance for frames or elective contact lenses every 12 months	Frames reimbursed up to $70 or elective contact lenses reimbursed up to $105 every 12 months
Lenses	Standard lenses* are covered in full every 12 months	Reimbursement, every 12 months, up to: **Single-vision lenses:** $30 **Bifocal lenses:** $50 **Trifocal lenses:** $65 **Lenticular lenses:** $100
Exams	$20 copayment; offered every 12 months	Reimbursed up to $45 every 12 months

**Standard lenses include single vision lenses, bifocal lenses and trifocal lenses*

Finding an in-network eye doctor

Log in to your member account at **bcbsm.com** or visit **vsp.com** to find a VSP® network eye care provider or to find out if your eye care provider participates. You can also call **1-800-877-7195** to speak to a VSP Customer Service representative. TTY users, call **711**.

VSP is an independent company contracted to provide vision services on behalf of Blue Cross Blue Shield of Michigan.

If you wish to cancel your Dental Vision Hearing Package, call Customer Service, or mail or fax a written request to:

Blue Cross Medicare Supplement Dental Vision Hearing Package Cancellation Request
P.O. Box 44407, MC J200
Detroit, Michigan 48244-0407

Customer Service: **1-888-216-4858**; TTY users, call **711**.

Fax: **1-866-392-7528**

Disenrollment from the Medicare Supplement Dental Vision Hearing Package will be effective the first day of the month following the date Blue Cross Blue Shield of Michigan receives your request.

Once you cancel the coverage, you won't be able to reenroll in this package until the following enrollment window of February 1 to April 30.

Hearing services

Hearing exam	One exam every 12 months			
Frequency	One hearing aid per ear every 12 months			
Network	TruHearing®			
Hearing aids				
	Basic	**Standard**	**Advanced**	**Premium**
You pay	$495 per ear	$895 per ear	$1,295 per ear	$1,695 per ear
Preferred listening environment	Best for quiet or mild environments, such as one-on-one conversations	Best for predictable environments, such as home	Best for more challenging environments, such as offices or when in motion	Best for challenging environments, such as restaurants or when in large groups of people
Features	Limited noise reduction Basic feedback cancellation	Noise reduction Adjustable speech enhancement	Noise reduction Adjustable speech enhancement Artificial intelligence technology	Automatic noise reduction Adjustable speech enhancement Adaptive directional microphone Impulse sound management

Finding a TruHearing hearing specialist

Call TruHearing at **1-844-825-0033** to speak to a hearing consultant who can answer your questions. You must use a TruHearing provider to receive benefits. TTY users, call **711**.

Think you might have hearing loss? In the comfort of your home, you can try TruHearing's free, fast, online screening. Accessible from your tablet, computer or smartphone. Visit **TruHearing.com/BCBSMI** to find the five-minute hearing assessment located on their home page.

TruHearing is an independent company contracted to provide hearing services on behalf of Blue Cross Blue Shield of Michigan.

Online tools help you manage your health

You can access your coverage online, anytime. When you register in the secured member section of **bcbsm.com** you can:

- Understand your plan benefits and health information.
- Choose to receive electronic *Explanation of Benefits* statements and other documents.
- Track your spending.
- Use tools provided in the Health & Wellness tab.
- Opt in or out of paperless billing.
- See any certificates and applicable riders.
- Sign up for email or text messaging instead of paper mailings.

It's easy to register

Here's how you sign up:

1. Go to **bcbsm.com/register**.
2. Click *Register Now*.
3. Complete the eligibility portion by entering your member ID or Social Security number.
4. Set your communication preferences, such as signing up for paperless documents.

Here's how to get the mobile app and carry your coverage with you:

1. Go to the Apple® App Store or the Google Play™ store.
2. Search for *BCBSM*.
3. Choose the first application listed and install the application.
4. Tap on the app icon when it appears on your screen.
5. Choose *Register* to begin the registration process.

Access your certificate and riders:

1. Go to **bcbsm.com**.
2. Log in to your member account with your username and password.
3. Click the *My Coverage* tab, and then click *Medical*.
4. Then click on the *Plan Documents* tab.
5. You'll see your certificates and any applicable riders here. Double-click the document to view it.

Need help with the app or website? Call **1-888-417-3479** from 8 a.m. to 8 p.m. Monday through Friday. TTY users, call **711**.

No internet? No smartphone? **No problem.**

If you don't use the internet or don't have a smartphone, don't worry. You can still access most of this information by calling Customer Service using the number on the back of your Blue Cross member ID card.

Signs of fraud?

Health care fraud is a felony that can endanger your health and your access to health insurance, and put your personal information at risk. Protect yourself and others by learning how to spot fraud.

Incorrect information on your *Explanation of Benefits* statement can indicate fraud, especially if the date is wrong or it lists services you didn't receive. It's worth it to report a suspicious EOB. Otherwise, you could be responsible for charges you shouldn't have to pay.

Guard your card. Loaning an insurance card or using an expired card to get medical care is fraud. Be cautious when you give out your Social Security number or Blue Cross enrollee ID.

When free isn't truly free. Health care providers who offer free services or waive your copay may not be giving you a bargain. They may charge the insurance company more for other services to make up the difference or add services you didn't receive.

Medicare fraud. Unfortunately, people have found many illegal ways to take advantage of Medicare. The more you know, the easier it is to recognize and avoid it.

Report fraud

1-888-650-8136
TTY: **711**
8:30 a.m. to 4:30 p.m. Monday through Friday

Help us detect fraudulent Medicare claims, which drive up premiums and medical costs. To report fraud, call the number above.

Tip: Keep a personal log of your doctor visits, including the dates and services you received. That way you can compare it to your EOB. You can use your mobile app and your online member account to help you do this.

Note: If your visits don't match up with your claims, please note that providers have up to one year to submit a claim.

Terms to know

Here are some important terms you may need to know. For a more detailed list, see the most current edition of the *Medicare & You* handbook. Go to **medicare.gov** and search for *Medicare & You*.

Hospital-based practice — Many provider offices, health centers or hospital-based outpatient clinics owned and operated by hospitals may charge an additional hospital usage fee or facility charge when you see any provider in the office, health center or clinic. These offices may cost more. Additionally, your services may cost a different amount based on where they're performed (in office, outpatient in an ambulatory surgical center, outpatient hospital facility or hospital-owned doctor's office).

Inpatient versus outpatient — Staying overnight in a hospital doesn't always mean you're an inpatient. You only become an inpatient when a hospital formally admits you as an inpatient, after a doctor orders it. You're still an outpatient if you haven't been formally admitted by a doctor as an inpatient, even if you're getting emergency department services, observation services, outpatient surgery, lab tests or X-rays. If you aren't sure if the service is considered outpatient, you should ask the hospital staff.

Out-of-pocket costs — This is the portion of the cost that you pay for health care services or supplies — including your plan copay, coinsurance and deductibles, which can change every year.

Coinsurance — A percentage of the costs you may pay for health care services.

Copayment — An amount you may be required to pay as your share of the cost for a medical service or supply, such as a doctor visit or hospital outpatient visit. A copayment is a set amount, rather than a percentage. For example, if you're in a plan that has a copayment, you might pay $10 or $20 for a doctor visit.

Deductible — This is a fixed dollar amount you may pay for health care services before your plan begins to pay.

Premium — Your monthly payment for health, prescription drug or add-on Dental Vision Hearing Package coverage.

Preventive screening versus diagnostic exam — A preventive screening checks to see that you're healthy (no sign, symptom or disease present). A diagnostic exam is performed to diagnose and, consequently, start treatment if there is a sign, symptom or disease present. Diagnostic exams are prescribed when there are health concerns, such as certain symptoms or medical history. When a sign or symptom is discovered during a preventive exam, all further testing and exams scheduled on a separate day from the initial screening are considered diagnostic procedures and diagnostic out-of-pocket costs will apply.


Capitol Park
FOOD · CRAFTS · BEER
Marketplace

Customer Service

1-888-216-4858. TTY: **711**.
8 a.m. to 5 p.m. Eastern time
Monday through Friday

Thanks for reading about your plan and what we offer you as a Blue Cross Medicare Supplement member. We are always ready to help. Please call us if you have any questions.

bcbsm.com/medicare-supplement

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.