2026

READY TO HELP

Medicare Plus Blue℠ PPO Essential, +Meijer

Summary of Benefits

To get a complete list of services we cover, call Customer Service and ask for the *Evidence of Coverage* (phone numbers are printed on the back cover of this booklet).

To join Medicare Plus Blue PPO Essential or +Meijer, you must have both Medicare Part A and Medicare Part B, be a United States citizen or lawfully present in the United States and 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. Our service area includes the state of Michigan.

www.bcbsm.com/medicare

Medicare Plus Blue PPO Essential and +Meijer have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network. For more detailed information about our providers, you can call Customer Service (phone numbers are printed on the back cover of this booklet) or visit our website at **www.bcbsm.com/medicare**.

Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue PPO Essential or +Meijer 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.

Premium/Cost-sharing Table for Medicare Plus Blue Essential and +Meijer PPO

Premiums per plan and by region in which you permanently reside are listed in the chart below. You must continue to pay your Medicare Part B premium. **For Essential, a Medicare Part B premium reduction is provided (Region 1 = $9.20, Region 2 = $20.10, Region 4 = $15.10, Region 6 = $10.90). For +Meijer, a Medicare Part B premium reduction is provided (Region 1 = $11.90, Region 2 = $22.70, Region 3 = $16.70, Region 4 = $17.70, Region 6 = $15.90).**

1) Find the county and region that you live in.

2) Look across the plan option columns to find your monthly premium rate.

Regions with counties	Medicare Plus Blue Essential premium rates per month	Medicare Plus Blue + Meijer premium rates per month
Region 1 **Essential** Allegan, Barry, Ionia, Kalamazoo, Muskegon and Ottawa counties **+Meijer** Allegan, Ionia, Kalamazoo, Mason, Muskegon, Newaygo and Ottawa counties	$25	$35
Region 2 **Essential** Berrien, Branch, Calhoun, Gratiot, Hillsdale, Jackson, Monroe, Montcalm, St. Joseph and Van Buren counties **+Meijer** Berrien, Branch, Calhoun, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Monroe, Montcalm, St. Joseph and Van Buren counties	$25	$35
Region 3 **Essential** Not offered **+Meijer** Alpena, Bay, Chippewa, Ogemaw, Saginaw and Shiawassee counties	Not offered	$35
Region 4 **Essential** Cass, Genesee, Kent, Lenawee, Livingston and St. Clair counties **+Meijer** Clinton, Delta, Emmet, Genesee, Grand Traverse, Isabella, Kent, Lenawee, Livingston, Manistee, Marquette, Mecosta, Midland, Otsego, St. Clair and Wexford counties	$25	$35

Regions with counties	Medicare Plus Blue Essential premium rates per month	Medicare Plus Blue + Meijer premium rates per month
Region 6 **Essential and +Meijer** Macomb, Oakland, Washtenaw and Wayne counties	$25	$35
Optional Supplemental Dental and Vision	$30.50 (additional monthly premium)	

Region 5 is not being used at this time.

	Medicare Plus Blue Essential	Medicare Plus Blue + Meijer
Deductible	This plan does not have a deductible for hospital and medical services. $150 deductible for Tiers 3, 4, and 5 for Part D prescription drugs.	This plan does not have a deductible for hospital and medical services. $150 deductible for Tiers 3, 4, and 5 for Part D prescription drugs.
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	$6,250 for services from in-network providers $6,250 for services from any provider	$6,750 for services from in-network providers $6,750 for services from any provider

Benefits	Medicare Plus Blue Essential	Medicare Plus Blue + Meijer
Note: Services with a [1] may require prior authorization		
Inpatient Hospital Coverage[1] Our plan covers an unlimited number of days for an inpatient stay.	**In-network:** $350 copay per day for days 1-7, per admission $0 copay for days 8-90 **Out-of-network:** 50% of approved amount	**In-network:** $325 copay per day for days 1-7, per admission $0 copay for days 8-90 **Out-of-network:** 50% of approved amount
Outpatient Hospital Coverage[1]	**In-network:** $125 copay for non-surgical services. $350 copay for surgical services **Out-of-network:** 50% of approved amount	**In-network:** $150 copay for non-surgical services. $375 copay for surgical services **Out-of-network:** 50% of approved amount
Ambulatory Surgical Center (ASC) Services[1]	**In-network** $0 copay for Medicare-covered arthroplasty knee and hip services in an ASC	
	$100 for non-surgical services $250 for surgical services **Out-of-network:** 50% of the approved amount	$125 for non-surgical services $325 for surgical services **Out-of-network** 50% of the approved amount

Benefits	Medicare Plus Blue Essential	Medicare Plus Blue + Meijer
Doctor Visits		
○ Primary	**In-network:** $0 **Out-of-network:** $25 copay	**In-network:** $0 copay **Out-of-network:** $0 copay
○ Specialists	**In-network:** $45 copay **Out-of-network:** $50 copay	**In-network:** $50 copay **Out-of-network:** $55 copay
○ Telehealth	$0 copay for each telehealth primary care physician medical visit through plan-approved vendor. $0 copay for each telehealth mental health visit through plan-approved vendor.	
Preventive Care (Any additional preventive services approved by Medicare during the contract year will be covered.)	**In- and Out-of-network:** $0 Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual physical exam • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings • Diabetes self-management training • Glaucoma screening • HIV screening • Immunizations, including COVID-19, flu, hepatitis B, and pneumococcal vaccines • Medical nutrition therapy services • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and counseling • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screenings (PSA)	

Benefits	Medicare Plus Blue Essential	Medicare Plus Blue + Meijer
Preventive Care (Continued)	• Screening for lung cancer with low-dose computed tomography (LDCT) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • "Welcome to Medicare" preventive visit (one-time)	
Emergency Care You are covered for emergency medical care worldwide.	$130 copay **Note:** The copay is waived if you are admitted to the hospital within three days for the same condition.	
Urgently Needed Services You are covered for urgently needed services worldwide	$50 copay at urgent care center $0 copay at primary care physician's office	
Diagnostic Services/Labs/ Imaging[1]		
○ Diagnostic radiology services	**In-network:** $100-$150 copay **Out-of-network:** 50% of approved amount	**In-network:** $150-$250 copay **Out-of-network:** 50% of approved amount
○ Lab services	**In-network:** $0-$40 copay **Out-of-network:** 50% of approved amount	**In-network:** $0-$40 copay **Out-of-network:** 50% of approved amount
○ Diagnostic tests and procedures including COVID -19 testing	**In-network:** $0-$150 copay **Out-of-network:** $0-$50/50% of approved amount	**In-network:** $0-$150 copay **Out-of-network:** $55 copay
○ Outpatient X-rays	**In-network:** $35-$150 copay **Out-of-network:** 50% of approved amount	**In-network:** $35-$150 copay **Out-of-network:** 50% of approved amount
○ Therapeutic radiology services	**In-network:** $35 copay **Out-of-network:** 50% of approved amount	**In-network:** $35 copay **Out-of-network:** 50% of the approved amount

Benefits	Medicare Plus Blue Essential	Medicare Plus Blue + Meijer
Hearing Services **Medicare-covered hearing services**		
○ Hearing exam to diagnose and treat hearing and balance issues	**In-network:** $0-$45 copay **Out-of-network:** $50 copay	**In-network:** $0-$50 copay **Out-of-network:** $55 copay
Non-Medicare-covered hearing services **Must be received from a TruHearing® provider.**	Not offered	
○ Routine hearing exam (1 every year)		**In-network:** $0 copay
○ Hearing aid fitting/ evaluation (1 every year)		**In-network:** $0 copay
○ Hearing aids (1 per ear, per year) from applicable TruHearing catalog		$495 copay per aid for Basic Aids $895 copay per aid for Standard Aids $1,295 copay per aid for Advanced Aids $1,695 copay per aid for Premium Aids **Out-of-network:** Not offered
Dental Services (Medicare-covered)	**In-network:** $0-$45 copay **Out-of-network:** $50 copay	**In-network:** $0-$50 copay **Out-of-network:** $55 copay
Enhanced dental services (Preventive and Comprehensive)		
○ Preventive Services include oral exams, routine cleanings, certain dental X-rays and fluoride treatment	This benefit provides a $950 annual maximum (combined in- and out-of-network) for preventive and comprehensive dental services.	This benefit provides a $1,000 annual maximum (combined in- and out-of-network) for preventive and comprehensive dental services.
○ Comprehensive Services include brush biopsies, resin and amalgam fillings, crowns for permanent teeth only, crown repairs, root canals, deep cleaning, extractions and oral surgery	**In-network:** $0 copay **Out-of-network:** 50% of approved amount	**In-network:** $0 copay **Out-of-network:** 50% of approved amount

Benefits	Medicare Plus Blue Essential	Medicare Plus Blue + Meijer
Optional Supplemental Dental (available for additional monthly premium) Includes, but not limited to, dentures, bridges, onlays and implants	The benefit provides a $1,500 combined in- and out-of-network annual maximum (in addition to the enhanced dental annual maximum) for comprehensive dental services. No deductible. **In-network:** 25% coinsurance **Out-of-network:** 50% of the approved amount	
Vision Services (Medicare-covered) ○ Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening). ○ Screening for diabetic retinopathy is covered once per year for those at risk.	**In-network:** $0-$45 copay **Out-of-network:** $50 copay	**In-network:** $0-$50 copay **Out-of-network:** $55 copay
○ Eyeglasses or contact lenses after cataract surgery	**In-network:** $0 **Out-of-network:** 50% of the approved amount	**In-network:** $0 **Out-of-network:** 50% of the approved amount

<table>
<tr><th>Benefits</th><th>Medicare Plus Blue Essential</th><th>Medicare Plus Blue + Meijer</th></tr>
<tr><td rowspan="2">Enhanced Vision Services
○ Routine eye exam through VSP Choice Network, one per calendar year</td><td colspan="2">In-network:
$0 copay
Out-of-network:
50% of approved amount</td></tr>
<tr><td>Not offered</td><td>In-network:
$0 copay for standard eyeglass lenses
Out-of-network:
50% of the approved amount for standard eyeglass lenses
In-network:
Eyewear benefit provides a combined in- and out-of-network maximum up to $100 every calendar year and may be used for either (a) elective contact lenses or (b) one frame.
One pair of standard eyeglass lenses is covered in full every calendar year.
Out-of-network:
Eyewear benefit provides a combined in- and out-of-network maximum with 50% of allowed amounts up to $100 every calendar year and may be used for either (a) elective contact lenses or, (b) one frame.
Standard eyeglass lenses are reimbursed up to 50% of the allowed amount</td></tr>
<tr><td>○ Eyewear - Eligible for one each calendar year:
○ Elective contacts, OR
○ One pair standard lenses, OR
○ One frame OR
○ One complete pair of eyeglasses (excludes Essential)
For a complete pair of eyeglasses, the maximum allowance is used toward the frame only.</td><td></td><td></td></tr>
</table>

Benefits	Medicare Plus Blue Essential	Medicare Plus Blue + Meijer
Optional Supplemental Vision (available for additional monthly premium) You are eligible for ONE of the following, every calendar year: ○ Elective contact lenses OR ○ One pair of standard eyeglass lenses OR ○ One frame OR ○ One complete pair of eyeglasses For a complete pair of eyeglasses, the allowance can be used for the frame only. Routine vision care must be from a participating VSP Choice Network provider. To locate a VSP Choice Network provider, call 1-800-877-7195 from 8 a.m. to 11 p.m. Eastern time, Monday through Saturday, hearing impaired users call 711, or visit www.vsp.com.	**In-network:** The optional eyewear benefit provides a $250 combined in- and out-of-network maximum once every calendar year and may be used for either (a) elective contact lenses or (b) 1 frame. Includes lens options: polycarbonate lenses and anti reflective coating. **Out-of-network:** The benefit provides a combined in- and out-of-network benefit maximum with 50% coinsurance up to $250 every calendar year and may be used for either (a) elective contact lenses or (b) frames. For out-of-network services, you may be required to pay the cost up front and submit for reimbursement. Other limitations apply.	**In-network:** The optional eyewear benefit provides a $250 combined in and out-of-network maximum (in addition to the enhanced vision benefit) once every calendar year and may be used for either (a) elective contact lenses or (b) 1 frame. Includes lens options: polycarbonate lenses and anti reflective coating. Standard eyeglass lenses are covered in full every calendar year as part of the Enhanced Vision benefit. **Out-of-network:** The benefit provides (in addition to the Enhanced vision benefit) a combined in- and out-of-network benefit maximum with 50% coinsurance up to $250 every calendar year and may be used for either (a) elective contact lenses or (b) frames For out-of-network services, you may be required to pay the cost up front and submit for reimbursement. Other limitations apply.
Inpatient Mental Health Care[1] Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.	**In-network:** $300 copay per day for days 1-7, per admission $0 days 8-90 **Out-of-network:** 50% of approved amount	**In-network:** $325 copay per day for days 1-7, per admission $0 per day for days 8-90 **Out-of-network:** 50% of approved amount
Outpatient Mental Health Care Individual and group therapy	**In-network:** $20 copay **Out-of-network:** 50% of approved amount	**In-network:** $20 copay **Out-of-network:** $55 copay

Benefits	Medicare Plus Blue Essential	Medicare Plus Blue + Meijer
Skilled Nursing Facility (SNF)[1] Our plan covers up to 100 days in a SNF. No prior hospital stay is required for a skilled nursing facility stay.	**In-network:** $0 for days 1-20 $218 for days 21-100 **Out-of-network:** 50% of approved amount	
Outpatient Rehabilitation Physical/Speech/ Occupational therapy	**In-network:** $45 copay **Out-of-network:** 50% of approved amount	**In-network:** $50 copay **Out-of-network:** 50% of approved amount
Ambulance Services ○ Ground or air transportation ○ Ambulance services without transportation	**In- and Out-of-Network** $350 copay **In-network:** $90 copay **Out-of-network:** 50% of approved amount	**In- and Out-of-Network** $350 copay **In-network:** $90 copay **Out-of-network:** 50% of approved amount
Transportation	Not offered	
Medicare Part B Drugs[1] ○ Medicare Part B Insulin Drugs (one-month's supply)	**In-network:** 0% - 20% coinsurance **Out-of-network:** 0% - 50% coinsurance **In- and Out-of-network:** Not more than $35 per month	
○ Chemotherapy drugs and other Part B drugs	**In-network:** 0% - 20% coinsurance **Out-of-network:** 0% - 50% coinsurance	

Benefits	Medicare Plus Blue Essential	Medicare Plus Blue + Meijer
Medical Equipment/ Supplies[1] ○ Durable Medical Equipment	**In-network:** 0%-20% **Out-of-network:** 0%-50%	
○ Prosthetics and Orthotics/ Medical supplies	**In-network:** 20% of the approved amount **Out-of-network:** 50% of the approved amount	
○ Diabetes supplies	**In-network:** 0% - 20% of approved amount **Out-of-network:** 0% - 40% of approved amount	
Health fitness program (SilverSneakers®) SilverSneakers is a registered trademark of Tivity Health, Inc. © 2025 Tivity Health, Inc. All rights reserved.	Not offered	**In-network:** You pay $0 for the health fitness program.
Over-the-Counter (OTC) Allowance: Advantage Dollars Over-the-Counter (OTC) items are drugs and health-related products that do not need a prescription. This benefit covers certain approved non-prescription over-the-counter drugs and health-related items.	**Allowance Amount**	
	Not offered	You receive $60 per quarter.
	An allowance is added each quarter (January 1, April 1, July 1, October 1). Unused amounts will not carry forward into the next quarter or the next calendar year. Note: All purchases must be made through plan-approved retailers	

Benefits	Medicare Plus Blue Essential	Medicare Plus Blue + Meijer
Special supplemental benefits for the chronically ill **Food and Produce Allowance** This benefit will be available to plan-identified members with a history of one or more specified chronic conditions. • Autoimmune disorders including polyarteritis nodosa, polymyalgia rheumatica, polymyositis, dermatomyositis, rheumatoid arthritis, systemic lupus erythematosus, psoriatic arthritis and scleroderma • Cancer • Cardiovascular disorders including cardiac arrhythmias, coronary artery disease, peripheral vascular disease and valvular heart disease • Chronic alcohol use disorder and other substance use disorders (SUDs) • Chronic and disabling mental health conditions including bipolar disorders, major depressive disorders, paranoid disorder, schizophrenia, schizoaffective disorder, post-traumatic stress disorder (PTSD), eating disorders and anxiety disorders	Not offered	You receive $60 per quarter. Your OTC account will be loaded automatically with the above amount on January 1, April 1, July 1 and October 1. Unused amounts will not carry over quarter to quarter or year to year.

Benefits	Medicare Plus Blue Essential	Medicare Plus Blue + Meijer
Special supplemental benefits for the chronically ill (continued) • Chronic gastrointestinal disease including chronic liver disease, (non-alcoholic fatty liver disease (NAFLD), hepatitis B, hepatitis C, pancreatitis, irritable bowel syndrome, inflammatory bowel disease • Chronic heart failure • Chronic hypertension • Chronic kidney disease (CKD) including CKD requiring dialysis/End-stage renal disease (ESRD) and CKD not requiring dialysis • Chronic lung disorders including cystic fibrosis, emphysema, pulmonary fibrosis, pulmonary hypertension and chronic obstructive pulmonary disease (COPD) • Conditions with functional challenges including spinal cord injuries, paralysis, limb loss, stroke and arthritis • Dementia • Diabetes Mellitus • HIV/AIDS		

Benefits	Medicare Plus Blue Essential	Medicare Plus Blue + Meijer
Special supplemental benefits for the chronically ill (continued) • Neurologic disorders including amyotrophic lateral sclerosis (ALS), epilepsy, extensive paralysis (that is, hemiplegia, quadriplegia, paraplegia, monoplegia), Huntington's disease, multiple sclerosis, Parkinson's disease, polyneuropathy, fibromyalgia, chronic fatigue syndrome, spinal cord injuries, spinal stenosis and stroke-related neurologic deficit • Pre-diabetes • Severe hematologic disorders including aplastic anemia, hemophilia, immune thrombocytopenic purpura, myelodysplastic syndrome, sickle-cell disease (excluding sickle-cell trait) and chronic venous thromboembolic disorder. **Note:** This benefit works with the over-the-counter (OTC) Advantage Dollars allowance and is limited to the maximum OTC allowance amount. See Chapter 4, Section 2.1 Over-the-Counter Allowance (OTC): Advantage Dollars for more information.		

Essential

Medicare Part D: Prescription Drugs Costs may differ based on pharmacy type (standard, preferred or mail-order). Your provider may need to obtain prior authorization.				
Stage 1: Annual Deductible No deductible for Tiers 1 and 2. $150 total deductible per year for Tiers 3, 4 and 5. Deductible does not apply to insulins.				
Phase 2: The Initial Coverage Stage You pay the amounts listed in the table below until your out-of-pocket costs reach $2,100.				
	Standard retail and standard mail-order cost sharing (in-network) 31-day supply	**Preferred retail and preferred mail-order cost sharing (in-network) 31-day supply**	**Standard retail and standard mail-order cost sharing (in-network) 32- to 90-day supply**	**Preferred retail and mail-order cost sharing (in-network) 32- to 90-day supply**
Tier 1: Preferred Generic	$5	$0	$15	$0
Tier 2: Generic	$10	$5	$30	$0
Tier 3: Preferred Brand	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	25%	25%	25%	25%
Tier 5: Specialty	31%	31%	Not offered	Not offered
Phase 3: Catastrophic Coverage Stage	You won't pay more than $35 for a 31-day supply and no more than $105 for up to a 3-month supply of each covered insulin product regardless of the cost-sharing tier. You have coverage for generic and brand-name drugs in the Catastrophic Coverage stage. During this stage, you will pay $0. Most members do not reach this stage. For detailed cost information, look at Chapter 6 in your *Evidence of Coverage*. You can also see our plan's pharmacy directory at our website **www.bcbsm.com/pharmaciesmedicare**. For the most current information about covered drugs visit (**www.bcbsm.com/formularymedicare**).			

Medicare Part D: Prescription Drugs
Costs may differ based on pharmacy type (standard, preferred or mail-order).
Your provider may need to obtain prior authorization.

Phase 1: The Deductible Stage
No deductible for Tiers 1 and 2. $150 total deductible per year for Tiers 3, 4 and 5. Deductible does not apply to insulins.

Phase 2: The Initial Coverage Stage
You pay the amounts listed in the table below until your out-of-pocket costs reach $2,100.

	Standard retail and standard mail-order cost sharing (in-network) 31-day supply	**Preferred retail and preferred mail-order cost sharing (in-network) 31-day supply**	**Standard retail and standard mail-order cost sharing (in-network) 32- to 90-day supply**	**Preferred retail and mail-order cost sharing (in-network) 32- to 90-day supply**
Tier 1: Preferred Generic	$5	$0	$15	$0
Tier 2: Generic	$12	$7	$36	$0
Tier 3: Preferred Brand	20%	20%	20%	20%
Tier 4: Non-Preferred Drug	30%	30%	30%	30%
Tier 5: Specialty Tier	31%	31%	Not offered	Not offered
Phase 3: Catastrophic Coverage Stage	You won't pay more than $35 for a 31-day supply and no more than $105 for up to a 3-month supply of each covered insulin product regardless of the cost-sharing tier. You have coverage for generic and brand-name drugs in the Catastrophic Coverage stage. During this stage, you will pay $0. Most members do not reach this stage. For detailed cost information, look at Chapter 6 in your *Evidence of Coverage*. You can also see our plan's pharmacy directory at our website **www.bcbsm.com/pharmaciesmedicare**. For the most current information about covered drugs visit (**www.bcbsm.com/formularymedicare**).			

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at **www.bcbsm.com/medicare**.

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.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's pharmacy directory at our website (**www.bcbsm.com/pharmaciesmedicare**).

You can see the most complete and current information about which drugs are covered on our website (**www.bcbsm.com/formularymedicare**).

For more information, please call us at the phone number below or visit us at **www.bcbsm.com/medicare**.

If you are not a member of this plan, call toll-free 1-888-563-3307. TTY users should call 711.

If you are a member of this plan, call toll-free 1-877-241-2583. TTY users should call 711. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 9 p.m. Eastern time. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 9 p.m. Eastern time.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at **www.medicare.gov** or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as audio CD and large print. This document may be available in a non-English language.

Medicare PLUS Blue℠ PPO

Blue Cross Blue Shield of Michigan