Medicare Plus Blue Group PPO\textsuperscript{SM}

St. Clair County Retirees

Working with Medicare to simplify your health coverage
Today’s Agenda

Medicare Advantage

• What is Medicare Advantage?
• Who is eligible?

Medicare Plus Blue Group

• What is Medicare Plus Blue Group PPO?
• Enrollment
• Benefits at a glance
• How to contact us
• Questions
What is Medicare Advantage?

• Plans offered by private insurance companies that contract with the federal government.

• Offers the benefits, rights and protection of Original Medicare.

• Are not Medicare supplemental or Medigap plans.

• Medicare Advantage plans pay instead of Original Medicare.
Who is eligible for Medicare Advantage?

Those who are:

– Entitled to Medicare Part A
– Enrolled in Part B (members must continue to pay the Part B Premium)
– Age 65 or Medicare certified as disabled
– Residing in the USA
Medicare Plus Blue Group PPO is a Medicare Advantage group plan offered by Blue Cross Blue Shield of Michigan

Medicare Part A
hospital, institutional coverage
&
Medicare Part B
doctor, supplies, outpatient, professional coverage
&
Medicare Part D
Prescription Drug Coverage

= One comprehensive health care plan
a single claim process
Medicare Plus Blue Group PPO Providers

- **PPO** (Preferred Provider Organization)
  In network or out-of-network

- Freedom to choose any doctor, specialist or hospital without referrals

- Your out of pocket costs are less when medical care is provided in-network PPO provider

- With the exception of emergency or urgent care, all covered benefits will cost you more if you go out-of-network.

- Outside of Michigan but still within the US, doctors are paid at in-network level.
Medicare Plus Blue Group
PPO Providers

- Always verify the providers you select participate in the Medicare Plus Blue Group PPO network to receive benefits in-network. Hard copy provider directories can be requested however, the most up-to-date provider listings are available on our website:


  - Under 2013 Group Plans, click on *Learn more about your plan offered through your group or employer*, then click on *Medicare Plus Blue Group PPO*.

- **Note**: A link to the Blue Cross Blue Shield Association website is also provided for members who reside or travel outside the state of Michigan and need to locate a provider in that area.

- **Contact our Member Services Department at 1-866-684-8216**
  Monday through Friday 8:30 am to 5:00 pm EST
Medicare Plus Blue Group PPO
Member Cost Share

- Deductible – your cost share for select services before the plan’s cost share begins
- Coinsurance – your cost share after deductible has been met for select services - percentage of claim
- Copay – your cost share that is not subject to deductible or coinsurance, usually visits – fixed dollar
- Out of Pocket Maximum – your total share of deductible, coinsurance and copay for the plan year
Benefits at a Glance

Deductible

Your plan has a Annual Deductible

- In-Network and Out of Network
  $500

Services subject to Annual Deductible

- Inpatient Hospital
- Skilled Nursing Facility
- Inpatient Mental Health Care
- Outpatient Services
- Diagnostic Tests, X-rays, Lab and Radiology Services
- Ambulance Services

Deductible applies to the Out of Pocket Maximum
Benefits at a Glance
Coinsurance

Your plan has a coinsurance, after the deductible is met

- **In-Network** – 5%
- **Out of Network** – 15%

Services subject to coinsurance
- Inpatient Hospital, unlimited days
- Skilled Nursing Facility
- Inpatient Mental Health Care
- Outpatient Services
- Diagnostic Tests, X-rays, Lab & Radiology Services
- Ambulance Services

Coinsurance applies to the Out of Pocket Maximum
Benefits at a Glance

- Durable Medical Equipment
  Prosthetic & Orthotic Devices
  - In-Network, subject to $500 deductible and 5% coinsurance
  - Out-of-Network, subject to $500 deductible and 15% coinsurance

- Home Health Care
  - Services covered at 100%

- Hospice
  - Must receive care from a Medicare certified hospice
Benefits at a Glance

Diabetes Programs and Supplies

Services are covered at 100%

- Screenings
- Glucose Monitors
- Test Strips/Lancets
- Self-Management Training
Benefits at a Glance

Copays

- Unlimited visits with $20 copay per in-network and 15% coinsurance after deductible for out of network visit for the following services:
  - Doctor office visits/Specialist office visit
  - Podiatry visits
  - Chiropractic visits
  - Urgent Care visits
  - Annual Physical Exams
  - Outpatient Mental Health and Substance Abuse visits

- Emergency Room Copay is $50
  - Waived if admitted within 3 days

- Copays apply toward your out of pocket dollar maximum and are not subject to deductible
Medicare Plus Blue Group
Member Out of Pocket Maximum

- Your plan has an Annual Out of Pocket Maximum for member cost share

Your Deductible, Coinsurance and Copays all add up to meet maximums

In Network Maximum – $2,000
Out-of-Network Maximum – $5,000
# Prescription Coverage

## Non-Hardship Plan

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formulary Drug – Generic (Tier 1 and 2)</td>
<td>Covered - $10 copay</td>
</tr>
<tr>
<td>Formulary Drug – Preferred Brands (Tier 3)</td>
<td>Covered - $40 copay</td>
</tr>
<tr>
<td>Formulary Drug Non Preferred Brands and Specialty Drugs (Tiers 4-5)</td>
<td>Covered - $80 copay</td>
</tr>
<tr>
<td>Mail Order Prescription Drugs</td>
<td>Covered – 2.0 times the applicable copay for up to a 90-day supply</td>
</tr>
</tbody>
</table>
### Prescription Coverage
#### Hardship Plan

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formulary Drug – Generic (Tier 1 and 2)</td>
<td>Covered - $10 copay</td>
</tr>
<tr>
<td>Formulary Drug – Preferred Brands (Tier 3)</td>
<td>Covered - $20 copay</td>
</tr>
<tr>
<td>Formulary Drug Non Preferred Brands and Specialty Drugs (Tiers 4-5)</td>
<td>Covered - $40 copay</td>
</tr>
<tr>
<td>Mail Order Prescription Drugs</td>
<td>Covered – 2.0 times the applicable copay for up to a 90-day supply</td>
</tr>
</tbody>
</table>
Low Income Subsidy (LIS)

Extra Help to pay for the prescription drug costs—monthly premiums, annual deductibles, and prescription co-payments—related to a Medicare prescription drug plan. The Extra Help is estimated to be worth about $4,000 per year. Many people qualify for these big savings and don’t even know it.

To qualify for Extra Help:
You must reside in one of the 50 States or the District of Columbia;

Your resources must be limited to $13,070 for an individual or $26,120 for a married couple living together. Resources include such things as bank accounts, stocks, and bonds. We do not count your home, car, and any life insurance policy as resources; and

Your annual income must be limited to $16,755 for an individual or $22,695 for a married couple living together. Even if your annual income is higher, you still may be able to get some help.

Note: You may qualify for both Low Income Subsidy (LIS) and the County’s Hardship Plan.

www.socialsecurity.gov
How do you apply?

It is easy to apply for Extra Help. Just complete Social Security's Application for Extra Help with Medicare Prescription Drug Plan Costs (SSA-1020). Here's how:

You can apply online at www.socialsecurity.gov/extrahelp; Call Social Security at 1-800-772-1213 (TTY 1-800-325-0778) to apply over the phone or to request an application; or Apply at your local Social Security office.

Social Service Coordinators®

A private company that provides education and assistance free of charge to our members for enrolling into Medicare Savings Programs [MSP] which pay the member’s Medicare Part B Premium ($96.40/per month or more depending on Part B Premium in 2011).

SSC also provides assistance with Part D Extra Help and other social programs.
Medicare Plus Blue Group PPO includes ongoing access to Healthy Blue Extras:

- **Blue Health Connection®**
  - Registered nurses are available 24/7 to help you manage chronic illnesses and get better and stay healthy

- **Blue 365** – access to a variety of additional discount programs

- **BlueSafe®** discounts on
  - Safety items at participating stores
  - Non-covered durable medical equipment at participating providers

Medicare Plus Blue Group PPO includes ongoing access to Healthy Blue Extras:

Our Healthy Advantage Rewards program recognizes your efforts to stay healthy.

• Valuable coupons when you complete health services like glaucoma screening, mammograms, cholesterol test or flu vaccine
• Discounts on restaurants, entertainment, travel, shopping, healthy lifestyle products and more

Silver Sneakers Fitness Program

Membership in a network of health clubs and exercise classes, FREE!

Use any of more than 11,000 participating U.S. locations, with no restrictions on days and times

Program Advisors\textsuperscript{SM} at each location

SilverSneakers classes at many locations, appropriate for all fitness levels

Learn how exercise can improve your body, mind and spirit

Exercise at your own pace

Have fun with people in your age group
MA PPO Plan Enrollment – How it works:

- Complete the Medicare Plus Blue Group PPO enrollment application (including signature and date)

- Remember that Medicare eligible spouses and/or dependents must complete a separate enrollment form

- Return completed forms to your HR benefit office
Medicare Advantage – How it works:

Your Medicare Plus Blue Group PPO ID card:

• Allows your Medicare card to be put safely away

• Is the only card you will need for health care services
When will the plan change be effective?

All Medicare eligible members who enroll into Medicare Plus Blue PPO Will have an effective date of:

1-1-13
Important dates and what to expect

Pre-Enrollment Kits mailed to members – Mid November

Member Meetings – November 28th and 30th

Welcome Kits and ID cards mailed to member – Mid December

Members are encouraged to contact our service center with any future questions
Medicare Plus Blue Group PPO includes
The Welcome Call

Occurs shortly after enrollment in Medicare Plus Blue PPO
For many members this is your first contact with BCBSM

Covers topics like

- Ensuring ID card receipt
- Ensuring receipt of the evidence of coverage
- Ensuring you understand your benefits
- Defining and selecting a primary care physician
- Making you aware of extra benefits, like:

  Smoking cessation programs
  Case management programs
  100% coverage on preventive services
  Flu and pneumonia shots

Members are encouraged to contact our service center with any future questions
<table>
<thead>
<tr>
<th>Cost-share Type / Benefits Application</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible (Includes in and out of network)</td>
<td>Combined $500</td>
<td></td>
</tr>
<tr>
<td>Coinsurance (includes in and outpatient services)</td>
<td>5%</td>
<td>15%</td>
</tr>
<tr>
<td>OOP Max (OOP=Out of Pocket)</td>
<td>$2,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Office Visit Copays (PCP/Specialist) (includes chiropractic, podiatry, outpatient mental health)</td>
<td>$20</td>
<td>15%</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Ambulance</td>
<td>In Network Deductible and Coinsurance apply</td>
<td>Out of Network Deductible and Coinsurance apply</td>
</tr>
<tr>
<td>DME/P&amp;O and Medical Supplies (administered by DMEnsions)</td>
<td>In Network Deductible and Coinsurance apply</td>
<td>Out of Network Deductible and Coinsurance apply</td>
</tr>
</tbody>
</table>
For More Information...

BCBSM Pre-Enrollment Call Center
1-866-684-8216
8:30 a.m. to 5 p.m., seven days a week.

(TTY users call 800-579-0235)

Or visit:

www.bcbsm.com/medicare
and/or
www.medicare.gov