



Medicare Plus BlueSM and Prescription BlueSM are PPO and PDP plans with a Medicare contract. Enrollment in Medicare Plus BlueSM and Prescription BlueSM are PPO and PDP depends on contract renewal.

<Group Name> <MA PPO / MAPD> Benefits

<DATE>

H9572 & S5584_Grp21G2GOnbrd_M

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



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

Agenda



- Medicare basics
- Getting started
- Group plan benefits
- Prescription drugs
- Health & well-being programs

Medicare basics



Medicare basics



A Medicare Advantage plan (Part C) gives you complete coverage

Part A includes:

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

Premium

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



Part B includes:

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

Premium

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



Part D

- Prescription Drugs
- Part D is a government-sponsored program that helps cover prescription drug costs



Part C includes:

- Original Medicare benefits
- Original Medicare rights & protections
- Original Medicare covered service
- May include extra benefits such as SilverSneakers, Dental, Vision, and care management services

You must continue to pay your monthly Part B premium.

[Getting started with your PPO plan]



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 <medical services and prescription drugs (dental/and or vision).>



<Blue Cross ID card>



Medicare PLUS
BlueSM Group
PPO

Enrollee Name

VALUED CUSTOMER

Enrollee ID

XYL999999999

Health Plan (80840) 9101003777

Group Number

XXXXX

Plan **H9572_801**

RxBIN **610014**

RxPCN **MEDDPRIME**

RxGrp **BCBSMAN**

Issued

02/2020



MedicareRx
Prescription Drug Coverage

Members: bcbsm.com/medicare

Providers: bcbsm.com/provider/ma



Blue Cross Blue Shield of Michigan

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

Use of this card is subject to terms of
applicable contracts, conditions and user
agreements. Medicare limiting charges apply.
Out-of-state providers: file with your local plan.

Michigan health providers bill:

BCBSM - P.O. Box 32593

Detroit, MI 48232-0593

Mail pharmacy claims to:

P.O. Box 14712

Lexington, KY 40512

Member Services: 866-684-8216

TTY/TDD: 711

Misuse may result in prosecution.

If you suspect fraud, call **888-650-8136**

To locate participating
providers outside of Michigan: **800-810-2583**

Provider Inquiries: **800-676-BLUE**

Facility Prenotification: **800-572-3413**

Rx Prior Authorization: **800-437-3803**

Pharmacists/Rx Claims: **800-922-1557**

[<Dental and/or vision ID card



Blue Cross Blue Shield of Michigan

Enrollee Name
VALUED CUSTOMER

Enrollee ID
XYR888888888

Issuer (80840) 9101003777

Group Number
XXXXXXXXXX

Issued:
01/2019

Dental and Vision Only

Blue DentalSM Blue Vision^{STIA}

Blue Cross Blue Shield of Michigan

Enrollee Name
VALUED CUSTOMER

Enrollee ID
XYX888888888

Issuer (80840) 9101003777

Group Number
XXXXXXXXXX

Issued:
01/2019

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Enrollee Name
VALUED CUSTOMER

Enrollee ID
XYR888888888

Issuer (80840) 9101003777

Group Number
XXXXXXXXXX

Issued:
01/2019

Dental

Blue DentalSM

Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd., Detroit, MI 48226-2998
A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

bcbsm.com
Customer Service: **XXX-XXX-XXXX**
Misuse may result in prosecution. If you suspect fraud, call: **800-482-3787**

Use of this card is subject to terms of applicable contracts, conditions and user agreements. BCBSM provides administrative services only and has no financial risk for claims.

DNoA Pref Network (Dental): **888-826-8152**
VSP - Vision: **800-877-7195**

Dental, Vision, and Pharmacy providers file claims according to your network contract. All other providers; file claims with the local BCBS plan. For Medicare claims, bill Medicare.

Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd., Detroit, MI 48226-2998
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MOS DENTAL AND VISION FULL MEDICARE

MOS VISION ONLY NON-MC AND SPLIT

MOS DENTAL ONLY FULL MEDICARE>]

[<Dental and/or vision ID card



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Blue DentalSM

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Issued:
01/2019

Blue VisionSM

Blue Cross Blue Shield of Michigan

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Enrollee ID
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Issuer (80840) 9101003777

Group Number
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Issued:
01/2019

Blue VisionSM

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bcbsm.com
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MOS DENTAL ONLY NON-MC AND SPLIT

MOS VISION ONLY FULL MEDICARE

MOS VISION ONLY NON-MC AND SPLIT>

Understanding your MAPD materials



Medicare-eligible retirees can expect to receive the following materials as part of the pre- and post-enrollment process.

Pre-enrollment documents



Benefits-at-a-Glance



Opt-out form

Post-enrollment documents



Welcome letter



Evidence of Coverage

Explanation of Benefits (medical)



- 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 your share of the cost
- Explains what your deductible and yearly out-of-pocket maximums are and how much you've paid toward them
- Sent only if you have medical services or prescriptions filled during a given month

MONTHLY REPORT

**Explanation of Benefit Payments
Processed in March 2021**

Statement Date:
For
Member ID:

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 out of pocket (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 - 4:30 pm EST. (TTY/TDD only: 711) or 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users should call 1-877-486-2048.)

Medicare Plus BlueSM PPO
www.bcbsm.com

Blue Cross Blue Shield of Michigan Customer Service

If you have questions, call us at 1-877-241-2583

We are here 8:00 a.m. to 9:00 p.m. EST, seven days a week from October 1 through March 31; 8:00 a.m. to 9:00 p.m. EST, Monday through Friday, from April 1 through September 30.

TTY / TDD only: 711

Customer Service has free language interpreter services available for non-English speakers.

Medicare Plus Blue PPO
600 E. Lafayette
Mailcode X521
Detroit, MI 48226

Blue Cross Blue Shield of Michigan
A member of a common and independent licensee
of the Blue Cross and Blue Shield Association

OIMCHCVR Mar2020

Explanation of Benefits (pharmacy)



- Summarizes the total costs of your prescriptions that you had filled for the previous month and lets you know your benefit stage
- Explains what your total drug costs and out-of-pocket costs are and how much has been paid by you and the plan
- Sent monthly, if you have prescriptions filled

Blue Cross Blue Shield of Michigan
Mail Code: X521
600 E. Lafayette Blvd.
Detroit, MI 48226-2998

January 14, 2021

Your member numbers are:
Member ID: XXXXXXXXX
Group Number: BCBSM

1000000000 CD FES-MEOR
000000000098056480317
/000001/
5598458938002L1

Member Name
Member Address

Your Monthly Prescription Drug Summary
For January 2021

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is *not* a bill.)

Here are the sections in this summary:

SECTION 1. Your prescriptions during the past month
SECTION 2. Which "drug payment stage" are you in?
SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
SECTION 4. Updates to the plan's Drug List that affect drugs you take
SECTION 5. If you see mistakes on this summary or have questions, what should you do?
SECTION 6. Important things to know about your drug coverage and your rights

<Group name> PPO 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 must spend for copays, coinsurance and deductibles in any given year.

[Summary of the differences between previous and new PPO benefits



- <Comparison of key benefits>

Overview of plan benefits



	In network	Out of network*
Annual deductible per member per year	\$< >	\$< > In network and out of network combined
Coinsurance	< > % coinsurance	< > % coinsurance
Out-of-pocket maximum for deductible and coinsurance amounts for Medicare-covered medical services, per member per year	\$< >	\$< > In network and out of network combined

Out-of-network/noncontracted providers are under no obligation to treat Medicare Plus Blue members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the out-of-pocket costs that apply to out-of-network services.

Overview of plan benefits



	In network	Out of network*
Office visits	\$ < > copay	< > % coinsurance after deductible
Specialist visits (No referral required)	\$ < > copay	< > % coinsurance after deductible
Chiropractic manipulations	\$ < > copay	< > % coinsurance after deductible
Emergency care	\$ < > copay (copay waived if admitted)	
Urgent care	\$ < > copay	
Ambulance services (if medically necessary)	< > % coinsurance	

Prior authorization programs



- Prior authorization for medical services is one way health plans make sure you receive high-quality care as you and your provider develop a personalized treatment plan.
- It may be necessary for your provider to have certain services in your treatment plan approved by Blue Cross.
- If a request for service isn't approved, you and your provider will both receive a letter detailing the rationale and the process to request reconsideration (appeal), if needed.

Medicare Advantage PPO providers



PPO means preferred provider organization, and there are **in-network** or **out-of-network** benefits.

- You have freedom to choose any provider, specialist or hospital that accepts Medicare.
- Your out-of-pocket costs are less when medical care is provided by an in-network PPO provider.
- Referrals aren't required.
- In-network and out-of-network member out-of-pocket costs are the same with a passive plan.

In-network

A Medicare provider who has a contractual agreement to be a part of the Blue Cross Blue Shield Medicare Advantage PPO Network.

Out-of-network

A Medicare provider who isn't contracted to be a part of the Blue Cross Blue Shield Medicare Advantage PPO network.

How to find a participating provider



During your welcome call, the representative can check to see if your current provider accepts Medicare.

Call the Customer Service number on the back of your Blue Cross ID card. TTY users, please call 711.

Visit www.bcbsm.com/medicare, and click *Find a Doctor*.

Ask the billing department of your provider's office if you can participate with the Medicare Advantage PPO plan offered by Blue Cross.

Download the BCBSM Mobile app. It's available in the App Store® for iPhones and Google Play™ for smartphones using Android. Search for BCBSM. The app isn't yet available for tablets.

Online visits



Blue Cross Online VisitsSM

Online provider visits bring new meaning to house calls.

- When your primary care provider is unavailable, you can have an online visit with a physician to get advice and treatment for minor health concerns.
- Use your smartphone, tablet or computer for a provider visit.
- Available 24/7, anywhere in the U.S. using an internet connection.
- Doctors are telehealth experts, U.S. board-certified, licensed and credentialed to provide non-emergency medical visits on demand at in-network costs.



How can you access this benefit?

- Download the BCBSM Online Visits app.
- Visit [bcbsmonlinevisits.com](https://www.bcbsmonlinevisits.com).
- Call **1-844-606-1608**.

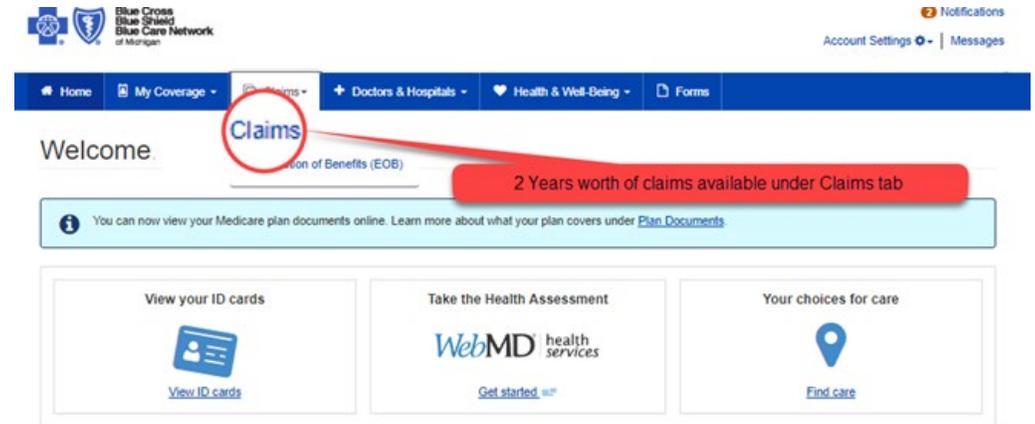
24/7 access to plan information



Blue Cross mobile app

You can use the app to:

- Find a participating primary care provider and preferred pharmacies.
- Track costs, check deductibles and out-of-pocket balances.
- Check claims and explanation of benefits statements.
- View your plan coverage.
- View your virtual ID card.



Blue Cross member portal

View recent claim activity online and compare provider's bill to your Explanation of Benefits statement using the Blue Cross member portal.

Log in at <http://bcbsm.com/index/members/online-account>.

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.

There are two ways to find a provider:

- Use the find a provider button in the app.
- Call the number on the back of your ID card.

There may be some instances when traveling outside the United States, you will have to pay for your emergency and urgent care, but we will ensure that you get a refund from us.



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

Durable medical equipment



- You have coverage for durable medical equipment, such as prosthetics, orthotics and supplies.
- DME, such as canes, walkers, wheelchairs, braces and artificial limbs – as well as diabetic therapeutic shoes or inserts – are provided through the Northwood Network. Call **1-800-667-8496**. Authorization rules may apply.
- Diabetes monitoring supplies, including insulin pumps, blood glucose monitors, test strips and lancets, are provided through J&B Medical Supply. Your provider will write a prescription for you. To locate a J&B supplier, call 1-888-896-6233.

Exceptional customer service



- A designated Medicare Advantage Service Center
- Complete issue resolution on first contact for 90% of all calls
- Proactive member outreach
- Coverage determination assistance

Your specialized service team is:

- Knowledgeable and accurate
- Courteous, friendly, respectful and empathetic
- Honest and sincere

Prescription drugs



Your formulary drug tiers



- Your **formulary** is a list of drugs covered by your plan.
- Out-of-pocket cost is applied based on drug tiers and pharmacy type:
 - Tier 1** = Preferred generic drugs
 - Tier 2** = Generic
 - Tier 3** = Preferred brand drugs
 - Tier 4** = Non-preferred drugs
 - Tier 5** = Specialty drugs

Your plan doesn't have a coverage gap as with other Part D prescription plans. This means you continue to pay your plan's copay until you reach the catastrophic phase, where your out-of-pocket cost may be lower but never more than your group plan copay.

How to use the formulary



The formulary shows details about the drugs that are covered by your plan. You can locate your drug in the formulary by **medical condition** or **alphabetically** in the Index.

- The first column lists the drugs covered under the formulary.
- Next, the Drug Tier column displays the drug's tier. This determines your out-of-pocket costs.
- The third column displays any additional coverage requirements for the drugs (such as prior authorization required or quantity limits).
- The bottom of each page includes a key to help you interpret the content.

Drug Name	Drug Tier	Requirements /Limits
BYDUREON SUBCUTANEOUS SUSPENSION,EXT ENDED REL RECON	3	PA; QL (12 per 84 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	4	PA; QL (7.2 per 84 days)

Drug Name	Drug Tier	Requirements /Limits
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	4	QL (360 per 90 days)
<i>glyburide micronized oral tablet</i>	2	
<i>glyburide oral tablet</i>	2	

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs

Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only **EX - Excluded Drug** LA - Limited Availability NEDS - Non-extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy

Brand-name drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS			tablets 10 mg, 20 mg, 40 mg, 80 mg		
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	QL (360 per 90 days)	<i>pravastatin oral tablet 80 mg</i>	1	QL (90 per 90 days)
<i>atorvastatin oral tablet 40 mg</i>	1	QL (180 per 90 days)	<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	2	QL (360 per 90 days)
<i>atorvastatin oral tablet 80 mg</i>	1	QL (90 per 90 days)	<i>rosuvastatin oral tablet 20 mg</i>	2	QL (180 per 90 days)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE	4	QL (90 per 90 days)	<i>rosuvastatin oral tablet 40 mg</i>	2	QL (90 per 90 days)
			<i>simvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (360 per 90 days)

Prescription drugs



	Preferred network pharmacy	Standard network pharmacy	32- to 90-day retail and mail order prescription drug multiplier
Tier 1: Preferred generic drugs	% or \$< >	% or \$< >	#< >
Tier 2: Non-preferred generic drugs	% or \$< >	% or \$< >	#< >
Tier 3: Preferred brand-name drugs	% or \$< >	% or \$< >	#< >
Tier 4: Non-preferred brand-name drugs	% or \$< > (min. copay of \$# ; max. copay of \$#)	% or \$< > (min. copay of \$# ; max. copay of \$#)	#< > (min. copay of \$#; max. copay of #)
Tier 5: Specialty drugs	% or \$< > (min. copay of \$#; max. copay of \$#)	% or \$< > (min. copay of \$#; max. copay of \$#)	Supplies greater than 31 days are not covered.

Understanding your pharmacy network



You have access to more than 62,000 pharmacies nationwide.* including more than 23,000 preferred pharmacies.*

Nearly all Michigan pharmacies are in our network.

- A **network** pharmacy has a contract with the plan to provide your covered prescription drugs. In most cases, your prescriptions are covered only if they're filled at the plan's network pharmacies.
- **Preferred:** A network pharmacy where you pay a **lower** out-of-pocket costs.
- **Standard:** A network pharmacy where you pay standard out-of-pocket costs.

Preferred Network chain pharmacies *

- Costco
- Kroger
- Meijer
- Rite Aid
- Sam's Club
- Walgreens
- Walmart

Take advantage of home delivery of your prescriptions through:

Express Scripts, Inc. (P)

Toll-free: 1-877-801-2332/TTY: 1-800-716-3231

AllianceRx Walgreens Prime Home Delivery (S)

Toll-free: 1-866-877-2392/TTY: 1-800-573-1833

* This is a partial list of pharmacies. Please look online at www.bcbsm.com/pharmaciesmedicare or in your directory for a complete list.

Utilization management



Some covered drugs have additional requirements or limits on coverage, including:

- **Prior authorization:** We complete a safety and effectiveness review for drugs with a PA requirement before coverage is approved.
- **Step therapy:** We require you to first try one drug to treat your medical condition before we'll cover another drug for that condition.
- **Quantity limits:** Only a certain number of doses per prescription or time period may be allowed. There would have to be a request submitted for a higher amount.

Avoiding prescription disruptions



We will do everything possible to minimize disruptions to your prescription drug coverage. We have processes for formulary **exceptions**, **formulary changes** and **transition prescription fill** to help assure that you don't experience gaps.

Formulary exceptions

When an exception is approved for a non-formulary drug, you'll pay a Tier 4 (non-preferred drug) copayment, whether the drug is generic or brand-name. Non-formulary drugs that are approved for coverage by a formulary exception aren't eligible for tiering exceptions.

Tiering exceptions

You or your provider can ask the plan to make an exception in the cost-sharing tier for a drug so that you pay less for it. Our Customer Service team is there to help you request an exception.

Formulary changes

Members impacted by a **formulary change** are notified by mail.

Transition prescription fill



During the first 90 days of your plan, you're eligible for a temporary transition fill of Part D covered medications that aren't on our formulary or are subject to clinical prior authorization, step therapy, or formulary quantity limits up to a 31-day supply.

You'll receive a refill of your medication and you and your provider will be notified to contact the plan to determine future medication needs.

Note: Certain drugs, such as those that may be covered under Part B or used to treat certain conditions, aren't eligible for a temporary supply and will require a prior authorization before the drug can be obtained.

Medicare Part B vs. Part D medications



In general, the Part B medical benefit covers:

- Drugs requiring durable medical equipment for administration, such as albuterol through a nebulizer or insulin through an infusion pump
- Immunosuppressive drugs for a Medicare-covered transplant
- Certain oral cancer treatment drugs
- Certain oral drugs for nausea
- Certain vaccines (see list)
- Drugs for kidney failure
- Drugs administered in the provider's office

Medical benefit (Part B) vaccines

Pneumonia

Influenza, or flu shot

Hepatitis B

Pharmacy benefit (Part D) vaccines

Shingles

Tetanus

Tetanus/Diphtheria/Pertussis (Tdap)

Meningitis

Hepatitis A

Human papillomavirus (Gardasil)

Tuberculosis (BCG)

For other vaccines check your formulary for coverage]

Blue Cross Health & Well-Being programs



[SilverSneakers®*]



Fitness program benefits:

- Membership in a network of more than 16,000 health clubs and exercise classes
- Exercise at your own pace with people in your age group
- Online support to help you lose weight, reduce stress
- Online classes, walking and home fitness programs

SilverSneakers® Tuition Rewards

- SilverSneakers® members can earn college tuition discounts for loved ones simply by exercising.

SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. ©2020 Tivity Health, Inc. All rights reserved. Tivity Health is an independent company that provides services to Blue Cross Blue Shield of Michigan Medicare Plus Blue Group PPO members.



SilverSneakers®
by Tivity Health

Visit:

- [SilverSneakers.com](https://www.SilverSneakers.com) for participating fitness locations.
- [SilverSneakers.tuitionrewards.com](https://www.SilverSneakers.tuitionrewards.com) to learn about Tuition Rewards

Or call:

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

Blue Cross Medicare Advantage Rewards



You can earn rewards for healthy actions through Blue Cross Medicare Advantage Rewards, by Blue Cross Blue Shield of Michigan.

Healthy actions include:

- Getting an annual physical
- Getting flu shots
- Monitoring your physical health
- Breast cancer screening
- Diabetes eye exam

Find out more: [bcbsm.com/advantagerewards](https://www.bcbsm.com/advantagerewards) or call 1-866-572-0155 (TTY: 711)

Monitor Your Physical Health

Go online to get your reward faster.
[bcbsm.com/advantagerewards](https://www.bcbsm.com/advantagerewards)

Or fill out your information on the front of this card,
choose your reward and mail to:

Blue Cross Medicare Advantage Rewards
PO Box 916560
Rantoul, IL 61866-9947

<\$10 Reward>

Please choose one of the rewards below:



*This reward will be sent if no choice is made.

Shared decision-making



You have access to **Welvie**SM, 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](https://www.welvie.com)* and click *Register* to get started.
- 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.

Chat Feedback EN-ES ▼

welvie
POWERING DECISIONS

Home About Us Terms of Service Privacy Policy

Welcome to Welvie.
Better information.
Better decisions.

Log In

First time here?
Register

"This is great. Very informative and the journal feature is fabulous. I learned a lot. I wished I had this before my hysterectomy. Thanks!!"
- Veronica, 74.

Virtual services



- **Blue Cross® Virtual Well-Being** is a live, 15-minute weekly webinar designed to support you on your well-being journey. Webinar categories include physical health, financial wellness and emotional health. Visit: www.mibluesperspectives.com/virtual-webinars/members/
- **24-Hour Nurse Line** enables you to speak with a registered nurse anytime. Nurses are available around the clock and just a phone call away. Reach out any time you have questions about the coronavirus or need medical advice. The Nurse Line is **free** for all members. Visit: www.bcbsm.com/index/members/health-wellness/nurse-line.html
- **MiBlue Virtual AssistantSM** is an interactive, automated chat available 24/7 through your online Blue Cross member account. It can help you check your coverage, find claims, search for providers and more.

Blue Cross[®] Coordinated Care



Nurse-led care teams are the backbone for care in our integrated care program. A registered nurse will reach out if you are identified for the Coordinated Care program; a custom care program will be set up to improve your health and well-being.

Registered nurses work directly with you to coordinate the best care to meet your specific needs.

Care teams include:

- **Medical directors** to collaborate with providers and provide medical expertise
- **Pharmacists** to educate and advise you about the right medications
- **Dietitians** to provide targeted nutritional education and coaching
- **Social workers** to address nonmedical health factors and locate community resources
- **Behavioral health specialists** to help with stress, depression, anxiety and other issues

Additional well-being programs



**Advance Care
Planning**

Caregiver Support

**Collaborative
Care**

Diabetes Management

**Meals
Delivery**

**Non-emergency
Medical Transportation**

**Online
Visits**

**Palliative
Care**

**Remote
Monitoring**

**Supervised Exercise
Therapy (SET)**

**Tobacco
Cessation Coaching
powered by WebMD®**

Blue365[®]



Blue365 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.



GLASSES.COM



The screenshot shows the Blue365 website interface. At the top right, the BlueCross BlueShield logo and 'Blue365' text are visible. The main banner features a 'This Week's Deal' for 'eMindful' with a 36% discount on live mindfulness online classes, with 20 days left. Below the banner, a section titled 'Check Out Some Other Great Deals:' includes three cards: 'FITNESS' for 'THE WEARABLES STORE-BELLABEAT' (up to 20% off), 'WELLNESS' for 'EMINDFUL' (36% off), and 'PERSONAL CARE' for 'TRUHEARING' (30% to 60% off). Each card has a 'VIEW DETAILS' button.

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 & Well-Being.

We can help:

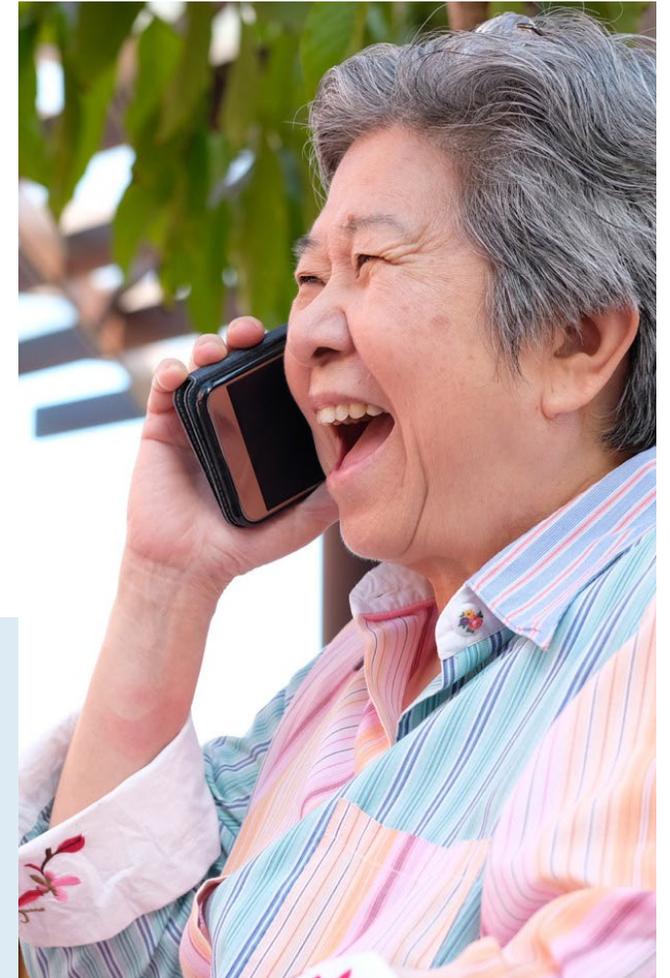
- Coordinate program referrals
- Find personal or specialist providers

1-800-775-2583

Monday through Friday, 8 a.m. to 6 p.m. Eastern time

TTY users, call 1-800-240-3050

Monday through Friday, 8 a.m. to 8 p.m. Eastern time



Customer Service



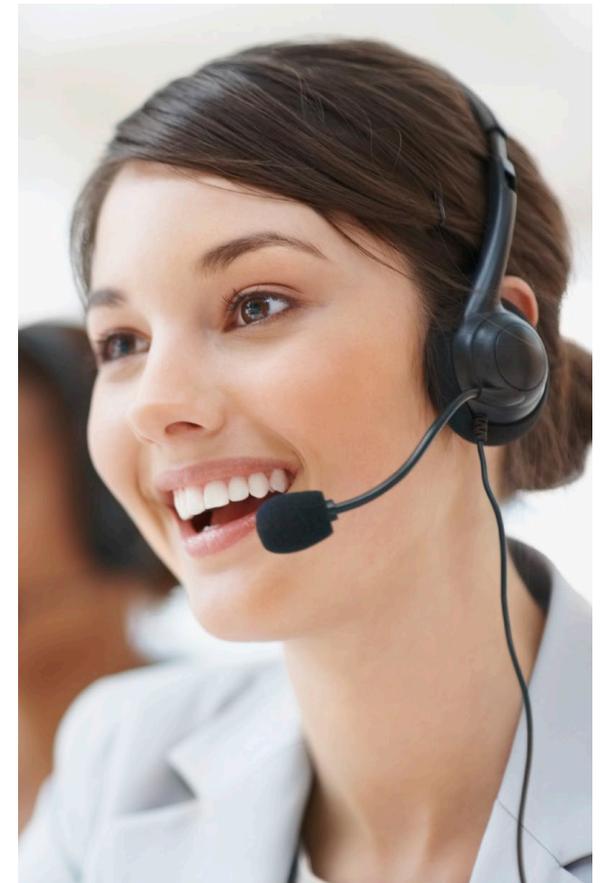
Customer Service can help.

- Confirm out-of-pocket costs
- Answer personal account questions
- Order a new Blue Cross ID card
- Locate a provider
- Assist with benefit questions
- Discuss claims

1-866-684-8216

Monday through Friday
8 a.m. to 5 p.m. Eastern time

TTY users, call 711
Monday through Friday
8 a.m. to 5 p.m. Eastern time



Thank you for coming!



Our commitment to you:

We work for you!

We strive to be clear and simple so we can help you understand and use your plan.

Blue Cross provides the right access and improved care for you and your loved ones, proactively guiding you to

Smarter, Better Healthcare.





Questions?
We're here to help.