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Medicare Plus Blue<sup>SM</sup> PPO — Essential, Vitality, Signature and Assure

## Summary of Benefits

January 1, 2022 — December 31, 2022

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, Vitality, Signature or Assure**, you must be enrolled in Medicare Part A and Medicare Part B, and live in our service area. Our service area includes the state of Michigan.

[www.bcbsm.com/medicare](http://www.bcbsm.com/medicare)



# Medicare Advantage Plans

**Medicare Plus Blue PPO Essential, Vitality, Signature** and **Assure** 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](http://www.bcbsm.com/medicare)**.

Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue PPO Essential, Vitality, Signature and Assure 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 PPO

Premiums vary by county in which you permanently reside (rates are based on the use and cost of health care services in each regional segment). You must continue to pay your Medicare Part B premium.

- 1) Find the county and region that you live in.
- 2) Look across the plan option columns to find your monthly premium rate.

Monthly premium rates per region	Essential	Vitality	Signature	Assure
<b>Region 1</b> Allegan, Barry, Ionia, Kalamazoo, Mason, Muskegon, Newaygo, Oceana and Ottawa counties	\$0	\$40	\$97	\$201
<b>Region 2</b> Berrien, Branch, Calhoun, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Monroe, Montcalm, St. Joseph and Van Buren counties	\$0	\$70	\$147	\$258
<b>Region 3</b> Alcona, Alger, Alpena, Arenac, Baraga, Bay, Charlevoix, Cheboygan, Chippewa, Clare, Crawford, Gladwin, Huron, Iosco, Kalkaska, Keweenaw, Luce, Mackinac, Montmorency, Ogemaw, Ontonagon, Oscoda, Presque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee and Tuscola counties	\$10	\$85	\$152	\$301
<b>Region 4</b> Antrim, Benzie, Cass, Clinton, Delta, Dickinson, Emmet, Genesee, Gogebic, Grand Traverse, Houghton, Iron, Isabella, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Manistee, Marquette, Mecosta, Menominee, Midland, Missaukee, Osceola, Otsego, St. Clair and Wexford counties	\$0	\$80	\$122	\$261
<b>Region 6</b> Macomb, Oakland, Washtenaw and Wayne counties	\$0	\$77	\$135	\$300
<b>Optional Supplemental Dental and Vision Package</b>	\$22.40 (additional monthly premium)			

Region 5 is not being used at this time.

Benefits	Essential	Vitality	Signature	Assure	What you should know
<b>Deductible</b>	<p>This plan does not have a deductible for hospital and medical services.</p> <p>This plan does not have a deductible for Part D prescription drugs.</p>	<p>This plan does not have a deductible for hospital and medical services.</p> <p>This plan does not have a deductible for Part D prescription drugs.</p>	<p>This plan does not have a deductible for hospital and medical services.</p> <p>This plan does not have a deductible for Part D prescription drugs.</p>	<p>This plan does not have a deductible for hospital and medical services.</p> <p>This plan does not have a deductible for Part D prescription drugs.</p>	
<b>Deductible - Optional Supplemental Dental and Vision Package</b>	There is no deductible				
<b>Maximum Out-of-Pocket Responsibility</b> <i>(does not include prescription drugs)</i>	<p>The most you could pay is \$6,000 for services you receive from in-network providers.</p> <p>You pay \$6,000 for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit.</p>	<p>The most you could pay is \$5,000 for services you receive from in-network providers.</p> <p>You pay \$6,700 for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit.</p>	<p>The most you could pay is \$4,700 for services you receive from in-network providers.</p> <p>You pay \$6,500 for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit.</p>	<p>The most you could pay is \$3,425 for services you receive from in-network providers.</p> <p>You pay \$5,150 for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit.</p>	<p>The most you pay for copays, coinsurance and other costs for medical services for the year.</p> <p>You will still need to pay your premiums and cost sharing for your Part D prescription drugs.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p><b>Note:</b> Services with a <sup>1</sup> may require prior authorization</p>					
<p><b>Inpatient Hospital Coverage<sup>1</sup></b></p>	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row.  If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital copay for each benefit period.  There's no limit to the number of benefit periods.</p>				<p>Our plan covers an unlimited number of days for an inpatient stay.</p>
<p><b>In-network:</b> You pay \$325 copay per day for days 1 through 6  You pay \$0 per day for days 7 through 90  You pay \$0 per day for days 91 and beyond  <b>Out-of-network:</b> You pay 50% of approved amount per stay</p>	<p><b>In-network:</b> You pay \$250 copay per day for days 1 through 6  You pay \$0 per day for days 7 through 90  You pay \$0 per day for days 91 and beyond  <b>Out-of-network:</b> You pay 40% of approved amount per stay</p>	<p><b>In-network:</b> You pay \$175 copay per day for days 1 through 6  You pay \$0 per day for days 7 through 90  You pay \$0 per day for days 91 and beyond  <b>Out-of-network:</b> You pay 40% of approved amount per stay</p>	<p><b>In-network:</b> You pay \$100 copay per day for days 1 through 6  You pay \$0 per day for days 7 through 90  You pay \$0 per day for days 91 and beyond  <b>Out-of-network:</b> You pay 30% of approved amount per stay</p>		

Benefits	Essential	Vitality	Signature	Assure	What you should know
<b>Outpatient Hospital Coverage<sup>1</sup></b>	<p><b>In-network</b> You pay \$150 copay for Medicare-covered outpatient hospital non-surgical services.</p> <p>You pay \$275 copay for Medicare-covered outpatient hospital surgical services</p> <p><b>Out-of-network</b> 50% of the approved amount.</p>	<p><b>In-network</b> You pay \$150 copay for Medicare-covered outpatient hospital non-surgical services.</p> <p>You pay \$220 copay for Medicare-covered outpatient hospital surgical services</p> <p><b>Out-of-network</b> 40% of the approved amount.</p>	<p><b>In-network</b> You pay \$125 copay for Medicare-covered outpatient hospital non-surgical services.</p> <p>You pay \$205 copay for Medicare-covered outpatient hospital surgical services</p> <p><b>Out-of-network</b> 40% of the approved amount.</p>	<p><b>In-network</b> You pay \$75 copay for Medicare-covered outpatient hospital non-surgical services.</p> <p>You pay \$150 copay for Medicare-covered outpatient hospital surgical services</p> <p><b>Out-of-network</b> 30% of the approved amount.</p>	<p>You may receive other services while in an outpatient hospital facility.</p>
<p><b>Doctor Visits</b></p> <ul style="list-style-type: none"> <li>○ Primary</li> <li>○ Specialists</li> </ul>	<p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay \$25 copay</p> <p><b>In-network:</b> You pay \$45 copay</p> <p><b>Out-of-network:</b> You pay \$50 copay</p>	<p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p> <p><b>In-network:</b> You pay \$40 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p> <p><b>In-network:</b> You pay \$40 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay 30% of approved amount</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay 30% of approved amount</p>	<p>Our plan also covers telehealth services including those for primary care physician services and behavioral health providers.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<b>Preventive Care</b>	<ul style="list-style-type: none"> <li>• In-network: You pay \$0.</li> <li>• Out-of-network: You pay \$0.</li> </ul> <p style="text-align: center;">Our plan covers many Medicare-covered preventive services, including:</p>				
	<ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Annual physical exam</li> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease risk reduction visit</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• Glaucoma screening</li> <li>• HIV screening</li> </ul>	<ul style="list-style-type: none"> <li>• Immunizations, including COVID-19 vaccine, flu shots, hepatitis B shots, pneumococcal shots</li> <li>• Medical nutrition therapy services</li> <li>• Medicare Diabetes Prevention Program (MDPP)</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Screening for lung cancer with low-dose computed tomography (LDCT)</li> <li>• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> <li>• Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> </ul>	<p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>		
<b>Emergency Care</b>	<p style="text-align: center;"><b>In- and Out-of-network:</b> You pay \$90 copay</p>				<p>The copay is waived if you are admitted to the hospital within three days for the same condition.</p> <p>You are covered for emergency medical care worldwide.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<b>Urgently Needed Services</b>	<b>In- and Out-of-network:</b> You pay \$50 copay at an urgent care center  You pay \$0 copay at a primary care physician's office	<b>In- and Out-of-network:</b> You pay \$50 copay at an urgent care center  You pay \$0 copay at a primary care physician's office	<b>In- and Out-of-network:</b> You pay \$50 copay at an urgent care center  You pay \$0 copay at a primary care physician's office	<b>In- and Out-of-network:</b> You pay \$40 copay at an urgent care center  You pay \$0 copay at a primary care physician's office	You have coverage for worldwide urgently needed services.
<b>Diagnostic Services/ Labs/Imaging<sup>1</sup></b> <ul style="list-style-type: none"> <li>○ Diagnostic radiology service (e.g., MRI, high-tech)</li> <li>○ Lab services</li> <li>○ COVID-19 testing</li> <li>○ Diagnostic tests and procedures</li> </ul>	<b>In-network:</b> You pay \$100 copay  <b>Out-of-network:</b> You pay 50% of approved amount  <b>In-network:</b> You pay \$0-\$40 copay, depending on the service  <b>Out-of-network:</b> You pay 50% of approved amount  <b>In-network:</b> You pay \$0 copay  <b>Out-of-network:</b> You pay \$0 copay  <b>In-network:</b> You pay \$45 copay  <b>Out-of-network:</b> You pay 50% of approved amount	<b>In-network:</b> You pay \$100 copay  <b>Out-of-network:</b> You pay 40% of approved amount  <b>In-network:</b> You pay \$0-\$40 copay, depending on the service  <b>Out-of-network:</b> You pay 40% of approved amount  <b>In-network:</b> You pay \$0 copay  <b>Out-of-network:</b> You pay \$0 copay  <b>In-network:</b> You pay \$40 copay  <b>Out-of-network:</b> You pay 40% of approved amount	<b>In-network:</b> You pay \$100 copay  <b>Out-of-network:</b> You pay 40% of approved amount  <b>In-network:</b> You pay \$0-\$30 copay, depending on the service  <b>Out-of-network:</b> You pay 40% of approved amount  <b>In-network:</b> You pay \$0 copay  <b>Out-of-network:</b> You pay \$0 copay  <b>In-network:</b> You pay \$40 copay  <b>Out-of-network:</b> You pay 40% of approved amount	<b>In-network:</b> You pay \$75 copay  <b>Out-of-network:</b> You pay 30% of approved amount  <b>In-network:</b> You pay \$0-\$20 copay, depending on the service  <b>Out-of-network:</b> You pay 30% of approved amount  <b>In-network:</b> You pay \$0 copay  <b>Out-of-network:</b> You pay \$0 copay  <b>In-network:</b> You pay \$0  <b>Out-of-network:</b> You pay 30% of approved amount	Using in-network providers lowers your costs.



Benefits	Essential	Vitality	Signature	Assure	What you should know
<ul style="list-style-type: none"> <li>○ Outpatient X-rays</li>   <li>○ Therapeutic radiology services</li> </ul>	<p><b>In-network:</b> You pay \$35 copay</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p> <p><b>In-network:</b> You pay \$35 copay</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p>	<p><b>In-network:</b> You pay \$35 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p> <p><b>In-network:</b> You pay \$35 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay \$35 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p> <p><b>In-network:</b> You pay \$35 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay \$35 copay</p> <p><b>Out-of-network:</b> You pay 30% of approved amount</p> <p><b>In-network:</b> You pay \$35 copay</p> <p><b>Out-of-network:</b> You pay 30% of approved amount</p>	
<p><b>Hearing Services</b></p> <ul style="list-style-type: none"> <li>○ Hearing exam to diagnose and treat hearing and balance issues</li>   <li>○ Routine hearing exam (for up to 1 every year)</li> </ul>	<p><b>In-network:</b> You pay \$0-\$45 copay, depending on the service</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p> <p><b>In-network:</b> You pay \$0-\$45 copay, depending on the service</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p>	<p><b>In-network:</b> You pay \$0-\$40 copay, depending on the service</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p> <p><b>In-network:</b> You pay \$0-\$40 copay, depending on the service</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p>	<p><b>In-network:</b> You pay \$0-\$40 copay, depending on the service</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p> <p><b>In-network:</b> You pay \$0-\$40 copay, depending on the service</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p>	<p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p>	

Benefits	Essential	Vitality	Signature	Assure	What you should know
<ul style="list-style-type: none"> <li>○ Hearing aid fitting/ evaluation (for up to 1 every three years)</li> <li>○ Hearing aids</li> </ul>	<p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay \$0</p>	<p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay \$0</p>	<p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay \$0</p>	<p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay \$0</p>	<p>Plan covers a \$1,500 allowance maximum for both ears (up to \$750 per ear) every three years for new hearing aids, including applicable dispensing fee.</p>
<p><b>Dental Services</b></p> <p><b>Non-routine dental services</b> (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)</p>	<p><b>In-network:</b> You pay \$0-\$45 copay</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p>	<p><b>In-network:</b> You pay \$0-\$40 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay \$0-\$40 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay \$0 copay</p> <p><b>Out-of-network:</b> You pay 30% of approved amount</p>	<p>Cost-sharing amounts for Medicare-covered dental services are determined by type of service.</p>
<p><b>Preventive dental services</b></p> <ul style="list-style-type: none"> <li>○ Cleaning (up to 2 every year)</li> <li>○ Dental X-rays (up to 1 every two years)</li> <li>○ Periodic oral exam (up to 2 every year)</li> </ul>	<p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p>				<p>To find a participating dentist, visit <b>www.mibluedentist.com</b> and search for PPO dentists in the BCBSM Medicare Advantage PPO network.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p><b>Vision Services</b></p> <ul style="list-style-type: none"> <li>○ Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)</li> <li>○ Eyeglasses or contact lenses after cataract surgery</li> </ul>	<p><b>In-network:</b> You pay \$0-\$45 copay, depending on the service</p> <p><b>Out-of-network:</b> You pay 50% of approved amount for Medicare-covered services</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p>	<p><b>In-network:</b> You pay \$0-\$40 copay, depending on the service</p> <p><b>Out-of-network:</b> You pay 40% of approved amount for Medicare-covered services</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay \$0-\$40 copay, depending on the service</p> <p><b>Out-of-network:</b> You pay 40% of approved amount for Medicare-covered services</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay \$0 copay</p> <p><b>Out-of-network:</b> You pay 30% of approved amount for Medicare-covered services</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay 30% of approved amount</p>	<p>People with diabetes, screening for diabetic retinopathy is covered once per year.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p><b>Vision Services, continued</b></p> <p><b>Enhanced Vision Benefits</b></p> <ul style="list-style-type: none"> <li>○ Elective Lasik and RK surgery</li> <li>○ Routine eye exam</li> <li>○ You are eligible for ONE of the following, every 12 months: <ul style="list-style-type: none"> <li>● Elective contacts OR</li> <li>● One pair standard lenses OR</li> <li>● One frame OR</li> <li>● One complete pair of eyeglasses</li> </ul> </li> </ul>	<p><b>In-network:</b> You pay \$45 copay</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> Reimbursed up to 50% of the allowed amount</p> <p><b>In-network:</b> Eye wear benefit provides a combined in- and out-of-network maximum benefit up to \$100 every 12 months and may be used for one pair of either (a) elective contact lenses or, (b) frames. One pair of standard eyeglass lenses is covered in full every 12 months</p>	<p><b>In-network:</b> You pay \$40 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> Reimbursed up to 50% of the allowed amount</p> <p><b>In-network:</b> Eye wear benefit provides a combined in- and out-of-network maximum benefit up to \$100 every 12 months and may be used for one pair of either (a) elective contact lenses or, (b) frames. One pair of standard eyeglass lenses is covered in full every 12 months.</p>	<p><b>In-network:</b> You pay \$40 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> Reimbursed up to 50% of the allowed amount</p> <p><b>In-network:</b> Eye wear benefit provides a combined in- and out-of-network maximum benefit up to \$100 every 12 months and may be used for one pair of either (a) elective contact lenses or, (b) frames. One pair of standard eyeglass lenses is covered in full every 12 months.</p>	<p><b>In-network:</b> You pay \$0 copay</p> <p><b>Out-of-network:</b> You pay 30% of approved amount</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> Reimbursed up to 50% of the allowed amount</p> <p><b>In-network:</b> Eye wear benefit provides a combined in- and out-of-network maximum benefit up to \$100 every 12 months and may be used for one pair of either (a) elective contact lenses or, (b) frames. One pair of standard eyeglass lenses is covered in full every 12 months.</p>	

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p><b>Vision Services, continued</b></p> <ul style="list-style-type: none"> <li>○ An allowance (every 12 months) is provided for:               <ul style="list-style-type: none"> <li>● Elective contacts OR</li> <li>● One frame</li> </ul> </li> </ul> <p>For a complete pair of eyeglasses, allowance is available for the frame only.</p> <p>Standard eyeglass lenses are covered in full every 12 months.</p>	<p><b>Out-of-network:</b> Eye wear benefit provides a combined in- and out-of-network maximum benefit with 50% of allowed amounts up to \$100 every 12 months and may be used for either (a) elective contact lenses or, (b) one frame.</p> <p>Standard eyeglass lenses are reimbursed up to 50% of the allowed amount</p>	<p><b>Out-of-network:</b> Eye wear benefit provides a combined in- and out-of-network maximum benefit with 50% of allowed amounts up to \$100 every 12 months and may be used for either (a) elective contact lenses or, (b) one frame.</p> <p>Standard eyeglass lenses are reimbursed up to 50% of the allowed amount</p>	<p><b>Out-of-network:</b> Eye wear benefit provides a combined in- and out-of-network maximum benefit with 50% of allowed amounts up to \$100 every 12 months and may be used for either (a) elective contact lenses or, (b) one frame.</p> <p>Standard eyeglass lenses are reimbursed up to 50% of the allowed amount</p>	<p><b>Out-of-network:</b> Eye wear benefit provides a combined in- and out-of-network maximum benefit with 50% of allowed amounts up to \$100 every 12 months and may be used for either (a) elective contact lenses or, (b) one frame.</p> <p>Standard eyeglass lenses are reimbursed up to 50% of the allowed amount</p>	

Benefits	Essential	Vitality	Signature	Assure	What you should know
<b>Mental Health Services<sup>1</sup></b>	<p>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.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for a benefit period.</p>				
<ul style="list-style-type: none"> <li>○ Inpatient visit<sup>1</sup></li>   <li>○ Outpatient group or individual therapy visit<sup>1</sup></li> </ul>	<p><b>In-network:</b> You pay \$300 copay per day for days 1 through 6</p> <p>You pay \$0 per day for days 7 through 90</p> <p><b>Out-of-network:</b> You pay 50% of approved amount per stay</p>	<p><b>In-network:</b> You pay \$250 copay per day for days 1 through 6</p> <p>You pay \$0 per day for days 7 through 90</p> <p><b>Out-of-network:</b> You pay 40% of approved amount per stay</p>	<p><b>In-network:</b> You pay \$175 copay per day for days 1 through 6</p> <p>You pay \$0 per day for days 7 through 90</p> <p><b>Out-of-network:</b> You pay 40% of approved amount per stay</p>	<p><b>In-network:</b> You pay \$100 copay per day for days 1 through 6</p> <p>You pay \$0 per day for days 7 through 90</p> <p><b>Out-of-network:</b> You pay 30% of approved amount per stay</p>	<p>Using in-network providers lowers your costs.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>	<p><b>In-network:</b> You pay \$0 per day for days 1 through 20</p> <p>You pay \$188 copay per day for days 21 through 100</p> <p><b>Out-of-network:</b> You pay 50% of approved amount per stay</p>	<p><b>In-network:</b> You pay \$0 per day for days 1 through 20</p> <p>You pay \$188 copay per day for days 21 through 100</p> <p><b>Out-of-network:</b> You pay 40% of approved amount per stay</p>	<p><b>In-network:</b> You pay \$0 per day for days 1 through 20</p> <p>You pay \$188 copay per day for days 21 through 100</p> <p><b>Out-of-network:</b> You pay 40% of approved amount per stay</p>	<p><b>In-network:</b> You pay \$0 per day for days 1 through 20</p> <p>You pay \$188 copay per day for days 21 through 100</p> <p><b>Out-of-network:</b> You pay 30% of approved amount per stay</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>No prior hospital stay is required for a skilled nursing facility stay.</p>
<b>Physical Therapy<sup>1</sup></b>	<p><b>In-network:</b> You pay \$40 copay</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p>	<p><b>In-network:</b> You pay \$40 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay \$35 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay \$30 copay</p> <p><b>Out-of-network:</b> You pay 30% of approved amount</p>	<p>Physical Therapy is available in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities.</p>
<b>Ambulance</b> (Ground or Air)	<p><b>In-network:</b> You pay \$275 copay</p> <p><b>Out-of-network:</b> You pay \$275 copay or 50% of approved amount, depending on the service</p>	<p><b>In-network:</b> You pay \$275 copay</p> <p><b>Out-of-network:</b> You pay \$250 copay or 40% of approved amount, depending on the service</p>	<p><b>In-network:</b> You pay \$250 copay</p> <p><b>Out-of-network:</b> You pay \$250 copay or 40% of approved amount, depending on the service</p>	<p><b>In-network:</b> You pay \$250 copay</p> <p><b>Out-of-network:</b> You pay \$250 copay or 30% of approved amount, depending on the service</p>	<p>Copay is for each one-way trip.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p><b>Transportation</b></p> <p>Qualified members who have been selected to be a part of Blue Cross Coordinated Care Core<sup>SM</sup>, our care management program for members with special health needs may be eligible for non-emergency medical transportation provided by a plan-approved transportation provider, to medical appointments, physical therapy, a pharmacy or other plan-approved locations.</p>	<p>Qualified members pay \$0.</p> <p>For members who reside in Wayne, Oakland, Macomb and Washtenaw counties, non-emergency medical transportation is covered for up to 28 days after each acute care hospital discharge.</p>				<p>Your Care Manager must arrange your transportation with the plan-approved transportation provider. Members residing in all other counties do not have coverage for transportation services.</p>
<p><b>Medicare Part B Drugs<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>○ Part B drugs such as chemotherapy drugs and other Part B drugs</li> <li>○ Part B Immunizations</li> </ul>	<p><b>In-network:</b> You pay 20% of approved amount</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay \$0</p>	<p><b>In-network:</b> You pay 20% of approved amount</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay \$0</p>	<p><b>In-network:</b> You pay 20% of approved amount</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay \$0</p>	<p><b>In-network:</b> You pay 20% of approved amount</p> <p><b>Out-of-network:</b> You pay 30% of approved amount</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay \$0</p>	<p>Step therapy may be required.</p> <p>Flu and pneumonia shots are also available at retail network pharmacies.</p>



Benefits	Essential	Vitality	Signature	Assure	What you should know
<p><b>Rehabilitation Services<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>○ Occupational therapy visit</li> <li>○ Speech and language therapy visit</li> </ul>	<p><b>In-network:</b> You pay \$40 copay</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p> <p><b>In-network:</b> You pay \$40 copay</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p>	<p><b>In-network:</b> You pay \$40 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p> <p><b>In-network:</b> You pay \$40 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay \$35 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p> <p><b>In-network:</b> You pay \$35 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay \$30 copay</p> <p><b>Out-of-network:</b> You pay 30% of approved amount</p> <p><b>In-network:</b> You pay \$30 copay</p> <p><b>Out-of-network:</b> You pay 30% of approved amount</p>	<p>Rehabilitation services are available in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities.</p>
<p><b>Cardiac rehabilitation services</b></p> <p>Comprehensive programs of cardiac rehabilitation services that include exercise, education, and counseling are covered for members who meet certain conditions with a doctor's order.</p> <p>The plan also covers intensive cardiac rehabilitation programs that are typically more rigorous or more intense than cardiac rehabilitation programs.</p>	<p><b>In-network:</b> You pay \$0 copay for Medicare-covered cardiac rehabilitation and intensive cardiac rehabilitation services.</p> <p><b>Out-of-network:</b> You pay 50% of the approved amount for Medicare-covered cardiac rehabilitation and intensive cardiac rehabilitation services.</p>	<p><b>In-network:</b> You pay \$0 copay for Medicare-covered cardiac rehabilitation and intensive cardiac rehabilitation services.</p> <p><b>Out-of-network:</b> You pay 40% of the approved amount for Medicare-covered cardiac rehabilitation and intensive cardiac rehabilitation services.</p>	<p><b>In-network:</b> You pay \$0 copay for Medicare-covered cardiac rehabilitation and intensive cardiac rehabilitation services.</p> <p><b>Out-of-network:</b> You pay 40% of the approved amount for Medicare-covered cardiac rehabilitation and intensive cardiac rehabilitation services.</p>	<p><b>In-network:</b> You pay \$0 copay for Medicare-covered cardiac rehabilitation and intensive cardiac rehabilitation services.</p> <p><b>Out-of-network:</b> You pay 30% of the approved amount for Medicare-covered cardiac rehabilitation and intensive cardiac rehabilitation services.</p>	<p>Cardiac rehabilitation services may require prior authorization; your plan provider will arrange for this authorization, if needed.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p><b>Pulmonary rehabilitation services</b></p> <p>Comprehensive programs of pulmonary rehabilitation are covered for members who have moderate to very severe chronic obstructive pulmonary disease (COPD) and an order for pulmonary rehabilitation from the doctor treating the chronic respiratory disease.</p>	<p><b>In-network:</b> You pay \$0 copay for Medicare-covered pulmonary rehabilitation services.</p> <p><b>Out-of-network:</b> You pay 50% of the approved amount for Medicare-covered pulmonary rehabilitation services.</p>	<p><b>In-network:</b> You pay \$0 copay for Medicare-covered pulmonary rehabilitation services.</p> <p><b>Out-of-network:</b> You pay 40% of the approved amount for Medicare-covered pulmonary rehabilitation services.</p>	<p><b>In-network:</b> You pay \$0 copay for Medicare-covered pulmonary rehabilitation services.</p> <p><b>Out-of-network:</b> You pay 40% of the approved amount for Medicare-covered pulmonary rehabilitation services.</p>	<p><b>In-network:</b> You pay \$0 copay for Medicare-covered pulmonary rehabilitation services.</p> <p><b>Out-of-network:</b> You pay 30% of the approved amount for Medicare-covered pulmonary rehabilitation services.</p>	
<p><b>Foot Care (podiatry services)<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>○ Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions</li> </ul>	<p><b>In-network:</b> You pay \$45 copay</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p>	<p><b>In-network:</b> You pay \$40 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay \$40 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay \$0 copay</p> <p><b>Out-of-network:</b> You pay 30% of approved amount</p>	<p>Your doctor will charge an outpatient surgical copay for toenail clipping.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p><b>Medical Equipment/Supplies<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>○ Durable Medical Equipment (e.g., wheelchairs, oxygen)</li> <li>○ Prosthetics (e.g., braces, artificial limbs)</li> <li>○ Diabetes supplies (e.g., monitoring, including approved therapeutic continuous monitors and supplies as covered by Original Medicare, therapeutic shoes or inserts)</li> </ul>	<p><b>In-network:</b> You pay 20% of approved amount</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p> <p><b>In-network:</b> You pay 20% of approved amount</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay \$0</p>	<p><b>In-network:</b> You pay 20% of approved amount</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p> <p><b>In-network:</b> You pay 20% of approved amount</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay \$0</p>	<p><b>In-network:</b> You pay 20% of approved amount</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p> <p><b>In-network:</b> You pay 20% of approved amount</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay \$0</p>	<p><b>In-network:</b> You pay 20% of approved amount</p> <p><b>Out-of-network:</b> You pay 30% of approved amount</p> <p><b>In-network:</b> You pay 20% of approved amount</p> <p><b>Out-of-network:</b> You pay 30% of approved amount</p> <p><b>In-network:</b> You pay \$0</p> <p><b>Out-of-network:</b> You pay \$0</p>	<p>Member must obtain durable medical equipment and diabetic shoes and inserts from our DME supplier, Northwood at 1-800-667-8496, 8:30 a.m. to 5 p.m., Monday through Friday. TTY users call 711.</p> <p>Member must obtain diabetic supplies (except diabetic shoes) from our supplier, J&amp;B Medical Supply Company at 1-888-896-6233 from 8 a.m. to 6 p.m., Monday through Friday. TTY users call 711.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p><b>Health Fitness Program</b></p> <p>Members are covered for a fitness benefit through SilverSneakers®. SilverSneakers is a comprehensive program that can improve overall well-being and social connections. Designed for all levels and abilities, SilverSneakers provides convenient access to a nationwide fitness network, a variety of programming options and activities beyond the gym that incorporate physical well-being and social interaction.</p> <p>Benefits include:</p> <ul style="list-style-type: none"> <li>• At participating locations nationwide, you can take classes plus use exercise equipment and other amenities</li> </ul>	<p>You pay \$0 copay</p>				<p>SilverSneakers and SilverSneakers FLEX are registered trademarks of Tivity Health, Inc. SilverSneakers GO, SilverSneakers On-Demand and SilverSneakers LIVE are trademarks of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<ul style="list-style-type: none"> <li>• SilverSneakers FLEX® gives you options to get active outside of traditional gyms (like recreation centers, malls, and parks)</li> <li>• SilverSneakers LIVE™ classes and workshops taught by instructors trained in senior fitness</li> <li>• 200+ workout videos in the SilverSneakers On-Demand™ online library</li> <li>• SilverSneakers GO™ mobile app with digital workout programs</li> <li>• Thousands of locations</li> <li>• Online fitness and nutrition tips</li> <li>• Social connections through events such as shared meals, holiday celebrations, and class socials</li> </ul>					

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>Go to <a href="http://www.silversneakers.com">www.silversneakers.com</a> to learn more or call 1-866-584-7352, 8 a.m. to 8 p.m. Eastern time, Monday through Friday. TTY users call 711.</p>					
<p><b>Bathroom Safety</b> Members may use the annual plan benefit maximum towards supplemental bathroom safety items such as:</p> <ul style="list-style-type: none"> <li>• Shower/bathtub grab bar</li> <li>• Tub stool or transfer bench</li> <li>• Commode rails</li> <li>• Elevated toilet seats</li> </ul>	<p>You pay \$0 copay Covered in full up to \$100 annual plan benefit maximum.</p>				<p>Installation and in-home assessment are not covered.</p> <p>If a noncovered item and/or service is elected, the member is responsible for the entire charge associated with that item and/or service.</p>
<p><b>Chiropractic Care<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>○ Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position)</li> <li>○ Chiropractic X-rays</li> </ul>	<p><b>In-network:</b> You pay \$20 copay</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p> <p><b>In-network:</b> You pay \$35 copay</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p>	<p><b>In-network:</b> You pay \$20 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p> <p><b>In-network:</b> You pay \$35 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay \$20 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p> <p><b>In-network:</b> You pay \$35 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay \$20 copay</p> <p><b>Out-of-network:</b> You pay 30% of approved amount</p> <p><b>In-network:</b> You pay \$35 copay</p> <p><b>Out-of-network:</b> You pay 30% of approved amount</p>	<p>You have coverage for one set of X-rays (up to 3 views) per year performed by a chiropractor. Cost share is the same as diagnostic X-rays.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<b>Home Health Care<sup>1</sup></b>	<b>In-network:</b> You pay \$0  <b>Out-of-network:</b> You pay 50% of approved amount	<b>In-network:</b> You pay \$0  <b>Out-of-network:</b> You pay 40% of approved amount	<b>In-network:</b> You pay \$0  <b>Out-of-network:</b> You pay 40% of approved amount	<b>In-network:</b> You pay \$0  <b>Out-of-network:</b> You pay 30% of approved amount	Home health care does not include custodial care.
<b>Home Infusion Therapy<sup>1</sup></b>	<b>In- and Out-of-network:</b> 0% coinsurance for Medicare-covered home infusion therapy services.				
<b>Hospice</b>	<p>You pay \$0 for hospice care from a Medicare-certified hospice.          You may have to pay part of the cost for drugs and respite care.          Hospice is covered outside of our plan.          Please contact us for more details (phone numbers are on the back of this booklet).</p>				

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p><b>Blue Cross Online Visits</b></p> <p><b>Medical</b></p> <p>Members can get 24 hours a day, 7 days a week online health care for minor illnesses and symptoms through Blue Cross Online Visits<sup>SM</sup> or from their in-network provider.</p> <p>Examples of symptoms that can be addressed in an online visit:</p> <ul style="list-style-type: none"> <li>• Respiratory and sinus infections</li> <li>• Colds, flu and seasonal allergies</li> <li>• Eye irritation or redness</li> <li>• Strains and sprains</li> </ul> <p><b>Behavioral Health</b></p> <p>Members can get 24 hours a day, 7 days a week online health care for mental health through Blue Cross Online Visits<sup>SM</sup> or from an in-network behavioral health provider who offers online visits.</p>	<p>You pay \$0 copay for telehealth services provided by a primary care physician or mental health provider</p>				<p>Members have the option of getting primary care and behavioral health care either through an in-person visit or by telehealth. If you choose to get one of these services by telehealth, then you must use a network provider who offers the service by telehealth.</p> <p>You can also use Blue Cross Online Visits to access telehealth services. Visit <b><a href="http://bcbsmonlinevisits.com">bcbsmonlinevisits.com</a></b> for more information.</p> <p>Please note: You must have video capability for visits through smartphone or computer. If your camera isn't working, please call 1-844-606-1608 to speak with a service rep.</p>



Benefits	Essential	Vitality	Signature	Assure	What you should know
<p><b>In-home support services</b></p> <p>Eligible members will have access to in-home and virtual help provided by a non-clinical care team. Care team staff will help eligible members with daily living activities such transportation, light household help and meal preparation, technology education and support, grocery shopping, companionship and more. Members can verify their eligibility for this benefit by calling our vendor partner Papa, at 1-888-597-6294, Monday-Friday 8 a.m. – 11 p.m. Eastern time and Saturday and Sunday 8 a.m. – 8 p.m. Eastern time.</p>	<p>You pay \$0 for up to 8 hours of time with a Papa Pal each month for qualified members.</p>		<p>Not available for Vitality, Signature or Assure</p>		<p>To qualify for this benefit, you must meet the following requirements:</p> <ol style="list-style-type: none"> <li>1) Live alone, and</li> <li>2) Require help with activities related to living independently, such as transportation, light housework, meal preparation, etc. An over-the-phone eligibility assessment with the Blue Cross approved vendor, Papa, is required to determine if members qualify.</li> </ol>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p><b>Meal benefit</b></p> <p>Qualified members who have been selected to be a part of Blue Cross Coordinated Care Core<sup>SM</sup>, our care management program for members with special health needs and have been discharged from a hospital may be eligible for a two-week (14-day) meal benefit. Members are eligible for this benefit during the 30-day period after they return home from the hospital. An assessment with your Blue Cross nurse care manager is required to determine eligibility for the meal benefit. If you qualify for this benefit your Blue Cross Care Manager will make a referral to the plan-approved meal provider</p>	<p>\$0 copay for qualified members</p>				<p>Members will receive up to 28 meals over 14 days from plan-approved meal provider. Twenty-eight (28) meals will be delivered to your home in a refrigerated cooler pack in two shipments (14 meals per shipment). Meals can be tailored to meet certain dietary needs.</p> <p>There is no annual limit to the number of occurrences. Member can receive up to 28 meals following each hospital discharge.</p>
<p><b>Outpatient Substance Abuse</b></p> <ul style="list-style-type: none"> <li>○ Group and individual therapy visit</li> </ul>	<p><b>In-network:</b> You pay \$45 copay</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p>	<p><b>In-network:</b> You pay \$40 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay \$40 copay</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay \$0 copay</p> <p><b>Out-of-network:</b> You pay 30% of approved amount</p>	<p>Includes detoxification, medical testing and diagnostic evaluation.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p><b>Outpatient Surgery<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>o Ambulatory surgical center</li> </ul>	<p><b>In-network:</b> You pay \$0-\$125 copay, depending on the service</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p>	<p><b>In-network:</b> You pay \$0-\$125 copay, depending on the service</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay \$0-\$100 copay, depending on the service</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay \$0-\$75 copay, depending on the service</p> <p><b>Out-of-network:</b> You pay 30% of approved amount</p>	<p>Outpatient clinics owned and operated by hospitals (known as hospital-based practices) may cost you more.</p>
<p><b>Renal dialysis</b></p>	<p><b>In-network:</b> You pay 20% coinsurance</p> <p><b>Out-of-network:</b> You pay 50% of approved amount</p>	<p><b>In-network:</b> You pay 20% coinsurance</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay 20% coinsurance</p> <p><b>Out-of-network:</b> You pay 40% of approved amount</p>	<p><b>In-network:</b> You pay 20% coinsurance</p> <p><b>Out-of-network:</b> You pay 30% of approved amount</p>	<p>Certain drugs for dialysis are covered under your Medicare Part B drug benefit.</p>
<p><b>Supervised Exercise Therapy (SET)</b></p> <p>SET is covered for members who have symptomatic peripheral artery disease (PAD) and a referral for SET from the physician responsible for PAD treatment.</p> <p>Up to 36 sessions over a 12-week period are covered if the SET program requirements are met.</p> <p>The SET program must:</p> <ul style="list-style-type: none"> <li>• Consist of sessions lasting 30-60 minutes, comprising a therapeutic exercise-training program for PAD in patients with claudication</li> </ul>	<p><b>In-network:</b> You pay \$0 copay for Medicare-covered supervised exercise therapy services.</p> <p><b>Out-of-network:</b> You pay 50% of the approved amount for Medicare-covered supervised exercise therapy services.</p>	<p><b>In-network:</b> You pay \$0 copay for Medicare-covered supervised exercise therapy services.</p> <p><b>Out-of-network:</b> You pay 40% of the approved amount for Medicare-covered supervised exercise therapy services.</p>	<p><b>In-network:</b> You pay \$0 copay for Medicare-covered supervised exercise therapy services.</p> <p><b>Out-of-network:</b> You pay 40% of the approved amount for Medicare-covered supervised exercise therapy services.</p>	<p><b>In-network:</b> You pay \$0 copay for Medicare-covered supervised exercise therapy services.</p> <p><b>Out-of-network:</b> You pay 30% of the approved amount for Medicare-covered supervised exercise therapy services.</p>	

Benefits	Essential	Vitality	Signature	Assure	What you should know
<ul style="list-style-type: none"> <li>• Be conducted in a hospital outpatient setting or a physician's office</li> <li>• Be delivered by qualified auxiliary personnel necessary to ensure benefits exceed harms, and who are trained in exercise therapy for PAD</li> <li>• Be under the direct supervision of a physician, physician assistant, or nurse practitioner/clinical nurse specialist who must be trained in both basic and advanced life support techniques SET may be covered beyond 36 sessions over 12 weeks for an additional 36 sessions over an extended period of time if deemed medically necessary by a health care provider.</li> </ul>					

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p><b>Over-the-counter (OTC) Allowance: Advantage Dollars</b> (from authorized vendor only) Over-the-counter (OTC) items are drugs and health related products that do not need a prescription. Covered items include but are not limited to antacids, cough drops, denture adhesive, eye drops, ibuprofen, toothpaste and first aid items.</p> <p>Food items are covered for members with certain conditions.</p> <p>There are four ways to use your benefit:</p> <p>1) <b>In-store:</b> You will receive an allowance card in the mail. You can use this card to purchase many common items at local retailers. You can find a complete list of participating retailers online at <a href="http://bcbsm.com/medicareotc">bcbsm.com/medicareotc</a>.</p>	<p>\$0 copay for qualified members</p> <p>Members receive a \$50 per quarter allowance, no rollover</p>	<p>\$0 copay for qualified members</p> <p>Members receive a \$25 per quarter allowance, no rollover</p>			<p>You will receive one OTC card which can be used for purchasing approved nonprescription, over-the-counter drugs and health-related items at participating retail locations. The dollar benefit amount will be automatically reloaded each quarter (January 1, April 1, July 1, October 1). Unspent allowance dollars will not carry forward into the next quarter or the next calendar year.</p> <p>In addition to the over-the-counter benefit, plan identified members diagnosed with certain health conditions can use their quarterly allowance to buy approved foods.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p>2) <b>Online.</b> Go to <a href="http://bcbsm.com/medicareotc">bcbsm.com/medicareotc</a> and follow the prompts to place an order using the online catalog.</p> <p>3) <b>Mail.</b> You may request a printed catalog by calling 1-855-856-7878, 8 a.m. – 11 p.m. Eastern time, Monday-Friday (TTY: 711). Complete and mail the order form included with the catalog.</p> <p>4) <b>Telephone.</b> Select items using the printed or online catalog and call 1-855-856-7878, 8 a.m. – 11 p.m. Eastern time, Monday-Friday (TTY: 711), to place an order. Items will be mailed to you.</p>					<p>The food benefit will be available to plan-identified members who have been diagnosed with: diabetes, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), stroke, hypertension, coronary artery disease (CAD), and/or rheumatoid arthritis or have known risk factors associated with exposure to COVID-19. See <i>Special supplemental benefits for the chronically ill</i> below.</p> <p>Note: All purchases must be made through the plan-approved vendor or purchased at participating retail locations.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p><b>Special Supplemental Benefits for the Chronically Ill</b></p> <p><b>Food Benefit</b></p> <p>Members with certain health conditions can use their quarterly over-the-counter Allowance (OTC): Advantage Dollars to buy approved foods.</p> <p>This benefit will be available only to plan-identified members who have been diagnosed with:</p> <ul style="list-style-type: none"> <li>• Diabetes</li> <li>• Chronic obstructive pulmonary disease (COPD)</li> <li>• Congestive Heart Failure (CHF)</li> <li>• Stroke</li> <li>• Hypertension</li> <li>• Coronary Artery Disease (CAD)</li> <li>• Rheumatoid arthritis</li> <li>• Have known risk factors associated with exposure to COVID-19</li> </ul>	<p>\$0 copay for qualified members</p> <p>Members receive a \$50 per quarter OTC allowance, no rollover</p>	<p>\$0 copay for qualified members</p> <p>Members receive a \$25 per quarter OTC allowance, no rollover</p>	<p>\$0 copay for qualified members</p> <p>Members receive a \$25 per quarter OTC allowance, no rollover</p>	<p>\$0 copay for qualified members</p> <p>Members receive a \$25 per quarter OTC allowance, no rollover</p>	<p>Your Advantage Dollars account will be loaded automatically with the appropriate allowance amount on January 1, April 1, July 1, and October 1.</p> <p>Please note this benefit works in conjunction with the <b>over-the-counter (OTC) Allowance: Advantage Dollars</b> benefit and is limited to the maximum OTC allowance.</p> <p>See <b>Over-the-counter (OTC) Allowance: Advantage Dollars</b> benefit for more information on the over-the-counter items benefit.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p><b>Support for Caregivers of Enrollees</b></p> <p>Eligible members who have a non-professional caregiver (e.g., a family member who cares for them) may be eligible for access to an online Caregiver Support tool. The tool provides training, coaching and support to family members who care for our high-risk Medicare Advantage members. Caregivers will have access to online coaching, education and support where they can learn:</p> <ul style="list-style-type: none"> <li>• How to manage stress and social isolation</li> <li>• How to access available resources such as transportation and home health assistance</li> <li>• Home safety improvements</li> <li>• How to prevent falls</li> <li>• About advanced care planning</li> </ul>	<p>You pay \$0 copay</p>	<p>Not covered for Vitality, Signature or Assure.</p>			<p>An eligibility assessment with a nurse care manager is required to determine if members qualify. Qualifying members will be referred to this program by their Care Manager. For a caregiver to qualify for this benefit, the member must meet the following requirements:</p> <ol style="list-style-type: none"> <li>1. Have been selected to be a part of Blue Cross Coordinated Care Core<sup>SM</sup>, our care management program for members with special needs.</li> <li>2. Be cared for at home by a family member or other person who would benefit from the support, training and coaching this program provides.</li> </ol>



Benefits	Essential	Vitality	Signature	Assure	What you should know
<p><b>Worldwide emergency coverage</b></p> <ul style="list-style-type: none"> <li>○ Worldwide emergency coverage</li> <li>○ Worldwide urgent coverage</li> <li>○ Worldwide emergency transportation</li> </ul>	<p><b>In- and Out-of-Network</b> You pay \$90 for worldwide emergency coverage.</p> <p><b>In- and Out-of-Network</b> You pay \$50 for worldwide urgent coverage.</p> <p><b>In- and Out-of-Network</b> You pay \$275 for worldwide emergency transportation.</p>	<p><b>In- and Out-of-Network</b> You pay \$90 for worldwide emergency coverage.</p> <p><b>In- and Out-of-Network</b> You pay \$50 for worldwide urgent coverage.</p> <p><b>In- and Out-of-Network</b> You pay \$250 for worldwide emergency transportation.</p>	<p><b>In- and Out-of-Network</b> You pay \$90 for worldwide emergency coverage.</p> <p><b>In- and Out-of-Network</b> You pay \$50 for worldwide urgent coverage.</p> <p><b>In- and Out-of-Network</b> You pay \$250 for worldwide emergency transportation.</p>	<p><b>In- and Out-of-Network</b> You pay \$90 for worldwide emergency coverage.</p> <p><b>In- and Out-of-Network</b> You pay \$40 for worldwide urgent coverage.</p> <p><b>In- and Out-of-Network</b> You pay \$250 for worldwide emergency transportation.</p>	<p>If you need care when you're outside of the United States, we cover emergency and urgently needed services and emergency transportation, only.</p> <p>There is a combined \$250 annual deductible and a combined \$50,000 lifetime limit that applies to both urgent and emergent medical care and emergency transportation outside of the United States and its territories.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p><b>Optional Supplemental Dental</b> \$2,500 annual maximum combined In- and Out-of-network</p>	<p><b>In-network:</b> 25% coinsurance for fillings, root canals, simple extractions, crowns and crown repairs. Fluoride treatment and brush biopsies at \$0 copay.</p> <p><b>Out-of-network:</b> 50% coinsurance for brush biopsies, fluoride treatment (one per calendar year), fillings, root canals, simple extractions, crowns and crown repairs.</p>				<p>The plan's dental network contains BCBSM Medicare Advantage PPO dentists. In Michigan and outside of Michigan you can receive in-network care from any participating Medicare dentist. To find a participating dentist, visit <b>www.mibluedentist.com</b> and search for PPO dentists in the BCBSM Medicare Advantage PPO network or contact Customer Service.</p> <p>Optional supplemental dental benefits are only available if you purchase the optional supplemental benefit.</p>

Benefits	Essential	Vitality	Signature	Assure	What you should know
<p><b>Optional Supplemental Vision</b></p>	<p><b>In-network:</b> Optional eye wear benefit provides a combined in- and out-of-network maximum benefit allowance up to \$250 (in addition to the standard benefit) every 12 months and may be used for either (a) elective contact lenses or (b) one frame. One pair of lenses is covered in full.</p> <p><b>Out-of-network:</b> Optional eye wear benefit provides a combined in- and out-of-network maximum benefit allowance up to \$250 with 50% coinsurance (in addition to the standard benefit) every 12 months and may be used for either (a) elective contact lenses or (b) one frame. Eye wear purchased out-of-network is reimbursed at up to 50% of allowed amount.</p> <p>Lenses are reimbursed up to 50% of the allowed amount.</p>				<p>Vision care must be from a VSP Network provider to qualify for in-network cost-sharing. To locate a VSP Network provider, call the Customer Service number on the back of this booklet or visit <b>www.vsp.com</b>.</p> <p>Optional vision supplemental benefits are only available if you purchase the optional supplemental benefit.</p>

## Outpatient Prescription Drugs - Essential

### Phase 1: The Deductible Stage

Because there is no deductible for the plan, this stage does not apply to you.

### Phase 2: The Initial Coverage Stage

You pay the amounts listed in the tables below, and on the next page, until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

**Your share of the cost when you get a *one-month* (31-day) supply of a covered Part D prescription drug:**

	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$5	\$0
Tier 2: Generic	\$20	\$11
Tier 3: Preferred Brand	\$47	\$42
Tier 4: Non-Preferred Drug	50%	50%
Tier 5: Specialty Tier	33%	33%

**Your share of the cost when you get a *long-term* (32- to 90-day) supply of a covered Part D prescription drug:**

<b>Essential, <i>continued</i></b>	<b>Standard retail and standard mail-order cost sharing (in-network)</b>	<b>Preferred retail and preferred mail-order cost sharing (in-network)</b>
Tier 1: Preferred Generic	\$15	\$0
Tier 2: Generic	\$60	\$0
Tier 3: Preferred Brand	\$141	\$126
Tier 4: Non-Preferred Drug	50%	50%
Tier 5: Specialty Tier	Not offered	Not offered

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](http://www.bcbsm.com/medicare).

### Phase 3 & 4: The Coverage Gap & The Catastrophic Stages

You have coverage for some Tier 1 generics during the coverage gap stage. During this stage, you will pay either \$0 at a Preferred pharmacy or \$5 at a Standard pharmacy for a 31-day supply of these medications. Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage* online at [www.bcbsm.com/medicare](http://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](http://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](http://www.bcbsm.com/formularymedicare)).

## Outpatient Prescription Drugs - Vitality

### Phase 1: The Deductible Stage

Because there is no deductible for the plan, this stage does not apply to you.

### Phase 2: The Initial Coverage Stage

You pay the amounts listed in the tables below, and on the next page, until your total yearly drug costs reach \$4,430 Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

**Your share of the cost when you get a *one-month* (31-day) supply of a covered Part D prescription drug:**

	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$5	\$0
Tier 2: Generic	\$20	\$11
Tier 3: Preferred Brand	\$47	\$42
Tier 4: Non-Preferred Drug	50%	50%
Tier 5: Specialty Tier	33%	33%

**Your share of the cost when you get a *long-term* (32- to 90-day) supply of a covered Part D prescription drug:**

<b>Vitality, <i>continued</i></b>	<b>Standard retail and standard mail-order cost sharing (in-network)</b>	<b>Preferred retail and preferred mail-order cost sharing (in-network)</b>
Tier 1: Preferred Generic	\$15	\$0
Tier 2: Generic	\$60	\$0
Tier 3: Preferred Brand	\$141	\$126
Tier 4: Non-Preferred Drug	50%	50%
Tier 5: Specialty Tier	Not offered	Not offered

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](http://www.bcbsm.com/medicare).

### Phase 3 & 4: The Coverage Gap & The Catastrophic Stages

You have coverage for some Tier 1 generics during the coverage gap stage. During this stage, you will pay either \$0 at a Preferred pharmacy or \$5 at a Standard pharmacy for a 31-day supply of these medications. Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage. For detailed information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage* online at [www.bcbsm.com/medicare](http://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](http://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](http://www.bcbsm.com/formularymedicare)).

## Outpatient Prescription Drugs - Signature

### Phase 1: The Deductible Stage

Because there is no deductible for the plan, this stage does not apply to you.

### Phase 2: The Initial Coverage Stage

You pay the amounts listed in the tables below, and on the next page, until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

**Your share of the cost when you get a *one-month* (31-day) supply of a covered Part D prescription drug:**

	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$5	\$0
Tier 2: Generic	\$18	\$10
Tier 3: Preferred Brand	\$47	\$42
Tier 4: Non-Preferred Drug	48%	48%
Tier 5: Specialty Tier	33%	33%



**Your share of the cost when you get a *long-term* (32- to 90-day) supply of a covered Part D prescription drug:**

<b>Signature, <i>continued</i></b>	<b>Standard retail and standard mail-order cost sharing (in-network)</b>	<b>Preferred retail and preferred mail-order cost sharing (in-network)</b>
Tier 1: Preferred Generic	\$15	\$0
Tier 2: Generic	\$54	\$0
Tier 3: Preferred Brand	\$141	\$126
Tier 4: Non-Preferred Drug	48%	48%
Tier 5: Specialty Tier	Not offered	Not offered

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](http://www.bcbsm.com/medicare).

### Phase 3 & 4: The Coverage Gap & The Catastrophic Stages

You have coverage for some Tier 1 generics during the coverage gap stage. During this stage, you will pay either \$0 at a Preferred pharmacy or \$5 at a Standard pharmacy for a 31-day supply of these medications. Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage. For detailed information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage* online at [www.bcbsm.com/medicare](http://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](http://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](http://www.bcbsm.com/formularymedicare)).

## Outpatient Prescription Drugs - Assure

### Phase 1: The Deductible Stage

Because there is no deductible for the plan, this stage does not apply to you.

### Phase 2: The Initial Coverage Stage

You pay the amounts listed in the tables below, and on the next page, until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

**Your share of the cost when you get a *one-month* (31-day) supply of a covered Part D prescription drug:**

	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$5	\$0
Tier 2: Generic	\$12	\$7
Tier 3: Preferred Brand	\$42	\$37
Tier 4: Non-Preferred Drug	45%	45%
Tier 5: Specialty Tier	33%	33%

**Your share of the cost when you get a *long-term* (32- to 90-day) supply of a covered Part D prescription drug:**

<b>Assure, <i>continued</i></b>	<b>Standard retail and standard mail-order cost sharing (in-network)</b>	<b>Preferred retail and preferred mail-order cost sharing (in-network)</b>
Tier 1: Preferred Generic	\$15	\$0
Tier 2: Generic	\$36	\$0
Tier 3: Preferred Brand	\$126	\$111
Tier 4: Non-Preferred Drug	45%	45%
Tier 5: Specialty Tier	Not offered	Not offered

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](http://www.bcbsm.com/medicare).

### Phase 3 & 4: The Coverage Gap & The Catastrophic Stages

You have coverage for some Tier 1 generics during the coverage gap stage. During this stage, you will pay either \$0 at a Preferred pharmacy or \$5 at a Standard pharmacy for a 31-day supply of these medications. Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage. For detailed information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage* online at [www.bcbsm.com/medicare](http://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](http://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](http://www.bcbsm.com/formularymedicare)).

**For more information**

A complete list of services is found in the *Evidence of Coverage*. For a copy of the *Evidence of Coverage*, go to [www.bcbsm.com/medicare-evidence-of-coverage](http://www.bcbsm.com/medicare-evidence-of-coverage), or contact Customer Service at 1-877-241-2583 from October 1 to March 31, 7 days a week from 8 a.m. to 9 p.m. Eastern time and from April 1 to September 30, Monday through Friday from 8 a.m. to 9 p.m. Eastern time, for more information. TTY users call 711.

You can order a copy of the "Medicare & You" handbook at [www.medicare.gov](http://www.medicare.gov), or you can call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.







For more information, please call us at the phone number below or visit us at [www.bcbsm.com/medicare](http://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](http://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<sup>SM</sup> is a PPO plan with a Medicare contract. Enrollment in Medicare Plus Blue depends on contract renewal.*

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