



**MyBlue**  
Medicare<sup>SM</sup>

# 2010 Plan Overview

**Medicare Plus Blue PFFS<sup>SM</sup>**  
**Options A and B**

**Including:**

Welcome..... 1

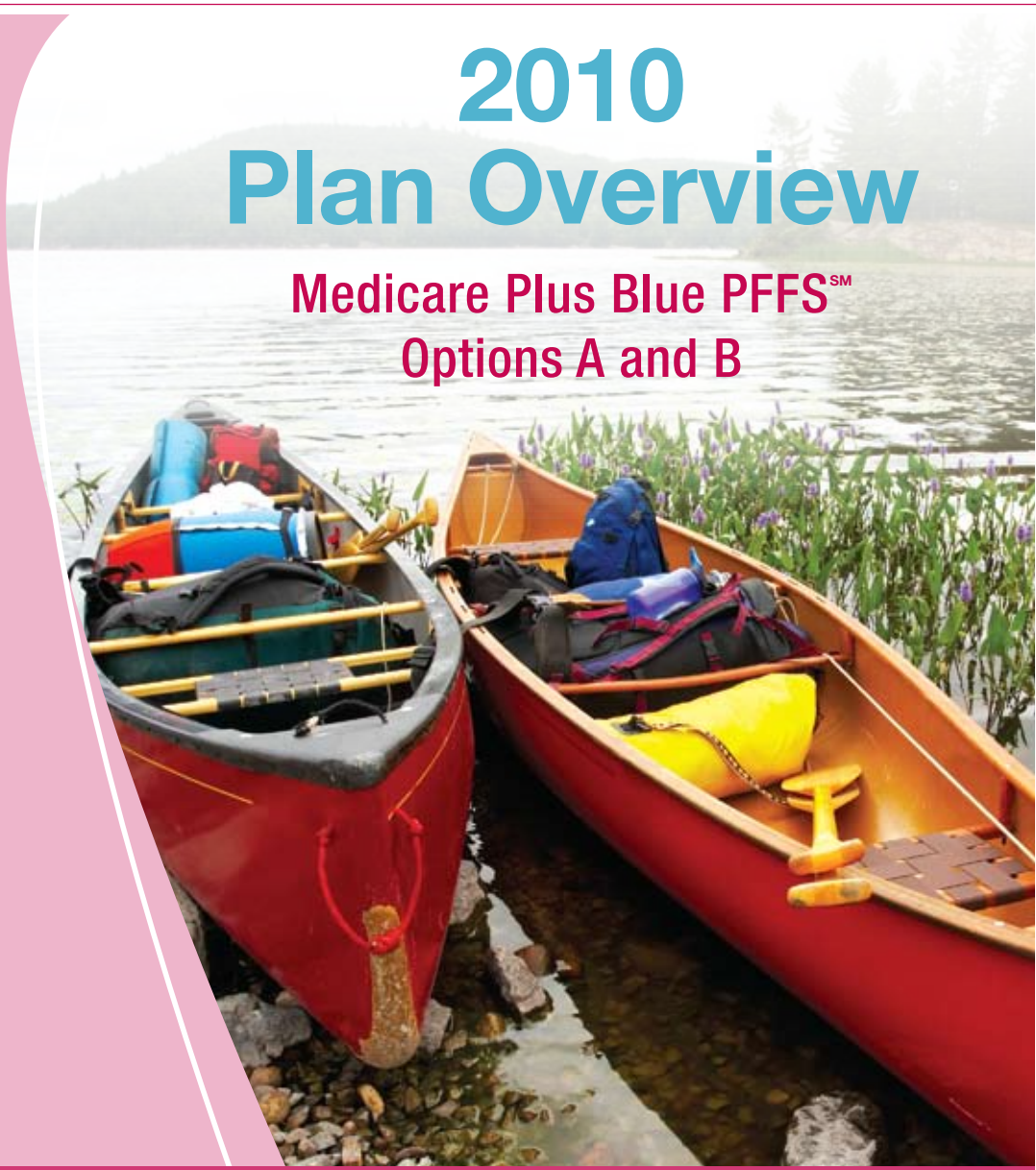
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Medicare Plus Blue PFFS is a health plan with a Medicare contract.



## Medicare Plus Blue PFFS



**Congratulations!** By requesting this information about **Medicare Plus Blue**, you've taken an important step toward getting the affordable Medicare coverage you want from the health care company you trust.

## Peace of mind from Blue Cross Blue Shield of Michigan

When you sign up for **Medicare Plus Blue**, you get all your Medicare benefits—and more:

- Choose your own doctor or any doctor who accepts Medicare Plus Blue's terms and conditions of payment
- No referrals needed to see other doctors and specialists
- Coverage for physicals and preventive exams\*
- Medicare Part D prescription drug coverage\*
- Preventive dental coverage\*

## A choice of plans to meet your needs and your budget

We offer a choice of two different **Medicare Plus Blue** plan options. The benefits and costs for each are shown on the enclosed premium guide. Choose the plan that's best for you. If you have any questions at all, we'll be happy to help you. Call 1-877-469-2583, 8 a.m. to 8 p.m. seven days a week. TTY users should call 1-800-481-8704.

## Join Medicare Plus Blue today

Of all the benefits we offer, the most important is the peace of mind that comes with coverage from Blue Cross Blue Shield of Michigan. That's what you get with **Medicare Plus Blue**. Once you've chosen your plan option, simply complete and mail the enclosed enrollment form. We also offer the convenience of online enrollment. For more information, go to page 14.

Sincerely,



Mark Owen  
Vice President  
Federal and Individual Business

P.S. We've made Medicare Plus Blue affordable — and simple. If you have any questions about your choices or how to join, please don't hesitate to contact us.

Call 1-877-469-2583, 8 a.m. to 8 p.m. seven days a week. TTY users should call 1-800-481-8704.

You may contact 1-800-MEDICARE (1-800-633-4227); TTY 1-877-486-2048; 24 hours a day, seven days a week, for more information about Medicare benefits and services, including general information about health or prescription drug benefits.

\*Limits and copays apply. See enclosed premium guide, beginning on page 9, for more information.

# Medicare Plus Blue — your Medicare advantage

Medicare Plus Blue combines coverage for hospital and doctor visits with prescription drug coverage. You can go to any doctor or hospital that accepts our plan's terms and conditions of payment. And, it's all from Blue Cross Blue Shield of Michigan, the company that's been here for you for more than 70\* years.

Medicare Plus Blue includes all your current Medicare benefits and much more.

You'll like our plan:

- Keep your own doctor
- No referrals needed to see specialists
- Diabetes self-monitoring training and supplies
- Statewide and nationwide coverage
- Virtually no paperwork
- One ID card for health, drug and dental coverage

You'll like our benefits:\*\*

- Medicare Part D prescription drug coverage
- Preventive dental services
- Preventive tests and physicals
- Office visits
- Hospitalization
- Outpatient surgery and services
- Lab and radiology services
- Home health care
- Immunizations
- Podiatry
- Chiropractic services
- Prostate cancer screening exams
- Ambulance services

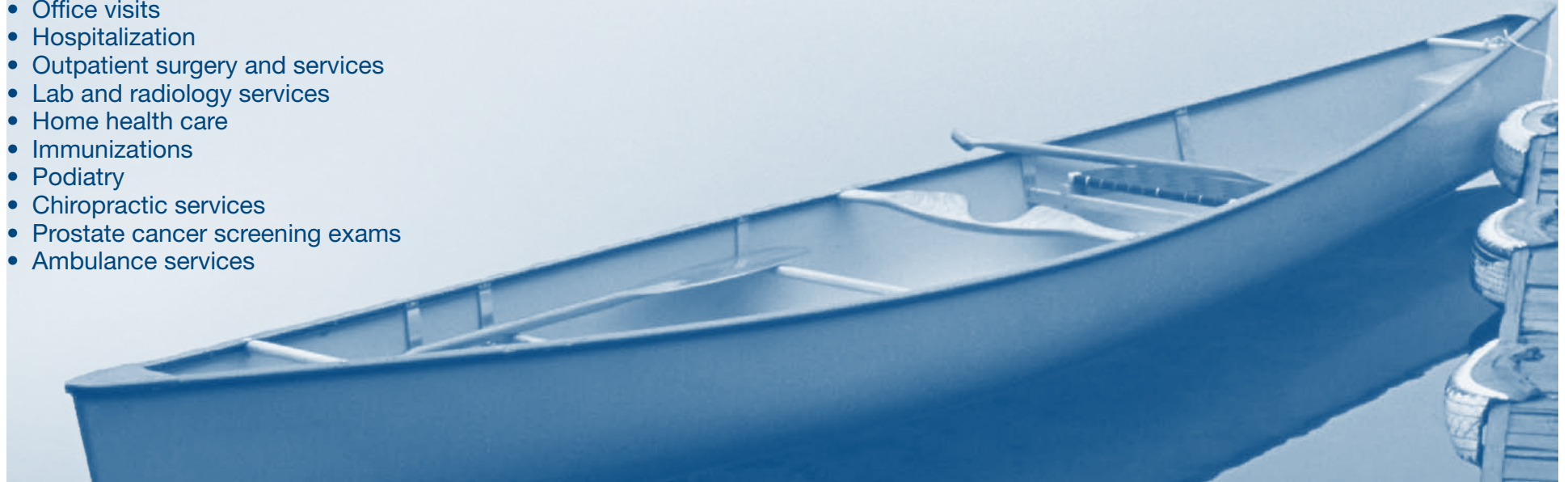
Join Medicare Plus Blue between Nov. 15 and Dec. 31, 2009 and your coverage will begin Jan. 1, 2010.

If you're turning 65 or qualify for Medicare under special circumstances, you don't have to wait for Medicare's annual election period.

Call Medicare Plus Blue for more information: 1-877-469-2583, 8 a.m. to 8 p.m. seven days a week. TTY users should call 1-800-481-8704.

\*BCBSM was incorporated in 1939.

\*\*Limits and copays apply. See enclosed premium guide, beginning on page 9, for more information.



# Medicare Plus Blue gives you more — value-added services

In addition to our medical and prescription drug plans, Medicare Plus Blue offers members a variety of programs designed to promote good health, safety and savings. To learn more about the programs you see here, visit [bcbsm.com/mybluemedicare](http://bcbsm.com/mybluemedicare).

## Save on alternative health and wellness options

Want to try something new for less? Whether you're looking for discounts on:

- Vitamins and nutritional supplements
- Nutritional advice
- Massage
- Popular, health-related magazine subscriptions
- Relief from pain through acupuncture
- Exercise classes

...our Naturally Blue<sup>SM</sup> program can help.

We've partnered with Healthways WholeHealth Network Inc. to offer our members discounts on a wide range of complementary and alternative health services, natural products and magazines through a national network.

By showing your Blues ID card, you can save as much as 30 percent when you visit a Naturally Blue network practitioner. To learn more about Naturally Blue discounts and find a practitioner near you, visit [bcbsm.com/naturallyblue](http://bcbsm.com/naturallyblue).

## Discounted dental services

In addition to our dental benefits, as a value-added service, you can also choose to see a DenteMax dentist for services that aren't covered by Medicare Plus Blue. They offer discounts on noncovered services like:

- Additional cleanings, exams and X-rays
- Crowns
- Dentures and bridge work

Check with your DenteMax dentist or visit [dentemax.com](http://dentemax.com)\* to verify that your dentist participates in this discount program.

## Stay safe and save with BlueSafe<sup>SM</sup>

Accidents happen, but injuries can be prevented. We've teamed up with Michigan retailers to save you money on items that can help keep you safe.

Show your Medicare Plus Blue ID card at Wright & Filippis stores and save 10 percent on home medical equipment not covered by your health plan, such as:

- Bathroom safety seats, grab bars and railings
- Blood pressure kits
- Instant-read digital thermometers
- First aid kits
- Heating pads
- Diabetes supplies

You can also show your Blues ID card and save 20 percent on safety items at Michigan Dunham's Sports stores. Members also get a 10 percent discount on selected regularly priced merchandise. This offer cannot be combined with any other offer or used on the Dunham's Web site.

\* Blue Cross Blue Shield of Michigan does not control this Web site or endorse its general content.

*The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Medicare Plus Blue grievance process.*

## Make the connection for care

BlueHealthConnection® is a health management program designed to help members stay healthy, get better or improve their quality of life while living with an illness. BlueHealthConnection includes counseling by telephone-based nurse health coaches, targeted outreach, case and disease management, Web-based wellness information and an online personal health risk appraisal. This 24/7 umbrella of care gives members the information, tools and assistance they need to make informed health care choices and optimize their health.

## Help while living with an illness

Not all health care decisions are simple. That's why we've partnered with CareGuide to provide our Medicare Plus Blue members with personal support and education about their health care options. CareGuide is an independent company providing care management services on behalf of Blue Cross Blue Shield of Michigan. CareGuide's experienced nurses and social workers will work with you, your family and your doctor to make sure you receive the care you need.

Your personal care managers can help with:

- General health and wellness advice
- Questions about your condition and treatment options
- Information about participating facilities
- Referrals to free and low-cost community services like fitness and transportation programs for seniors

With CareGuide's care management program, you'll get personal, professional help when you need it most.

## Stop smoking with Quit the Nic

Quit the Nic is a free telephone-based program to support members' efforts to quit smoking. Members work with a nurse health coach who helps them enroll in the program, gets them started by setting a quit date and discusses how to prepare for that day. The nurse also guides members through a series of motivational topics and talks about ways to head off a relapse.

## Assistance for members in need

Our partnership with Social Service Coordinators (SSC), a private social service agency, helps BCBSM identify members who may be eligible for Medicare Savings Programs (MSPs) or Part D assistance and then helps them enroll.

MSPs are federally funded, state-administered programs that help Medicare beneficiaries with their health care costs. MSPs pay a portion, or, in some cases, the entire Medicare Part B premium; and they may also pay certain plan copayments. SSC field coordinators help members complete the application and gather the necessary documentation for enrollment. Upon request, SSC will send a representative to meet with the member in his or her home.

For more information, call SSC's Outreach Center at 1-866-631-5967, 9 a.m. to 6 p.m. Monday through Friday. TTY users should call 1-877-644-3244.

*The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Medicare Plus Blue grievance process.*

# Your guide to joining Medicare Plus Blue

## 3 easy steps to the Medicare coverage you've always wanted

- 1** By requesting this information, you've already taken the first important step toward getting the Medicare coverage you need and want from the health care company you trust.
- 2** Review this information to decide which of our plans is right for your health care needs and budget. We've included the following:
  - Comparative Premium Guide — an at-a-glance benefit and rate chart
  - Summary of Benefits — more information about each of our four plans
  - Prescription Drug Abridged Formulary — our partial list of covered drugs
- 3** Just complete the enclosed enrollment form and mail it back to us in the enclosed pre-addressed postage-paid envelope. No need to send any payment now — you'll be billed later.

For your convenience, you can also apply online. See page 14 for more information.

And, if you choose the convenience of having your premium payments automatically deducted from your checking or savings account, fill out the enclosed Authorization Agreement for Automatic Withdrawal form and return it in the same envelope.

### **That's all there is to it!**

We hope this information answers your questions,  
but if you need more help, don't hesitate to call us at 1-877-469-2583,  
8 a.m. to 8 p.m. seven days a week.  
TTY users should call 1-800-481-8704.  
We're glad to help you.

# Enrollment form checklist

- ✓ Use only one enrollment form for each person. If you need another, make a copy or call us and we'll send you another form.
- ✓ The enrollment form has six pages. Be sure to complete every section on each page and return all six pages.

## Section I, top of the page:

- ✓ Check only one box for the Medicare Plus Blue option that best meets your needs.

Be sure to look at the chart on page 7 to find the county and region where you permanently live and the corresponding monthly premium for each option.

Please note: the monthly premium varies by region. These differences are based on the Centers for Medicare and Medicaid Services' (CMS) projection of the use and cost of health care services in each region.

## Section IV

- ✓ Check off only one payment option.

## Section V

- ✓ Answer all five questions.

## Section VIII

- ✓ When you sign and date your printed enrollment form, be sure to mail it promptly. We are not permitted to accept an enrollment form that is dated more than 30 days before we receive it.
- ✓ Don't send payment at this time. We'll send you a confirmation of coverage once CMS approves your application, and we'll bill you (or automatically deduct your premium if you choose that option.)
- ✓ Keep the yellow printed copy for your records.
- ✓ Any questions or concerns? Just call us at 1-877-469-2583, 8 a.m. to 8 p.m. seven days a week. TTY users should call 1-800-481-8704.

**For online enrollment information, go to page 14.**

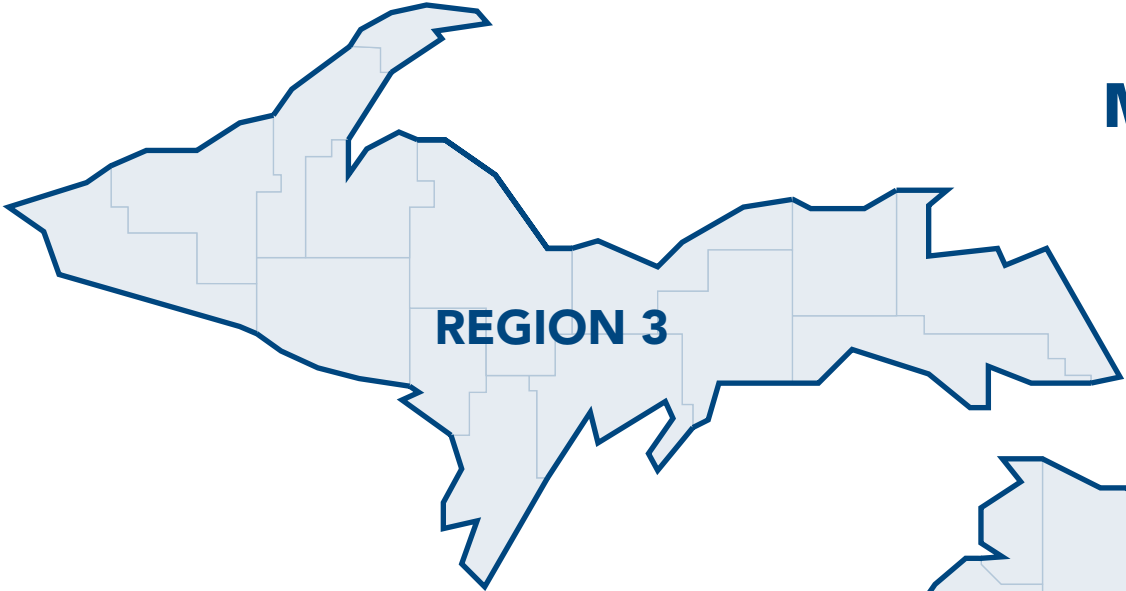
# Monthly Premium Table

## for Medicare Plus Blue Plans

The premiums vary by the county in which you permanently reside. Rates are based on the use and cost of health care services in each region.

1. Locate the region/county in which you permanently reside. 2. Look at the plan options to find your monthly premium rate.			
Region with Counties		Medicare Plus Blue Premium Rate Per Month	
		Option A	Option B
<b>Region 1</b>	<b>Southwest Michigan</b> Allegan, Kent, Muskegon, Newaygo, Ottawa	\$81	\$116
<b>Region 2</b>	<b>Mid-Michigan</b> Barry, Berrien, Cass, Clinton, Eaton, Ingham, Ionia, Kalamazoo, Van Buren	\$114	\$162
<b>Region 3</b>	<b>Upper Michigan</b> Alcona, Alger, Alpena, Antrim, Baraga, Benzie, Charlevoix, Cheboygan, Chippewa, Crawford, Delta, Dickinson, Emmet, Gogebic, Grand Traverse, Houghton, Iron, Kalkaska, Keweenaw, Leelanau, Luce, Mackinac, Marquette, Menominee, Montmorency, Ontonagon, Oscoda, Otsego, Presque Isle, Schoolcraft	\$153	\$208
<b>Region 4</b>	<b>South Michigan</b> Branch, Calhoun, Hillsdale, Jackson, Lenawee, Livingston, Monroe, St. Joseph, Washtenaw	\$140	\$191
<b>Region 5</b>	<b>North/East Michigan</b> Arenac, Bay, Clare, Genesee, Gladwin, Gratiot, Huron, Iosco, Isabella, Lake, Lapeer, Manistee, Mason, Mecosta, Midland, Missaukee, Montcalm, Oceana, Ogemaw, Osceola, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Wexford	\$182	\$229
<b>Region 6</b>	<b>Southeast Michigan</b> Macomb, Oakland, Wayne	\$172	\$248

# Medicare Plus Blue Service Area



**REGION 3**

**Region 1**

Allegan  
Kent  
Muskegon  
Newaygo  
Ottawa

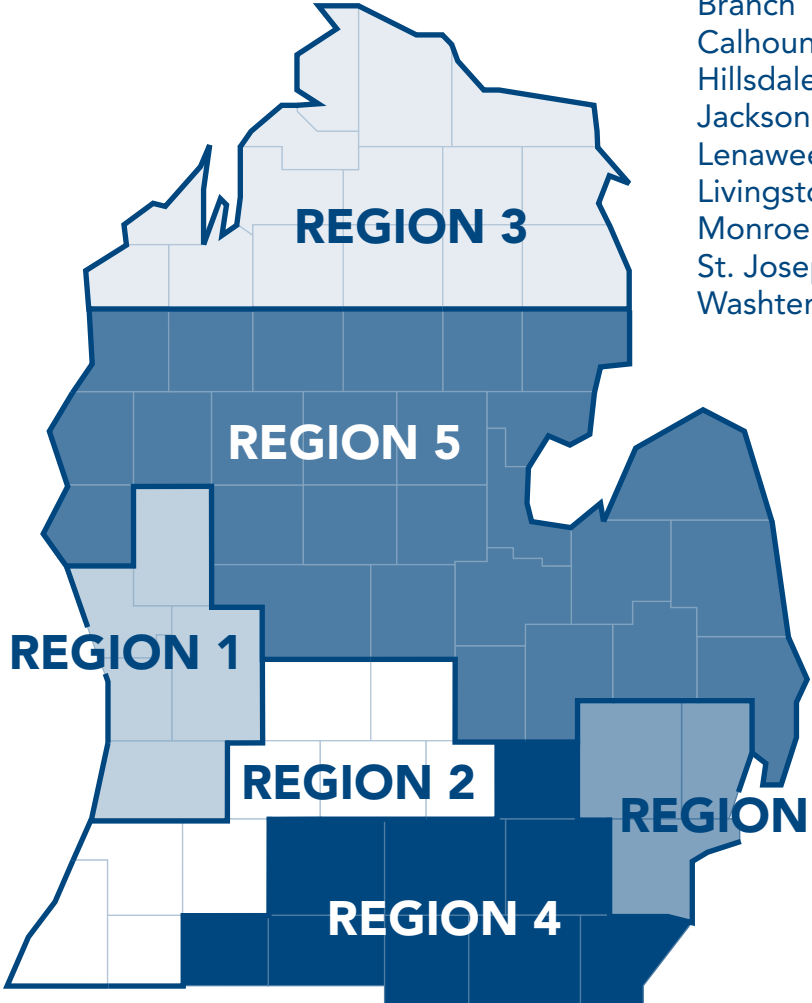
**Region 2**

Barry  
Berrien  
Cass  
Clinton  
Eaton  
Ingham  
Ionia  
Kalamazoo  
Van Buren

**Region 3**

Alcona  
Alger  
Alpena  
Antrim  
Baraga  
Benzie  
Charlevoix  
Cheboygan  
Chippewa  
Crawford  
Delta  
Dickinson  
Emmett  
Gogebic  
Grand Traverse  
Houghton  
Iron  
Kalkaska  
Keweenaw  
Leelanau  
Luce

Mackinac  
Marquette  
Menominee  
Montmorency  
Ontonagon  
Oscoda  
Otsego  
Presque Isle  
Schoolcraft



**REGION 3**

**REGION 5**

**REGION 1**

**REGION 2**

**REGION 4**

**REGION 6**

**Region 4**

Branch  
Calhoun  
Hillsdale  
Jackson  
Lenawee  
Livingston  
Monroe  
St. Joseph  
Washtenaw

**Region 5**

Arenac  
Bay  
Clare  
Genesee  
Gladwin  
Gratiot  
Huron  
Isabella  
Iosco  
Lake  
Lapeer  
Manistee  
Mason  
Mecosta  
Midland  
Missaukee  
Montcalm  
Oceana  
Ogemaw  
Osceola  
Roscommon  
Saginaw  
Sanilac  
Shiawassee  
St. Clair  
Tuscola  
Wexford

**Region 6**

Macomb  
Oakland  
Wayne

# 2010 Medicare Plus Blue Comparative Premium Guide

## for Medicare-eligible residents of Michigan

*This is an at-a-glance general summary of available benefits.\**

Benefit	Medicare Plus Blue – Option A	Medicare Plus Blue – Option B
<b>Monthly Premium</b> (Premiums vary by county of residence)	Starting at \$81 See Premium Table on page 7.	Starting at \$116 See Premium Table on page 7.
<b>Doctor/Hospital Choice</b>	You can go to any doctor, specialist or hospital who is willing to give you care and who accepts Medicare and our terms and conditions of payment. You do not need a referral to see a specialist.	
<b>Inpatient Hospital Care</b> (Medical, surgical, substance abuse)	You pay: \$700 copay per admission	You pay: \$500 copay per admission
<b>Skilled Nursing Facility</b> (in a Medicare-certified skilled nursing facility)	You pay: \$130 per day (days 21–100)	You pay: \$130 per day (days 21–100)
<b>Home Health Care</b>	No copay (includes medically necessary skilled nursing care, home health aide and rehab services, etc.)	
<b>Hospice</b>	You must receive care from a Medicare-certified hospice.	
<b>Doctor Office Visits</b> <i>Primary care physicians</i> <i>Specialists</i>	\$25 copay per visit – No referrals needed. \$35 copay per visit – No referrals needed.	\$15 copay per visit – No referrals needed. \$30 copay per visit – No referrals needed.
<b>Out-of-Pocket Maximum**</b>	\$4,000 out-of-pocket maximum for Medicare-covered services. The plan then covers 100%.	\$3,500 out-of-pocket maximum for Medicare-covered services. The plan then covers 100%.
<b>Outpatient Services</b>	\$35 to \$100 copay each visit	\$30 to \$100 copay each visit
<b>Outpatient Surgery</b>	\$100 copay each visit	\$100 copay each visit
<b>Ambulance Services</b>	\$50 copay	\$50 copay
<b>Emergency Care</b>	\$50 copay each emergency room visit. Copay waived if admitted within 3 days for same condition.	\$50 copay each emergency room visit. Copay waived if admitted within 3 days for same condition.
<b>Urgent Care</b>	\$35 copay each visit.	\$30 copay each visit.
<b>Outpatient Rehab Services</b> (Occupational, physical, speech and language therapy)	\$35 copay each visit	\$30 copay each visit

\* The benefit information provided is not comprehensive. Additional information should be requested before making a decision about your coverage. For full information on Medicare Plus Blue benefits, call our Customer Service Department at 1-877-469-2583 (TTY users 1-800-481-8704), 8 a.m. to 8 p.m., seven days a week.

\*\* Applies to covered medical services only. Does not apply to prescription drug coverage.

## Comparative Premium Guide *continued*

Benefit	Medicare Plus Blue – Option A	Medicare Plus Blue – Option B
<b>Durable Medical Equipment</b>	No copay for durable medical equipment, prosthetic devices and orthotic appliances when received from a network provider. You pay 50% coinsurance for equipment and supplies from an out-of-network provider when an in-network provider is available.	
<b>Diabetes Self-Monitoring Training and Supplies</b>	No copay	No copay
<b>Lab/Diagnostic Tests</b>	\$35 copay	\$30 copay
<b>X-ray</b>	\$35 copay for Medicare-covered X-rays	\$30 copay for Medicare-covered X-rays
<b>X-ray PET, CT and MRI</b>	\$35 copay for Medicare-covered diagnostic radiology services	\$30 copay for Medicare-covered diagnostic radiology services
<b>Preventive Services</b>	No copay for bone mass measurement for those at risk, colorectal screening exams, immunizations (flu, pneumonia and hepatitis B vaccines), mammogram, pap smears and pelvic exams, prostate cancer screening.	
<b>Dental Services</b>	No copay 1 oral exam per year 1 cleaning per year 1 set of bite-wing X-rays per year	No copay 1 oral exam per year 1 cleaning per year 1 set of bite-wing X-rays per year
<b>Outpatient Prescription Drugs</b> <i>Initial coverage</i>	No deductible \$2,830 Initial Coverage Limit Your copay for up to 31-day supply, when your total prescription drug costs are between \$0 and \$2,830: <u>Tier 1 Generic drugs:</u> \$9 <u>Tier 2 Preferred-brand drugs:</u> \$35 <u>Tier 3 Non-preferred drugs:</u> \$90 <u>Tier 4 Specialty drugs:</u> 25% of plan's approved amount <u>Tier 5 Non self-administered injectibles:</u> 25% of plan's approved amount	No deductible \$2,830 Initial Coverage Limit Your copay for up to 31-day supply, when your total prescription drug costs are between \$0 and \$2,830: <u>Tier 1 Generic drugs:</u> \$7 <u>Tier 2 Preferred-brand drugs:</u> \$30 <u>Tier 3 Non-preferred drugs:</u> \$70 <u>Tier 4 Specialty drugs:</u> 25% of plan's approved amount <u>Tier 5 Non self-administered injectibles:</u> 25% of plan's approved amount
<i>Coverage gap</i>	After your total prescription drug costs reach \$2,830 until your total out-of-pocket costs reach \$4,550, you pay 100% of the plan's approved amount.	After your total prescription drug costs reach \$2,830 until your total out-of-pocket costs reach \$4,550, you pay 100% of the plan's approved amount.
<i>Catastrophic coverage</i>	After your total out-of-pocket prescription drug costs reach \$4,550 you pay the greater of: <u>Tier 1:</u> \$2.50 or 5% of plan's approved amount <u>Tiers 2, 3, 4 and 5:</u> \$6.30 or 5% of plan's approved amount	After your total out-of-pocket prescription drug costs reach \$4,550 you pay the greater of: <u>Tier 1:</u> \$2.50 or 5% of plan's approved amount <u>Tiers 2, 3, 4 and 5:</u> \$6.30 or 5% of plan's approved amount

- This is a brief summary of Medicare Plus Blue benefits. For more complete benefit information, see the enclosed *Summary of Benefits* and *Abridged Prescription Drug Formulary*; visit [bcbsm.com/mybluemedicare](http://bcbsm.com/mybluemedicare); or call 1-877-469-2583, 8 a.m. to 8 p.m. seven days a week. TTY users should call 1-800-481-8704.
- You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

## Who's eligible?

You are eligible if you meet the following conditions:

- You are entitled to Medicare under Part A and enrolled in Medicare Part B
- You are a resident of Michigan
- You do not have end-stage renal disease

An exception can be that you were already enrolled in a Blue Cross Blue Shield of Michigan commercial product or a Medicare Advantage plan and were affected by the non-renewal of that Medicare Advantage plan after Dec. 31, 1998. Additional exceptions may apply.

If you are already enrolled in a Medicare Advantage Prescription Drug plan, you must receive your Medicare prescription drug benefit through that plan.

Note: If you have employer or union-sponsored group coverage and drop it to enroll in a Medicare Advantage plan, you may not be able to get your coverage back should you decide to disenroll from the Medicare Advantage plan. For more information, contact your employer or union-sponsored group representative.

## About Part D prescription drugs

- Medicare Plus Blue uses a formulary, a list of covered drugs, to meet patient needs. Formulary and network pharmacies may change on Jan. 1, 2011. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for the drug. If we make any formulary change that limits members' ability to fill their prescriptions, we will notify the affected member before the change is made. To get updated information about drugs covered by Medicare Plus Blue, visit our Web site, [bcbsm.com/mybluemedicare](http://bcbsm.com/mybluemedicare).
- In Michigan, 86 percent of pharmacies are network pharmacies.\* And nationwide, more than 80 percent of pharmacies are in the network, including the majority of chain pharmacies, as well as long-term care and home infusion pharmacies and Indian/Tribal/Urban (Indian health service) facilities.\* Generally,

\*Source: Pharmacy Directory, 2009

Medicare Plus Blue only covers drugs filled at an out-of-network pharmacy in the following situations: if the prescription is related to care for a medical emergency or urgently needed care; if you are traveling within the U.S., outside the plan's service area, and become ill, lose or run out of your drugs; if there are no network pharmacies within reasonable driving distance that provide 24-hour service; or if your covered drug is not regularly stocked at a network pharmacy. In these situations, you will have to pay the full cost (rather than paying just your copayment) when you fill your prescription. You can ask us to reimburse you for our share of the cost by submitting a paper claim form. Before you fill a prescription at an out-of-network pharmacy, please call 1-877-469-2583, 8 a.m. to 8 p.m. seven days a week. TTY users should call 1-800-481-8704 to see if there is a network pharmacy available.

- For more information about mail order pharmacy services, or to get more information about our pharmacy network, call 1-877-469-2583, 8 a.m. to 8 p.m. seven days a week. TTY users should call 1-800-481-8704. You can also visit our Web site at [bcbsm.com/mybluemedicare](http://bcbsm.com/mybluemedicare) or send a written inquiry to:

**Medicare Plus Blue PFFS**  
600 E. Lafayette Blvd., X435  
Detroit, MI 48226

## About exceptions, appeals and grievances

- You, your appointed representative or prescribing physician has a right to request an exception, or file an appeal or grievance. An exception is a request to depart from our coverage restrictions or limits. For example, you can ask us to cover your drug even if it is not on our formulary. An appeal is a complaint you make when you want us to reconsider and change a decision we have made regarding benefits that are covered, or what we will pay. A grievance is a complaint about issues other than benefits, coverage or payment, such as waiting times or the way your provider behaves. For more information about exceptions, appeals and grievances, contact Medicare Plus Blue – we'll be happy to help you. Call 1-877-469-2583, 8 a.m. to 8 p.m. seven days a week. TTY users should call 1-800-481-8704.

# What People on Medicare need to know

## about Blue Cross Blue Shield of Michigan's Medicare Advantage Private Fee-For-Service Plan

Medicare Plus Blue PFFS<sup>SM</sup> is a Medicare Advantage private fee-for-service (PFFS) plan authorized by the Centers for Medicare & Medicaid Services (CMS).

A Medicare Advantage private fee-for-service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our Web site at: [bcbsm.com/ma](http://bcbsm.com/ma).

### If your provider agrees to Medicare Plus Blue's terms and conditions of payment

If your provider decides to accept the Medicare Plus Blue plan, they must follow our plan's terms and conditions for payment. They must thereafter bill BCBSM for covered services. However, providers have the right to decide if they will accept Medicare Plus Blue each time they see you.

Medicare Plus Blue has direct contracts with some providers who have already agreed to accept our terms and conditions of payment, including durable medical equipment providers, prosthetic and orthotic suppliers, medical supplies and retail pharmacists.

### Direct-contracting providers:

For Medicare Plus Blue individual members in Michigan, BCBSM has a network for DME/P&O, medical supplies and Part B drugs that are subject to DME regional carrier jurisdiction.

- This network is administered by DMEnson Benefit Management.
- Network providers in Michigan rendering services to Medicare Plus Blue individual members are reimbursed according to the contracted amount determined by DMEnson Benefit Management.

### Deemed-contracting or "deemed providers":

Deemed-contracting providers in Michigan who provide DME/P&O, medical supplies or Part B drugs to Medicare Plus Blue individual members are reimbursed the same as Michigan network providers who contract with DMEnson Benefit Management.

- Deemed-contracting providers are considered "non-network" providers for Medicare Plus Blue individual members.
- Medicare Plus Blue individual members have a 50 percent coinsurance for most DME/P&O and medical supplies provided by deemed-contracting providers.

### If your provider does not agree to Medicare Plus Blue's terms and conditions of payment

A provider may decide not to accept Medicare Plus Blue's terms and conditions of payment. If this happens, you will need to find another provider that will. You may contact us at 1-877-241-2583 (TTY 1-800-481-8704), 8 a.m. to 8 p.m., seven days a week for assistance locating another provider in your area willing to accept our plan's terms and conditions of payment.

What happens if a provider declines to accept Medicare Plus Blue's terms and conditions of payment?

1. They should not provide services to you except for emergencies.
2. If they choose to provide services, they may not bill you. They must bill BCBSM for your covered health care services. You must pay the appropriate copays or coinsurance at the time of service.

For more information about PFFS plans see Beneficiary Qs & As at CMS's Web site [cms.hhs.gov/PrivateFeeforServicePlans/](http://cms.hhs.gov/PrivateFeeforServicePlans/). If you have questions about Medicare Plus Blue, please call us at 1-877-469-2583, 8 a.m. to 8 p.m. seven days a week. TTY or TDD users should call 1-800-481-8704.

# What Health Care Providers need to know

## about Blue Cross Blue Shield of Michigan's Medicare Advantage Private Fee-For-Service Plan

Medicare Plus Blue<sup>SM</sup> is Blue Cross Blue Shield of Michigan's Medicare Advantage private fee-for-service (PFFS) plan authorized by the Centers for Medicare & Medicaid Services. A PFFS plan is different than an HMO, a PPO, or Medicare supplemental coverage.

A beneficiary who enrolls in a Medicare Advantage PFFS plan is free to use any provider willing to treat the enrollee and accept the plan's terms and conditions of payment. You can view our terms and conditions of payment by visiting our Web site at [bcbsm.com/ma](http://bcbsm.com/ma), and if you have questions you can call us at 1-866-309-1719.

Enrollees must inform you, before obtaining services from you, that they have purchased Medicare Plus Blue for their Medicare coverage. This gives you the right to choose to accept BCBSM's Medicare Advantage enrollees. You have a right to make that choice each time service is needed by a Medicare Plus Blue enrollee. You do not have to sign a contract to see Medicare Plus Blue enrollees.

Medicare Plus Blue has direct contracts with some providers who already have agreed to accept our terms and conditions of payment, including durable medical equipment providers, prosthetic and orthotic suppliers, medical suppliers and retail pharmacists.

### Direct-contracting providers:

For Medicare Plus Blue individual members in Michigan, BCBSM has a network for DME/P&O, medical supplies and Part B drugs that are subject to DME regional carrier jurisdiction.

- This network is administered by DMEnson Benefit Management.
- Network providers in Michigan rendering services to Medicare Plus Blue individual members are reimbursed according to the contracted amount determined by DMEnson Benefit Management.

### Deemed-contracting or "deemed providers":

Deemed-contracting providers in Michigan who provide DME/P&O, medical supplies or Part B drugs to Medicare Plus Blue individual members are reimbursed the same as Michigan network providers who contract with DMEnson Benefit Management.

- Deemed-contracting providers are considered "non-network" providers for Medicare Plus Blue individual members.

- Medicare Plus Blue individual members have a 50 percent coinsurance for most DME/P&O and medical supplies provided by deemed-contracting providers.

### If you decide to accept Medicare Plus Blue's terms and conditions of payment

Your agreement to our plan's terms and conditions of payment is inherent in your decision to treat a Medicare Plus Blue enrollee. If you decide to treat a Medicare Plus Blue enrollee, you will be subject to our plan's terms and conditions of payment and must bill BCBSM for covered services.

However, you have the right to decide, on a patient-by-patient and visit-by-visit basis, whether to treat Medicare Plus Blue enrollees. You may learn our terms and conditions of payment and other information about our plan on our Web site at [bcbsm.com/ma](http://bcbsm.com/ma), and if you have questions you can call us at 1-866-309-1719.

### If you decide not to accept Medicare Plus Blue's terms and conditions of payment

If you decide not to accept our terms and conditions of payment, you should not provide services to the enrollee, except for emergencies. If you choose to provide services, then you have, by default, agreed to our terms and conditions of payment and you must bill BCBSM for covered health care services. You must collect from the enrollee only the appropriate Medicare Plus Blue copayments or coinsurance at the time of service. You may at any time, on a patient-by-patient and visit-by-visit basis, decide that you do not want to treat a Medicare Plus Blue enrollee.

We will follow CMS requirements for timely payment of claims. You may learn our billing requirements on our Web site at [bcbsm.com/ma](http://bcbsm.com/ma), and if you have questions you can call us at 1-866-309-1719.

For more information about PFFS plans see Provider Qs & As at CMS' Web site, [cms.hhs.gov/PrivateFeeForServicePlans/](http://cms.hhs.gov/PrivateFeeForServicePlans/). If you have questions about BCBSM Medicare Advantage, please call our provider inquiry department at 1-866-309-1719.

# Enroll in Medicare Plus Blue online

For your convenience, we now offer two ways to enroll in Medicare Plus Blue online.

1. To enroll through the Medicare Plus Blue Web site, go to [bcbsm.com/mybluemedicare](http://bcbsm.com/mybluemedicare) and complete the online application.
2. Medicare beneficiaries may enroll in Medicare Plus Blue through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at [medicare.gov](http://medicare.gov).

For more information, contact Medicare Plus Blue at 1-877-469-2583. You may also contact an independent agent licensed to sell Blues plans.

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The benefits provided are subject to plan terms and conditions. For more information about Medicare Plus Blue benefits, please call 1-877-469-2583, 8 a.m. to 8 p.m. seven days a week. TTY users should call 1-800-481-8704.

Medicare Plus Blue PFFS is a health plan with a Medicare contract. It is available to all Medicare beneficiaries who are Michigan residents entitled to Part A of Medicare and enrolled in Part B. Premiums vary by county. You must continue to pay your Part B premium. The Medicare Advantage Prescription Drug Benefit is only available to members of the MA-PD plan. Members will be disenrolled if they are out of the service area for more than six months.

A Medicare Advantage private fee-for-service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our Web site at [bcbsm.com/ma](http://bcbsm.com/ma).

Medicare Plus Blue is issued by Blue Cross Blue Shield of Michigan. Medicare Plus Blue's contract with CMS is renewed annually and the availability of coverage beyond the end of the current contract year is not guaranteed. Benefits, formulary, pharmacy, network, premium and/or copayments/co-insurance may change on January 1, 2011. Please contact Medicare Plus for details.

If you decide to have your Medicare Plus Blue premium withheld from your Social Security check or deducted from your checking or savings account, it may take up to three months for the automatic deduction to begin. If your premium amount is currently withheld from your Social Security check or deducted from your checking or savings account and you wish to receive a monthly bill instead, the change may also take up to three months to become effective. You will be responsible for paying your premiums during this time.

The Medicare program rates how well Medicare Advantage plans perform in different categories, such as detecting and preventing illness, ratings from patients, patient safety and customer service. To view our ratings, go to [medicare.gov](http://medicare.gov) or call us.

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY or TDD users should call 1-877-486-2048, 24 hours a day, seven days a week.
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your state Medicaid office.

To request an alternative format of this document, please call 1-877-469-2583, 8 a.m. to 8 p.m. seven days a week. TTY users should call 1-800-481-8704.

If you wish to be removed from the Medicare Plus Blue mailing list, please call the toll-free number above.

Visit us at [bcbsm.com/mybluemedicare](http://bcbsm.com/mybluemedicare) or call us:

Customer Service representatives are available  
8 a.m. to 8 p.m. seven days a week

Prospective members should call

**1-877-469-2583**

**TTY 1-800-481-8704**

Current members should call

**1-877-241-2583**

**TTY 1-800-579-0235**

For more information about Medicare, please call  
Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048.

You can call 24 hours a day, seven days a week.

Or, visit [medicare.gov](http://medicare.gov) on the Web.

Medicare PLUS **Blue** PFFS<sup>SM</sup>



Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association.

Medicare Plus Blue PFFS is a health plan with a Medicare contract.

[bcbsm.com/mybluemedicare](http://bcbsm.com/mybluemedicare)