



City of Lincoln Park – Option 1

Benefits-at-a-Glance

January 1, 2017 – December 31, 2017

The benefit information provided is a summary of what we cover and what you pay. If you have any questions about this plan's benefits or costs, please call Medicare Plus Blue Group PPO Customer Service (phone numbers are on the back cover of this booklet). You can always view your most current *Evidence of Coverage* and riders by signing into Member Secured Services at www.bcbsm.com/medicare or by requesting them from Customer Service.

To join Medicare Plus Blue Group PPO, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area of all 50 states and U.S. territories.

Limitations, copayments, and restrictions may apply. Benefits and copayments/coinsurance may change on January 1 of each year. Payment amounts are based on the Blue Cross Blue Shield approved amount, less any applicable deductible and/or copay amounts required by the plan. The formulary, provider network, and/or pharmacy network may change at any time. You will receive notice when necessary.

Comprehensive Enhanced Formulary
67364601

09/16

*Medicare Plus Blue is a PPO plan with a Medicare contract.
Enrollment in Medicare Plus Blue depends on contract renewal.*

H9572_C_Grp_17MAPDBAAG FVNR 0916

Benefit	In-network:	Out-of-network:
Premium	In addition to the Medicare Part B premium, you may also be required to pay a premium contribution as defined by your employer or union group.	
Combined Deductible	\$0	
Out-of-Pocket Maximum	\$1,000 In-network medical and hospital care services below apply to this annual amount.	Not Applicable
Combined Out-of-Pocket Maximum	\$3,000 All medical and hospital care services below apply to this annual amount.	
Inpatient Care	Note: Services with a ¹ may require prior authorization.	
Home health care	Covered – 100%	Covered – 100%
Hospice care	Services are paid for by Original Medicare, not Medicare Plus Blue Group PPO. Member may have to pay part of the costs for respite care and hospice-related outpatient prescription drugs.	
Inpatient facility evaluation and management	Covered up to 100% approved amount	5% of approved amount
Inpatient hospital care ¹	Covered up to 100% approved amount	Covered up to 100% approved amount
Inpatient mental health care ¹	Covered up to 100% approved amount	Covered up to 100% approved amount
Skilled nursing facility ¹ – covers up to 100 days per benefit period	Covered up to 100% approved amount	Covered up to 100% approved amount
Office Visits	*Including Diagnostic Hearing, Outpatient Substance Abuse, Podiatry, and Vision	
Office visits*	Covered up to 100% approved amount	5% of approved amount
Outpatient mental health services in an office ¹	Covered up to 100% approved amount	5% of approved amount

Benefit	In-network:	Out-of-network:
Outpatient Care		
Ambulance services – medically necessary transport; coverage applies to each one-way trip	Covered up to 100% approved amount	5% of approved amount
Cardiac and pulmonary rehabilitation services	Covered up to 100% approved amount	5% of approved amount
Chiropractic care – covered services include manual manipulation of the spine to correct subluxation	Covered up to 100% approved amount	5% of approved amount
Dental services	Original Medicare covers very limited medically necessary dental services. Your Medicare Plus Blue Group PPO plan will cover those same medically necessary services. For cost sharing information for those services (e.g. surgery, office visits, X-rays), contact Customer Service.	
Diabetes programs and supplies (includes coverage for glucose monitors, test strips, lancets, screening tests and self-management training)	Services are covered up to 100% of the approved amount for diabetes screenings, diabetes-related durable medical equipment or supplies, and self-management training.	Services are covered up to 100% of the approved amount for diabetes screenings, diabetes-related durable medical equipment or supplies, and self-management training.
Diagnostic tests, lab services, and radiology services ¹ (costs for these services may vary based on place of service)	Covered up to 100% approved amount	5% of approved amount
Durable medical equipment	Covered up to 100% approved amount	5% of approved amount
Emergency care – worldwide coverage for qualified medical emergencies and first aid services (copay waived if admitted to hospital within 3 days)	\$65	\$65

Benefit	In-network:	Out-of-network:
Hearing services <ul style="list-style-type: none"> • Diagnostic testing 	Covered up to 100% approved amount	5% of approved amount
Kidney disease and conditions <ul style="list-style-type: none"> • Dialysis services • Professional charges 	Covered up to 100% approved amount	5% of approved amount
Outpatient mental health services ¹ <ul style="list-style-type: none"> • Facility and clinic services 	Covered up to 100% approved amount	5% of approved amount
Outpatient physical, speech and occupational therapy ¹	Covered up to 100% approved amount	5% of approved amount
Outpatient services	Covered up to 100% approved amount	5% of approved amount
Outpatient substance abuse care ¹ <ul style="list-style-type: none"> • Facility and clinic services 	Covered up to 100% approved amount	5% of approved amount
Outpatient surgery, including related surgical services ¹	Covered up to 100% approved amount	5% of approved amount
Podiatry: <ul style="list-style-type: none"> • Medically necessary foot care services other than office visits 	Covered up to 100% approved amount	5% of approved amount

Benefit	In-network:	Out-of-network:
Prosthetic and orthotic appliances	Covered up to 100% approved amount	5% of approved amount
Urgent care visits – covered worldwide	Covered up to 100% approved amount	Covered up to 100% approved amount
Vision services <ul style="list-style-type: none"> • Diagnosis and treatment of diseases and conditions of the eye 	Covered up to 100% approved amount	5% of approved amount
Additional Services		
Chiropractic spine X-rays, other chiropractic radiological, chiropractic physical therapy services, and evaluation and management services (must be provided by chiropractors or other qualified providers)	Covered up to 100% approved amount	5% of approved amount
Foreign travel Not restricted to emergency or urgent care	Cost Share Same As If Services Were Provided in the U.S.	Cost Share Same As If Services Were Provided in the U.S.
Human organ transplants– additional coverage There is no lifetime maximum for non-Medicare covered organs.	Covered up to 100% approved amount	5% of approved amount

Preventive Services and Wellness/Education Programs

- Abdominal aortic aneurysm screening
 - Alcohol misuse screening and counseling
 - Bone mass measurement
 - Breast cancer screening (mammogram)
 - Cardiovascular disease screening and behavioral therapy
 - Cervical and vaginal cancer screening
 - Colorectal cancer screening
 - o Screening fecal occult blood test
 - o Screening flexible sigmoidoscopy
 - o Screening colonoscopy
 - o Screening barium enema
 - o Multi-target stool DNA test
 - Depression screenings
 - Diabetes screening
 - Diabetes self-management training
 - Flu shots (vaccine)
 - Glaucoma screening
 - Hepatitis B shots (vaccine)
 - Hepatitis C screening
 - HIV screening
 - Medical nutrition therapy services
 - Obesity screening and counseling
 - Pneumococcal screening
 - Prostate cancer screening (prostate specific antigen (PSA) test only)
 - Screening for lung cancer with low dose computed tomography (LDCT)
 - Sexually transmitted infections screening and counseling
 - Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
 - Welcome to Medicare prevention visits (initial preventive physical exam)
 - Yearly "Wellness" visit
- Any additional preventive services approved by Medicare during the contract year will be covered.

In-network and Out-of-network:

Covered – 100%

Prescription Drugs

Formulary Type		Comprehensive Enhanced Formulary	
Stage 1: Deductible Stage	\$200		
Stage 2: Initial Coverage Stage	After you pay your yearly deductible, you pay the following until your out-of-pocket costs reach \$4,950. See Chapter 4 Section 5.6 of the <i>Evidence of Coverage</i> for information about how Medicare counts your out-of-pocket costs.		
Up to a 31-day supply		Standard retail, preferred retail and mail-order pharmacies	
Tier 1 – Preferred Generic		\$20	
Tier 2 – Generic		\$20	
Tier 3 – Preferred Brand		\$40	
Tier 4 – Non-Preferred Drugs		\$80	
Tier 5 – Specialty		\$80	
Up to a 90-day supply		Preferred retail or mail-order cost sharing	Standard retail cost sharing
Tier 1 – Preferred Generic		\$40	\$40
Tier 2 – Generic		\$40	\$40
Tier 3 – Preferred Brand		\$80	\$80
Tier 4 – Non-Preferred Drugs		\$160	\$160
<i>Tier 5 (Specialty drugs) are not available in a supply greater than 31 days</i>			
Stage 3 & 4: Coverage Gap and Catastrophic Coverage Stages	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 <i>Evidence of Coverage</i> online at www.bcbsm.com/medicare .		
<i>In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.</i>			
<i>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.</i>			

Medicare Plus Blue Group PPO has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network in Michigan, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue Group PPO members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

Outside Michigan, your costs are the same as in-network services when you use providers that accept Medicare. Using providers that do not accept Medicare may cost you more. To locate a provider in our network, use the Find a Doctor tool on our website at: **www.bcbsm.com/providersmedicare**.

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**).

Or, call us and we will send you a copy of the provider/pharmacy directory (phone numbers are on the back cover of this booklet).

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at **www.bcbsm.com/formularymedicare**.

For more information, please call us at 1-866-684-8216, Monday through Friday from 8:30 a.m. to 5:00 p.m. Eastern time. From October 1 through February 14, hours are from 8:00 a.m. to 9:00 p.m., Eastern time, seven days a week. TTY users should call 711. Or you can visit us at www.bcbsm.com/medicare.

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

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

Medicare PLUS BlueSM Group PPO



**Blue Cross
Blue Shield**
of Michigan

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

www.bcbsm.com/medicare



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Discrimination is Against the Law

Blue Cross Blue Shield of Michigan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross Blue Shield of Michigan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Office of Civil Rights Coordinator.

If you believe that Blue Cross Blue Shield of Michigan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Office of Civil Rights Coordinator
600 E. Lafayette Blvd.
MC 1302
Detroit, MI 48226
1-888-605-6461, TTY: 711
Fax: 1-866-559-0578
civilrights@bcbsm.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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

Blue Cross Blue Shield of Michigan - H9572

2017 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2017, Blue Cross Blue Shield of Michigan received the following Overall Star Rating from Medicare.



We received the following Summary Star Rating for Blue Cross Blue Shield of Michigan's health/drug plan services:

Health Plan Services:



Drug Plan Services:



The number of stars shows how well our plan performs.

- ★★★★★ 5 stars - excellent
- ★★★★ 4 stars - above average
- ★★★ 3 stars - average
- ★★ 2 stars - below average
- ★ 1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 9:00 p.m. Eastern time at 866-684-8216 (toll-free) or 711 (TTY), from October 1 to February 14. Our hours of operation from February 15 to September 30 are Monday through Friday from 8:30 a.m. to 5:00 p.m. Eastern time.

Current members please call 866-684-8216 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

Blue Cross Blue Shield of Michigan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-684-8216 (TTY: 711).

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-684-8216 (رقم هاتف الصم والبكم: 711).

Medicare Plus Blue is a PPO plan with a Medicare contract. Enrollment in Medicare Plus Blue depends on contract renewal.

2017 Enrollment request for
City of Lincoln Park 67364601
<BCBSM ID #>



Blue Cross
Blue Shield
of Michigan

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

FOR OPTION 1 ONLY

Please contact Medicare Plus Blue Group PPO if you need information in another language or format.

Please provide the following information. Please print.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		First name	Middle initial	Last name
Date of birth (mm/dd/yyyy) ____/____/____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Daytime phone number ()	Alternate phone number ()	
Permanent residence address (cannot be a post office box)			City	State
ZIP code	County	E-mail address (optional)		
Mailing address (if different from your permanent residence address)				
Street address _____				
City _____ State _____ ZIP code _____				
Optional information				
Emergency contact name _____				
Relationship to you _____ Telephone number () _____				

Please provide your Medicare insurance information

Please take out your Medicare card to complete this section.

Please fill in these blanks so they match your red, white and blue Medicare card.

OR

Attach a copy of your Medicare card or your letter from the Social Security Administration or Railroad Retirement Board.

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

 MEDICARE HEALTH INSURANCE	
SAMPLE ONLY	
Name: _____	
Medicare Claim Number ____ - ____ - ____	Sex _____
Is Entitled To: HOSPITAL (Part A) MEDICAL (Part B)	Effective Date ____/____/____

Medicare Plus Blue is a PPO plan with a Medicare contract. Enrollment in Medicare Plus Blue depends on contract renewal.

Please respond to all questions

<p>1. Do you have other drug coverage, including other private insurance, workers compensation, VA benefits or state pharmaceutical assistance programs? If yes, please provide: Company name: _____ Name of other drug plan: _____ ID/policy number for this coverage: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Are you a resident of a long-term care facility, such as a nursing home? If yes, please provide: Name of facility: _____ Facility street address: _____ City: _____ State: _____ ZIP code: _____ Phone number: () _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Do you have end stage renal disease (ESRD)? If you answered yes and no longer need regular dialysis or have had a successful kidney transplant, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Are you enrolled in Medicaid? If yes, please provide your Medicaid number: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Please enter the name of your primary doctor: _____</p>	<p>Primary doctor's telephone: () _____</p>

This enrollment application is part of your Medicare Plus Blue Group enrollment kit. Other important materials you should review before joining this plan are included with this form:

- A cover letter with important deadlines and information (such as the date your enrollment form is due and where to send it)
- A Summary of Benefits booklet
- A Centers for Medicare & Medicaid Services Stars Ratings flier (measures how well Medicare Advantage plans perform in several areas)

Please contact Medicare Plus Blue Group Customer Service at 1-866-684-8216 (TTY users call 711) if you need information in an alternate format or need assistance in a language other than English. Customer Service hours are 8:30 a.m. to 5 p.m. Monday through Friday (October 1 through February 14, 8 a.m. to 8 p.m., seven days a week). You can also visit us at www.bcbsm.com/medicare.

Please read and sign below.

By completing this enrollment application, I agree to the following:

Medicare Plus Blue Group PPO is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can only be in one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I do not have Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.

Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year if an enrollment period is available, or under certain special circumstances.

As a Medicare Advantage PPO member, Medicare Plus Blue Group PPO works differently than a Medicare supplemental plan. Medicare Plus Blue Group PPO pays instead of Medicare, and I will be responsible for the amounts that Medicare Plus Blue Group PPO does not cover, such as copayments or coinsurances. Original Medicare will not pay for my health care while I am enrolled in Medicare Plus Blue Group PPO.

Before seeing a provider, I should verify that the provider will accept Medicare. I understand that if my provider does not accept Medicare, I will need to find another provider who will or my out-of-pocket costs may be greater. Out-of-Network/non-contracted providers are under no obligation to treat <plan name> members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

Medicare Plus Blue Group PPO serves a specific service area. If I move out of the area that Medicare Plus Blue Group PPO serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Medicare Plus Blue Group PPO, I have the right to appeal plan decisions about payment or services if I disagree. I will read the *Evidence of Coverage* document from Medicare Plus Blue Group PPO when I receive it to know which rules I must follow in order to receive coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that if I am receiving assistance from a sales agent, broker, or other individual employed by or contracted with Medicare Plus Blue Group PPO, he/she may be paid based on my enrollment in Medicare Plus Blue Group PPO.

Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug plan options, medical assistance through the State Medicaid Program and the Medicare Savings Program.

Release of Information: By joining this Medicare health plan, I acknowledge that the Medicare Plus Blue Group PPO will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Medicare Plus Blue Group PPO who will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes that follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under state law to complete this enrollment and
2) documentation of this authority is available upon request by Medicare Plus Blue Group PPO or by Medicare.

Please sign below.

By signing below, you have read the above information and you acknowledge you received a cover letter with this form as well as a Summary of Benefits, Star rating flier

Signature	Today's date (mm/dd/yyyy)
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If you are the authorized representative, you must sign above and provide the following information:

Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Phone number: _____

Relationship to enrollee: _____

Please send your completed enrollment application to:

City of Lincoln Park
Office of City Management
1355 Southfield Rd.
Lincoln Park, MI 48146