

2025

READY TO HELP

2025 Medicare Plus Blue℠ PPO plan highlights:

- **A large network** of more than 60,000 health care providers in Michigan and almost 150 hospitals[1]
- **Comprehensive dental care** that includes crowns, fillings, extractions and other services
- **Advantage Dollars** allowances to purchase over-the-counter items for dental care, minor illnesses, vitamins and more
- **Virtual Care offered through Teladoc Health®** provides virtual medical care 24/7 and mental health care by appointment

[1]*Blue Cross Blue Shield of Michigan Provider and Hospital counts, August 2024*

Medicare Plus Blue PPO plans

Health benefits	Essential	Vitality	Signature	Assure	+Meijer	Part B Credit
Annual medical deductible	$0	$0	$0	$0	$0	$600
Primary care office visit copayment	$0	$0	$0	$0	$0	$0
Specialist copayment	$45	$30	$30	$0	$50	$55 after deductible
Dental	$1,500 annual maximum for combined in-network and out-of-network dental services per calendar year					$1,000 annual maximum for combined in-network and out-of-network dental services per calendar year
	No waiting period and no deductible. $0 copay in network for up to two oral exams per year; up to two cleanings and one fluoride treatment per year. One set of bitewing X-rays (up to four views) or up to six periapical films every two years (not both). Also includes fillings, crowns, crown repairs, deep cleanings, root canals, extractions and oral surgery at $0 in network.[2] Out of network cost share 50%					
Vision services Routine eye exam once per calendar year	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
Eyewear	$0 copay in network for Medicare-covered eyewear. Combined in and out of network maximum benefit up to $150 every calendar year					$0 copay in network for Medicare-covered eyewear. Combined in and out of network maximum benefit up to $100 every calendar year
	May be used for elective eyewear. One pair of standard eyeglass lenses is covered in full every calendar year					
Hearing Routine hearing exam once per calendar year	$0 to $45	$0 to $30	$0 to $30	$0	$0-$55 R1-4 $0-$50	$0 to $55
Hearing aids every three years	$1,500 ($750 per ear) allowance maximum					$1,200 ($600 per ear) allowance maximum
	May be used toward the purchase of hearing aids every three years. Hearing aid fitting evaluation once every three years					
Outpatient lab services	$0-$40 copay	$0-$40 copay	$0-$30 copay	$0-$20 copay	$0-$40 copay	$0-$40 copay
Inpatient hospital Days 1 to 7 (per day) Days 8 and beyond	$420 copay $0	$250 copay $0	$175 copay $0	$100 copay $0	$425 copay $0	$375 copay $0
Outpatient surgery Ambulatory surgical center Hospital	$0-$250 $150-$350	$0-$125 $150-$220	$0-$100 $125-$205	$0-$75 $75-$150	$0-$325 $375	$300 $350
Advantage Dollars OTC No rollover for any plan	$95 allowance per quarter	$50 allowance per quarter	$65 allowance per quarter	$120; plus $75 per quarter for dental/vision/ health services and items	$160 allowance per quarter	None
SilverSneakers® fitness program	FREE					
Urgent/emergency care	$0-$50/$125	$0-$50/$125	$0-$50/$125	$0-$40/$125	$0-$55/$125	$0-$45/$110
Worldwide urgent/ emergency care (includes transportation)	$50/$125	$50/$125	$50/$125	$40/$125	$55/$125	$45/$110
Worldwide transportation	$350	$325	$285	$250	$290	$360
Lifetime maximum	$50,000					
Combined in- and out-of-network maximum for Medicare-covered medical services	$6,250	$6,700	$6,500	$5,150	$6,750	$9,000

[2]*Frequency limits may apply.*

Medicare Plus Blue℠ PPO

Prescription drug benefits	Medicare Plus Blue PPO plans					
	Essential	Vitality	Signature	Assure	+Meijer	Part B Credit
PART D PRESCRIPTION DRUG BENEFIT FOR MEDICARE-COVERED SERVICES						
Initial coverage period (until your total out of pocket costs reach $2,000).						
Deductible	$0	$0	$0	$0	$0	$0
Preferred/standard pharmacy network copay — a complete listing of preferred and standard pharmacies can be found at **bcbsm.com/pharmaciesmedicare**. Copays listed are for a 31-day supply.						
Tier 1 preferred generic drugs	$0 preferred; $5 standard					
Tier 2 generic drugs	$11 preferred; $20 standard	$11 preferred; $20 standard	$10 preferred; $18 standard	$7 preferred $12 standard	$11 preferred; $20 standard	$10 preferred; $20 standard
Tier 3 preferred brand drugs	$42 preferred; $47 standard	$42 preferred; $47 standard	$42 preferred; $47 standard	$37 preferred; $42 standard	$42 preferred; $47 standard	$45 preferred; $47 standard
Tier 4 nonpreferred drugs	50% coinsurance[3]	50% coinsurance[3]	50% coinsurance[3]	50% coinsurance[3]	50% coinsurance	50% coinsurance
Tier 5 specialty tier drugs	33% coinsurance[3]					
Catastrophic period (after your out-of-pocket costs reach $2,000)	$0 copay					

[3]*Of plan's approved amount*
Our plan covers most adult Part D vaccines at no cost to you. Call Customer Service for more information. You won't pay more than $35 for a one-month supply of each covered insulin product, regardless of the cost-sharing tier.

Monthly premium table

The premiums vary by the county in which you permanently reside. Rates are based on the use and cost of health care in each region.
Locate the region/county in which you permanently reside. Then look at the plan options to find your monthly premium rate.

	Essential	Vitality	Signature	Assure	+Meijer	Part B Credit
Region 1: Allegan, Barry, Ionia, Kalamazoo, Mason, Muskegon, Newaygo, Oceana and Ottawa	$0	$29	$91	$187	$0	$0
Region 2: Berrien, Branch, Calhoun, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Monroe, Montcalm, St. Joseph and Van Buren	$0	$64	$113	$248	$0	$0
Region 3: 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	$0	$75	$141	$281	$0	$0
Region 4: 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	$0	$67	$112	$213	$0	$0
Region 6: Macomb, Oakland, Washtenaw and Wayne	$0	$72	$129	$284	$0	$0

Out-of-network/noncontracted providers are under no obligation to treat Medicare Plus Blue PPO 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.*
The Part B Credit plan has a $102 credit for the monthly Part B premium.

Part B Credit plan members get $102 per month credit on Social Security check.

Optional supplemental dental and vision plan

$21.80 monthly premium, in addition to your monthly base plan premium

Dental

Comprehensive dental $1,500 combined in- and out-of-network annual maximum (in addition to the enhanced vision benefit). There are no waiting periods and no deductibles.

Procedures	In network	Out of network
Restorative – Onlays	25%	50%
Periodontics		
Debridement		
Localized delivery of antimicrobial agents		
Dentures and removable partials (includes adjustments and repairs)		
Bridges (includes repairs)		
Implants (Includes maintenance and repairs)		
Anesthesia		
Consultation exams		

Frequency limits may apply.

Vision

$250 combined in- and out-of-network allowance (in addition to the enhanced vision benefit) for elective eyewear every calender year

No prior authorization needed

No deductible. Out of network covered at 50% coinsurance up to combined allowance

Standard lenses are covered in full once per calendar year as part of your enhanced vision benefit. Lens options are polycarbonate lenses or those with anti-reflective coating

Enroll your own way

Call **1-888-563-3307** from 8 a.m. to 9 p.m. Eastern time Monday through Friday, with weekend hours Oct. 1 through March 31. TTY users, call **711**.

Go to **bcbsm.com/medicare**.

Contact your Blue Cross-authorized, independent agent.

SCAN ME

Medicare PLUS Blue℠ PPO

Blue Cross Blue Shield of Michigan

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Blue Cross Blue Shield of Michigan is a PPO plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Michigan depends on contract renewal.
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