

Medicare Plus BlueSM Group PPO

Medical Benefits

UAW Retirees of the Dana Corporation Health and Welfare Trust

Benefits-at-a-Glance

January 1, 2022 - December 31, 2022

The benefit information provided is a summary of what we cover and what you pay. A complete list of services is found in the *Evidence of Coverage* and *Medical Benefits Chart*. 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 the most current *Evidence of Coverage* by requesting it 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 the United States and its territories.

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

www.bcbsm.com/medicare

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Medicare Advantage Plans

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, union group, or third-party administrator.	
Combined Deductible	\$200	
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	\$4,500 All medical and hospital care services below apply to this annual amount.	
Note: Services with a ¹ may require prior authorization.		
Ambulance services ¹ – medically necessary transport; coverage applies to each one-way trip	\$25	\$40
Cardiac rehabilitation services	10% of approved amount, after deductible	40% of approved amount, after deductible
Chiropractic care – covered services include manual manipulation of the spine to correct subluxation	\$20	\$40
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 services and supplies ¹ (includes coverage for glucose monitors, test strips, lancets, and self-management training)	Services are covered up to 100% of the approved amount for diabetes-related durable medical equipment or supplies and self-management training.	Services are covered up to 100% of the approved amount for diabetes-related durable medical equipment or supplies and self-management training. Diabetic shoes covered up to 100% of approved amount, after deductible

Benefit	In-network:	Out-of-network:
Diagnostic tests, lab services, and radiology services ¹ (costs for these services may vary based on place of service)	10% of approved amount, after deductible	40% of approved amount, after deductible
Durable medical equipment ¹	Covered up to 100% of approved amount	40% of approved amount, after deductible
Emergency care – worldwide coverage for qualified medical emergencies and first aid services (copay waived if admitted to hospital within 3 days)	\$50, not subject to the deductible	\$50, not subject to the deductible
Hearing services <ul style="list-style-type: none"> Diagnostic testing 	10% of approved amount, after deductible	40% of approved amount, after deductible
Home health agency care ¹	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 ¹	10% of approved amount, after deductible	40% of approved amount, after deductible
Inpatient hospital care ¹	10% of approved amount, after deductible	40% of approved amount, after deductible
Inpatient mental health care ¹	10% of approved amount, after deductible	40% of approved amount, after deductible
Kidney disease <ul style="list-style-type: none"> Dialysis services¹ Professional charges 	10% of approved amount, after deductible 10% of approved amount, after deductible	40% of approved amount, after deductible 40% of approved amount, after deductible

Benefit	In-network:	Out-of-network:
Office visits, including Diagnostic Hearing, Outpatient Substance Abuse, Podiatry, and Vision	\$10 \$20 with a specialist	\$40
Outpatient mental health care <ul style="list-style-type: none"> Facility and clinic services Services in an office¹ 	10% of approved amount, after deductible \$20 \$40 with a specialist	40% of approved amount, after deductible \$40
Outpatient physical, speech and occupational therapy ¹	10% of approved amount, after deductible	40% of approved amount, after deductible
Outpatient services ¹	10% of approved amount, after deductible	40% of approved amount, after deductible
Outpatient substance abuse services ¹ <ul style="list-style-type: none"> Facility and clinic services 	10% of approved amount, after deductible	40% of approved amount, after deductible
Outpatient surgery ¹ , including services at hospital outpatient facilities and ambulatory surgery centers	10% of approved amount, after deductible	40% of approved amount, after deductible
Podiatry: <ul style="list-style-type: none"> Medically necessary foot care services other than office visits¹ 	10% of approved amount, after deductible	40% of approved amount, after deductible
Prosthetic and orthotic devices and supplies ¹	Covered up to 100% of approved amount	40% of approved amount, after deductible
Skilled nursing facility ¹ – covers up to 100 days per benefit period	10% of approved amount, after deductible	40% of approved amount, after deductible

Benefit	In-network:	Out-of-network:
Supervised exercise therapy	10% of approved amount, after deductible	40% of approved amount, after deductible
Urgent care visits – covered worldwide	\$20, not subject to the deductible	\$20, not subject to the deductible
Vision services <ul style="list-style-type: none"> • Diagnosis and treatment of diseases and injuries of the eye 	10% of approved amount, after deductible	40% of approved amount, after deductible
Additional Benefits		
Hearing aids	Standard (analog or basic digital) hearing aids are covered up to \$2,500 every 36 months.	Standard (analog or basic digital) hearing aids are covered up to \$2,500 every 36 months.
Hearing services – routine exam	\$10 \$20 with a specialist	\$40
SilverSneakers® SilverSneakers is a registered trademark of Tivity Health, Inc. ©2021 Tivity Health, Inc. All rights reserved.	Covered up to 100% 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.	

Preventive Services and Wellness/Education Programs

- Abdominal aortic aneurysm screening
- Alcohol misuse screening and counseling
- Annual "Wellness" visit
- Bone mass measurement (bone density)
- Breast cancer screening (mammograms)
- Cardiovascular disease screening (behavioral therapy)
- Cervical and vaginal cancer screenings
- Colorectal cancer screenings
 - o Screening fecal occult blood test
 - o Screening flexible sigmoidoscopy
 - o Screening colonoscopy
 - o Screening barium enema
 - o DNA based colorectal screening every 3 years
- Depression screenings
- Diabetes screening
- Diabetes self-management training
- Flu shots (vaccine)
- Glaucoma screening
- Hepatitis B shots (vaccine)
- Hepatitis C screening test
- HIV screening
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screening and counseling
- Pneumococcal shot
- Prostate cancer screening
 - o Digital rectal exam
 - o Prostate specific antigen (PSA) test
- 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)

Any additional preventive services approved by Medicare during the contract year will be covered.

In-network and Out-of-network:

Covered – 100%

Medicare Plus Blue Group PPO has a network of doctors, hospitals, and other providers. Using providers that do not accept Medicare may cost you more.

Outside Michigan, your costs are the same as in-network and out-of-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.

Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue Group PPO members, except in emergency situations. Please call our customer service number or see the *Evidence of Coverage* for more information, including the out-of-pocket costs that apply to out-of-network services. You may also call us and we will send you a copy of a *Provider Directory* or, for members outside Michigan, a *Provider Locator* (phone numbers are on the back cover of this booklet).

For more information, please call us at 1-866-684-8216, Monday through Friday from 8:30 a.m. to 5 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m., 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 audio CD and large print. This document may be available in a non-English language.

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Medicare PLUS BlueSM Group PPO



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