

Wherever you go, go confidently.



Your Medicare Plus BlueSM Group PPO plan gives you **peace of mind** at home and wherever life takes you.

We want to make it easy for you to use your plan in and out of Michigan. Here are some frequently asked questions and answers to make the most of your coverage.

■ Does using network providers save me money?

Yes. You **save money** by using network providers. Examples of those savings are below.

	In-network	Out-of-network
Primary care physician	\$20 per visit	\$40 per visit
Hospital stay	20% after deductible	40% after deductible
Out-of-pocket maximum	\$1,500	\$4,500 (in and out of network combined)

■ What is a network provider and why is it important for me to use one?

Network providers are doctors or other health care professionals, medical groups, hospitals, and other health care facilities that have an agreement with us to accept our payment and your cost-sharing amount as payment in full. We have arranged for these providers to deliver covered services to members in our plan. The providers in our network bill us directly for care they give you. When you see a network provider, you pay only your share of the cost for their services. To find a network provider:

1. Go to www.bcbsm.com/providersmedicare.
2. Click on the blue *Find a Doctor* box to go to the provider locator page.
3. Once on the provider locator page:
 - Click on *All Plans* in the upper right.
 - Click on *Find a different plan*.
 - Click on *Medicare Plus Blue (PPO)* and then click on *Confirm selection*.
4. You can now search for an in-network doctor, hospital and clinic by name or specialty.

If you log in to your secure Blue Cross online member account before you search for a provider, the system will automatically select your plan's network and you can skip step 3 above.

■ Can I get care from out-of-network providers?

Yes. As a member of our plan, you can choose to receive medically necessary covered benefits from out-of-network providers who participate in Medicare. If you use an out-of-network provider, your share of the costs for your covered services may be higher.

■ Do I need a referral to use an out-of-network provider?

No. You don't need to get a referral when you get care from out-of-network providers. However, before getting services from out-of-network providers you may want to ask for a pre-visit coverage decision to confirm that the services you are getting are covered and are medically necessary. This is important because without a pre-visit coverage decision, if we later determine that the services are not covered or were not medically necessary, we may deny coverage and you will be responsible for the entire cost. If we say we will not cover your services, you have the right to appeal our decision not to cover your care.

■ How do I get care outside of Michigan and how much will it cost me?

As a Medicare Plus Blue Group PPO member, you have access to hospitals, physicians and other health care providers throughout the United States and its territories. The easiest way to arrange for care when outside of Michigan is to call the BlueCard number 1-800-810-BLUE (2583). This number is also found on the back of your Blue Cross Blue Shield of Michigan member ID card. In general, if you are receiving services outside of Michigan **and inside the United States, your cost sharing is the same as if the service is performed in-network.** We also cover emergency and urgent care services worldwide.

■ Should I show providers my Blue Cross Blue Shield of Michigan ID card when I'm getting care in other states?

Yes. Your Blue Cross Blue Shield of Michigan member ID card replaces your Medicare card. When possible, your providers should verify coverage for any non-Medicare services before they are performed. Providers can obtain eligibility and coverage information for you by calling 1-800-676-BLUE (2583).

■ Can a provider charge me more than my copay or coinsurance?

Providers should only charge you applicable cost sharing and should not otherwise charge or bill you for covered services. If you receive a medical bill that you feel is not correct, call your provider or Medicare Plus Blue Group PPO Customer Service at the number below. This number is also found on the back of your Blue Cross Blue Shield of Michigan member ID card.

Questions to ask your providers before you seek care

■ For service providers within the state of Michigan, ask: "Are you in the Medicare Plus Blue PPO network?"

If yes, you are set. If no, you may pay more to use this provider.

■ For service providers outside of Michigan, ask: "Do you accept Medicare?"

If yes, you are all set, and your claims will be paid at the in-network level.

■ Do you bill Blue Cross directly?

If yes, this means less paperwork for you. If no, this means they may ask you to pay the entire bill and seek reimbursement from Blue Cross. It is always best to ask out-of-network providers to bill the plan first. If you have already paid for the covered services, we will reimburse you for our share of the cost (the Blue Cross allowed amount minus your cost share) for medically necessary covered services. If an out-of-network provider sends you a bill that you think we should pay, you can send it to us for payment. Details for how to do this are found online at www.bcbsm.com/claimsmedicare or you can call Customer Service and ask for a claim reimbursement form.

We're here if you have questions.

- Call Medicare Plus Blue Group PPO Customer Service at **1-866-684-8216**.
8:30 a.m. to 5 p.m. Eastern time, Monday through Friday.
Oct. 1 through March 31, 8 a.m. to 9 p.m. Eastern time, seven days a week.
TTY users call **711**.
- You can also visit our website at www.bcbsm.com/medicare.

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 your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.