



# Medicare Plus Blue<sup>SM</sup> Group PPO

## Medical Benefits with Prescription Drugs

Hope College

### Benefits-at-a-Glance

January 1, 2025 - December 31, 2025

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 document). You can always view the most current Evidence of Coverage and Medical Benefits Chart by requesting them from Customer Service.

To join Medicare Plus Blue Group PPO, you must have both Medicare Part A and Medicare Part B, be a United States citizen or lawfully present in the United States and live in our geographic service area. Incarcerated individuals are not considered living in the geographic service area even if they are physically located in it.





Diagnostic tests, lab services, and radiology services <sup>1</sup> (costs for these services may vary based on place of service)	20% of approved amount, after deductible
Durable medical equipment <sup>1</sup>	Covered up to 100% of approved amount
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
Hearing services <ul style="list-style-type: none"> <li>• Diagnostic testing</li> </ul>	20% of approved amount, after deductible
Home health agency care <sup>1</sup>	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 <sup>1</sup>	20% of approved amount, after deductible
Inpatient hospital care <sup>1</sup>	Covered up to 100% of approved amount
Inpatient Services in a Psychiatric Hospital <sup>1</sup>	Covered up to 100% of approved amount
Kidney disease <ul style="list-style-type: none"> <li>• Dialysis services<sup>1</sup></li> <li>• Professional charges</li> </ul>	20% of approved amount, after deductible 20% of approved amount, after deductible
Office visits, including Diagnostic Hearing, Outpatient Substance Use Disorder, Podiatry, and Vision	\$25 \$50 with a specialist

<p>Outpatient mental health care</p> <ul style="list-style-type: none"> <li>• Facility and clinic services</li> <li>• Services in an office</li> </ul>	<p>20% of approved amount, after deductible</p> <p style="text-align: center;">\$25</p>
<p>Outpatient physical, speech and occupational therapy</p>	<p>20% of approved amount, after deductible</p>
<p>Outpatient services<sup>1</sup></p>	<p>20% of approved amount, after deductible</p>
<p>Outpatient substance use disorder services<sup>1</sup></p> <ul style="list-style-type: none"> <li>• Facility and clinic services</li> </ul>	<p>20% of approved amount, after deductible</p>
<p>Outpatient surgery<sup>1</sup>, including services at hospital</p>	

Additional Benefits	
Adult briefs and incontinence liners	Covered up to 100% of approved amount
Chiropractic spinal X-rays, other chiropractic radiological, chiropractic physical therapy services, and evaluation and management services (must be provided by chiropractors or other qualified providers)	\$20
Foreign travel health care - not restricted to emergency or urgent care	Cost share same as if services were provided in the U.S.
Hearing aids	Standard (analog or basic digital) hearing aids are covered up to \$1,500 every 36 months.
Hearing services – routine exam	\$25 \$50 with a specialist
Home infusion therapy <sup>1</sup>	Covered up to 100% of approved amount
Hospice respite care – cost share for respite and drugs	Covered up to 100% of approved amount
Human organ transplants- additional coverage There is no lifetime maximum for non-Medicare covered organs.	20% of approved amount, after deductible

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%

# Prescription Drugs

Formulary Type: Comprehensive Formulary

## Phase 1: The Deductible Stage

Because there is no deductible for the plan, this payment stage does not apply to you.

## Phase 2: The Initial Coverage Stage

You pay the following until your total out-of-pocket costs reach \$2,000. See Chapter 6 Section 5.5 of the Evidence of Coverage for information about how Medicare counts your out-of-pocket costs.

Up to a 31-day supply	Preferred retail and preferred mail-order pharmacies	Standard retail and standard mail-order pharmacies
Tier 1 – Preferred Generic	\$15	\$25
Tier 2 – Generic	\$15	\$25
Tier 3 – Preferred Brand	\$35	\$45
Tier 4 – Non-Preferred Drug	\$80	\$90
Tier 5 – Specialty Tier	\$80	\$90

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

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.





Medicare Plus Blue Group PPO has a network of doctors, hospitals, pharmacies, 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](http://www.bcbsm.com/providersmedicare).

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.

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](http://www.bcbsm.com/pharmaciesmedicare)). Or, call us and we will send you a copy of a Provider/Pharmacy Directory or, for members outside of Michigan, a Provider/Pharmacy Locator (phone numbers are on the back cover of this document).

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



