

Medicare Plus BlueSM Group PPO

UAW Retirees of Daimler Trucks North America Welfare Benefits Trust

Benefits-at-a-Glance

January 1, 2020 - December 31, 2020

The information provided is a **Summary of Benefits**. It is a summary of what we cover and what you pay. A complete list of services is found in your *Evidence of Coverage* and the *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 your most current *Evidence of Coverage* 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.

Call Medicare Plus Blue Group PPO at 1-866-684-8216, Monday through Friday from 8:30 a.m. to 5:00 p.m. Eastern time for more information. From October 1 through March 31, hours are from 8:00 a.m. to 9:00 p.m., Eastern time, seven days a week. (TTY users should call 711.)

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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 and 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.	
Deductible		\$500	
Out-of-Pocket Maximum		\$1,800 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 ¹		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		Covered up to 100% of approved amount	
Inpatient hospital care ¹		20% of approved amount, after deductible	
Inpatient mental health care ¹		20% of approved amount, after deductible	
Skilled nursing facility ¹ – covers up to 120 days per benefit period		20% of approved amount, after deductible	
Office Visits			
*Including Diagnostic Hearing, Outpatient Substance Abuse, Podiatry, and Vision			
Office visits*		\$30 \$40 with a specialist	

Benefit	In-network and Out-of-network:
Outpatient mental health services in an office ¹	\$40
Outpatient Care	
Ambulance services ¹ – medically necessary transport; coverage applies to each one-way trip	20% of approved amount, after deductible
Cardiac and pulmonary rehabilitation services ¹	20% of approved amount, after deductible
Chiropractic care ¹ – covered services include manual manipulation of the spine to correct subluxation	\$20
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 ¹ (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.
Diagnostic tests, lab services, and radiology services ¹ (costs for these services may vary based on place of service)	Covered up to 100% of approved amount
Durable medical equipment ¹	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)	\$120 (waived if admitted within three days)
Hearing services Diagnostic testing	Covered up to 100% of approved amount

Benefit	In-network and Out-of-network:
Kidney disease • Dialysis services¹ • Professional charges	20% of approved amount, after deductible Covered up to 100% of approved amount
Outpatient mental health services ¹ • Facility and clinic services	20% of approved amount, after deductible
Outpatient physical, speech and occupational therapy ¹	20% of approved amount, after deductible
Outpatient services ¹	20% of approved amount, after deductible
Outpatient substance abuse care ¹ • Facility and clinic services	20% of approved amount, after deductible
Outpatient surgery, including services at hospital outpatient facilities and ambulatory surgery centers	20% of approved amount, after deductible
Podiatry: • Medically necessary foot care services other than office visits¹	Covered up to 100% of approved amount
Prosthetic and orthotic appliances ¹	Covered up to 100% of approved amount
Supervised exercise therapy	20% of approved amount, after deductible
Urgent care visits – covered worldwide	\$65, not subject to deductible
Vision services • Diagnosis and treatment of diseases and conditions of the eye	Covered up to 100% of approved amount

Benefit	In-network and Out-of-network:
Additional Benefits	
Chiropractic spinal X-rays, other chiropractic radiological, chiropractic physical therapy services, and evaluation and management services ¹ (must be provided by chiropractors or other qualified providers)	\$20
Foreign travel 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 \$2,500 every 36 months.
Hearing services – routine exam	\$30 \$40 with a specialist
Home infusion therapy	Covered up to 100% of approved amount
Private duty nursing – services do not apply to the out-of-pocket maximum	50% of approved amount. Services do not apply to out-of-pocket maximum.
Tivity Health™ SilverSneakers®	Covered up to 100% The SilverSneakers Fitness Program is a specialized program designed for seniors. SilverSneakers provides access to exercise equipment, classes and fun social activities at thousands of locations nationwide.

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

Or, call us and we will send you a copy of the *Provider Directory* or *Provider Locator* for members outside Michigan (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 5:00 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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