

Welcome

2011 MyBlue MedicareSM



**Blue Cross
Blue Shield
Blue Care Network
of Michigan**

**Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association**

Y0074_S_11PPTPresent CMS Approved 09102010

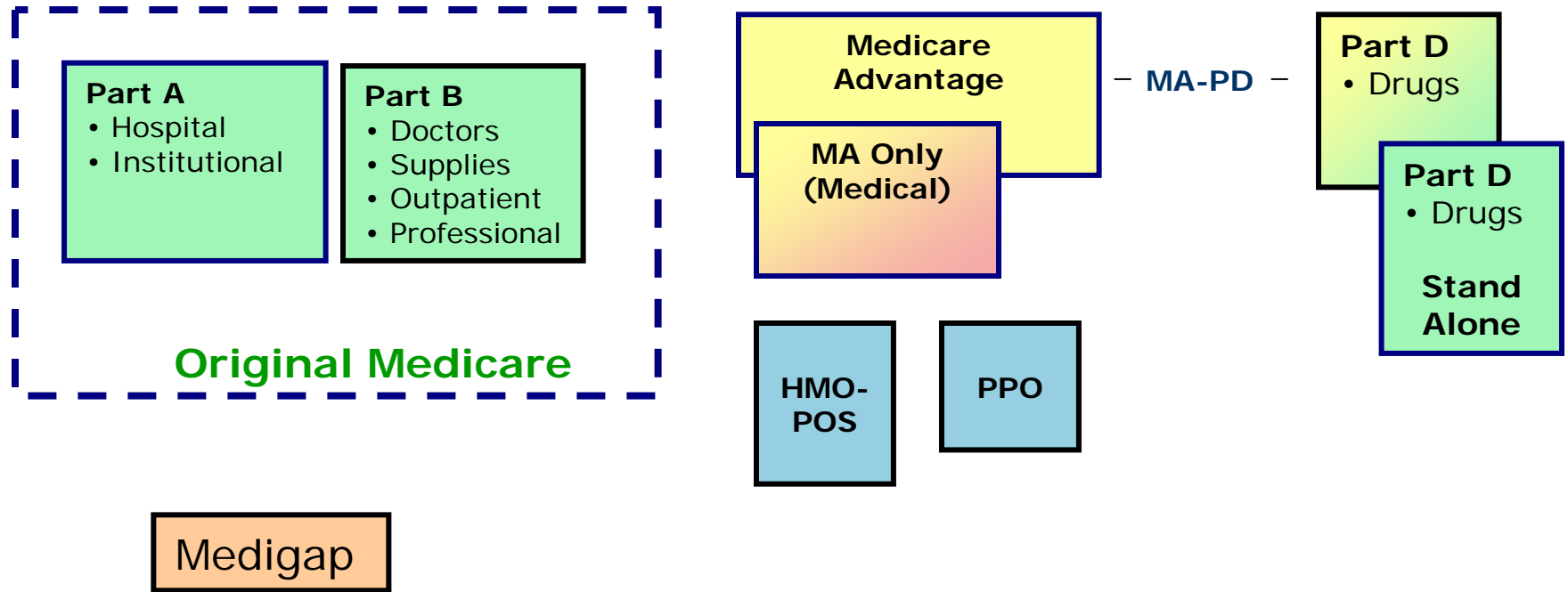
Blue Cross Blue Shield of Michigan
Blue Care Network of Michigan



Today's agenda

- What is the Medicare environment?
 - Original Medicare
 - Medicare Advantage (MA/MAPD)
 - Medicare Part D (PDP)
- What are the **MyBlue** Medicare options?
 - Medicare Advantage
 - What is **BCN Advantage HMO-POSSM**?
 - What is **Medicare PLUS Blue PPOSM**?
 - Stand-alone prescription drug plan
 - What is **Prescription Blue PDPSM**?

The Medicare environment



2011 Medicare Part D drug model

- You pay plan's monthly premium
 - You pay annual deductible, if applicable
-
- **Initial coverage:** You pay coinsurance or a copay for covered drugs (*limit of \$2,840*)
 - **Coverage gap:** You pay 93% of all generic drug costs until your yearly out-of-pocket costs for covered drugs reach the coverage gap limit of \$4,550.
 - **Catastrophic coverage:** You pay what is greater:
 - \$2.50 for generic
 - \$6.30 for brand
 - or 5% coinsurance



What is Medicare Advantage?

- Medicare Advantage plans combine Medicare Parts A (hospital), B (medical) and Part D (prescription drugs, optional), and may offer additional benefits not covered under Original Medicare.
- Medicare Advantage plans are offered by private insurance companies that contract with the federal government.*
- Medicare Advantage plans are not Medicare supplemental, Medigap or Medicare select plans. Medicare Advantage plans pay instead of Medicare.

* The insurer's contract with the federal government is renewed annually, and the availability of coverage beyond the end of the current contract year is not guaranteed.

What you get with a Medicare Advantage plan

You still have the benefits of:

- Original Medicare
- Original Medicare rights and protections
- Original Medicare-covered services

BCN Advantage HMO-POSSM



**Blue Care
Network
of Michigan**

Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.
BCN Advantage HMO-POS is a health plan with a Medicare contract.



What is **BCN Advantage HMO-POS**?

- **BCN Advantage HMO-POS** is a Medicare Advantage HMO with a “point-of-service” (POS) travel benefit, and the only one in Michigan that is backed by Blue Cross Blue Shield.
 - Members select a primary care physician (PCP)
 - Focuses on disease prevention and wellness programs
 - Covers certain services traditional Medicare plans usually don’t cover (office visits, immunizations and physicals)

NEW for 2011:

- ✓ \$0 premium for BCN Advantage Basic
- ✓ Routine eye exams and glasses or contact lenses for Options 2 and 3
- ✓ SilverSneakers[®], (an innovative health, exercise and wellness program for seniors available for Basic and Option 2 plans), medical visit transportation and safety bar benefits available for Options 1, 2 and 3

You must use plan providers except in emergency or urgently needed services or for out-of-area dialysis if you are a BCN Advantage HMO-POS member.



BCN Advantage HMO-POS coverage while traveling

- You are covered for urgent and emergency care while traveling.
- The BlueCard® program is available when you travel outside of Michigan. BlueCard allows you to receive routine follow-up care authorized by your PCP, and urgent care and emergency services when you're away from home without claim forms or having to pay up front (normal copayments apply).

BCN Advantage HMO-POS benefits-at-a-glance 2011

	Option 1	Basic	Option 2	Option 3
Deductible	\$150	\$200	\$100	\$0
Inpatient copay	\$175 Day 1-5	\$225 Day 1-5	\$125 Day 1-5	\$80 Day 1-5
Office visit copay: PCP - routine physical Specialist Emergency room/ urgent care	\$20 \$35 \$50/\$35	\$25 \$40 \$50/\$35	\$15 \$30 \$50/\$35	\$10 \$20 \$50/\$35
Durable medical equipment & supplies/prosthetic and orthotic copay	20% after \$1,000 out-of-pocket- maximum	20% after \$1,000 out-of-pocket- maximum	20% after \$1,000 out-of-pocket- maximum	20% after \$1,000 out-of-pocket- maximum
Out-of-pocket maximum	\$3,400	\$4,000	\$3,200	\$3,000
Combined maximum out-of-pocket	\$4,400	\$5,000	\$4,200	\$4,000

BCN Advantage HMO-POS

benefits-at-a-glance 2011

	Option 1	Basic	Option 2	Option 3
Part D - Prescription Drug Deductible:	None	\$310	\$0	\$0
Copay (up to a 34-day supply)	None	25% coinsurance	\$4 for Tier 1 preferred generics; \$35 for Tier 2 preferred brands; \$75 for Tier 3 non-preferred generics/ brands; 25% for Tier 4 specialty; 25% Tier 5 injectables (of plan's approved amount)	\$3 for Tier 1 preferred generics; \$30 for Tier 2 preferred brands; \$65 for Tier 3 non-preferred generics/ brands; 25% for Tier 4 specialty; 25% for Tier 5 injectables (of plan's approved amount)
Gap coverage	None	93% of all generic drug costs until your yearly out-of-pocket costs for covered drugs reach \$4,550	45% coinsurance for a 90-day supply at preferred pharmacies and 50% coinsurance for 34-day supply at preferred or non-preferred pharmacies— Tier 1 generics only	\$5 Tier 1 generics

BCN Advantage HMO-POS

benefits-at-a-glance 2011

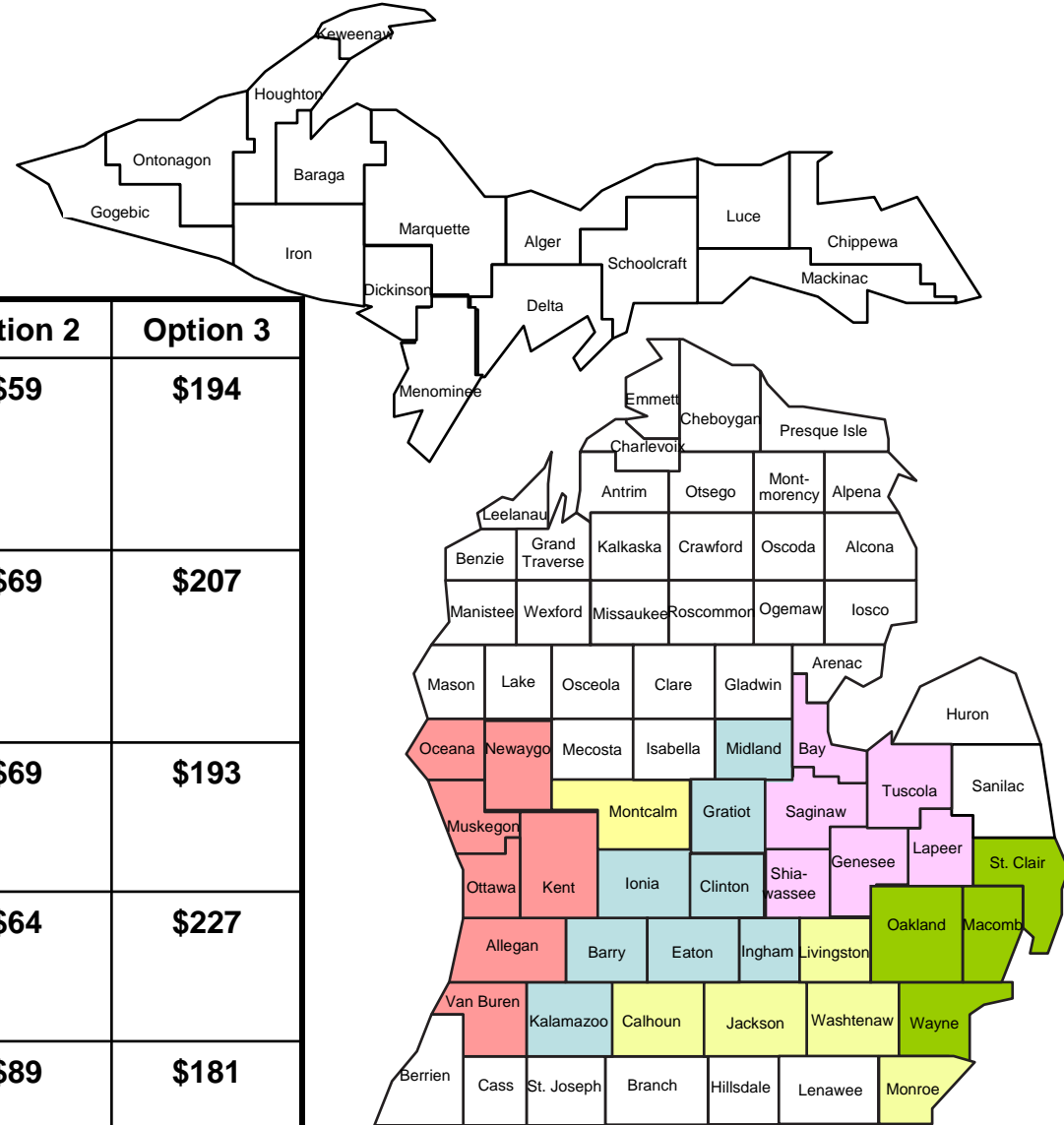
	Option 1	Basic	Option 2	Option 3
Dental	<p>\$0 copay (2 exams - 2 cleanings per year)</p> <p>1 set of up to 4 bite-wing X-rays or up to 6 periapical films every 2 years</p>	<p>Not available</p>	<p>\$0 copay (2 exams - 2 cleanings per year)</p> <p>1 set of up to 4 bite-wing X-rays or up to 6 periapical films every 2 years</p>	<p>\$0 copay (2 exams - 2 cleanings per year)</p> <p>1 set of up to 4 bite-wing X-rays or up to 6 periapical films every 2 years</p>
Hearing	<p>\$25 copay for yearly exam</p> <p>\$500 toward one hearing aid for each ear (one right, one left) every 3 years</p>	<p>Not available</p>	<p>\$25 copay for yearly exam</p> <p>\$500 toward one hearing aid for each ear (one right, one left) every 3 years</p>	<p>\$25 copay for yearly exam</p> <p>\$500 toward one hearing aid for each ear (one right, one left) every 3 years</p>

BCN Advantage HMO-POS

benefits-at-a-glance 2011

	Option 1	Basic	Option 2	Option 3
Vision	Not available	Not available	<p>\$10 copay for 1 routine eye exam every year</p> <p>\$10 copay for up to 1 complete pair of eyeglasses every 2 years</p> <p>\$10 copay for one pair of contacts every 2 years</p> <p>\$100 coverage limit for eye glass frames or contact lenses every 2 years</p>	<p>\$10 copay for 1 routine eye exam every year</p> <p>\$10 copay for up to 1 complete pair of eyeglasses every 2 years</p> <p>\$10 copay for one pair of contacts every 2 years</p> <p>\$100 coverage limit for eye glass frames or contact lenses every 2 years</p>
Fitness	Not available	SilverSneakers®, an innovative health, exercise and wellness program for seniors	SilverSneakers®, an innovative health, exercise and wellness program for seniors	Not available

BCN Advantage HMO-POS premium chart



Counties by region	Option 1	Basic	Option 2	Option 3
Region 1: Southwest Michigan Allegan, Kent, Muskegon, Newaygo, Oceana, Ottawa, Van Buren	\$10	\$0	\$59	\$194
Region 2: Mid Michigan Barry, Clinton, Eaton, Gratiot, Ingham, Ionia, Kalamazoo, Midland	\$8	\$0	\$69	\$207
Region 3: South Michigan Calhoun, Jackson, Livingston, Monroe, Montcalm, Washtenaw	\$24	\$0	\$69	\$193
Region 4: Central Michigan Bay, Genesee, Lapeer, Saginaw, Shiawassee, Tuscola	\$28	\$0	\$64	\$227
Region 5: Southeast Michigan Macomb, Oakland, St. Clair, Wayne	\$24	\$0	\$89	\$181

Medicare PLUS Blue PPOSM



**Blue Cross
Blue Shield**
of Michigan

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Medicare Plus Blue PPO is a health plan with a Medicare contract.



What is Medicare Plus Blue PPO?

- **Medicare Plus Blue PPO** offers you the freedom to choose any doctor, specialist or hospital and saves you money when medical care is provided in-network.
- With the exception of emergency or urgent care, all covered benefits will cost you more if you go out-of-network.

NEW for 2011!

- ✓ Three plan options
- ✓ Routine eye exams and glasses or contact lenses
- ✓ SilverSneakers[®], an innovative health, exercise and wellness program for seniors (***not available for AssureSM***)
- ✓ Hearing exam and hearing aids
- ✓ Prescription drug coverage in the coverage gap with Medicare Plus Blue PPO Assure

Medicare Plus Blue PPO benefits-at-a-glance 2011

	Vitality SM		Signature SM		Assure	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$0	\$500	\$0	\$500	\$0	\$0
Inpatient copay	\$200 Day 1-7	40% after deductible	\$150 Day 1-5	40% after deductible	\$75 Day 1-5	30%
Office visit copay:						
PCP - routine physical	\$25	40% after deductible	\$25	40% after deductible	\$15	30%
Specialist	\$40		\$35		\$30	
Emergency room/urgent care	\$50/\$35	\$50/\$35	\$50/\$30	\$50/\$30	\$50/\$30	\$50/\$30
Durable medical equipment/supplies and prosthetic and orthotic copay	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40%
Out-of-pocket max (In- network)	\$5,500 including \$1,000 DME/PO deductible	\$4,500	\$5,000 including \$1,000 DME/PO deductible	\$5,000	\$4,000 including \$1,000 DME/PO deductible	\$4,000

Medicare Plus Blue PPO benefits-at-a-glance 2011

	Vitality	Signature	Assure
Part D – prescription drug			
Deductible	\$310	\$0	\$0
Copay (31-day supply)	<i>25% after deductible for most drugs up to a 31-day supply or for up to a 90-day supply</i>	\$3 for Tier 1 preferred generics; \$40 for Tier 2 preferred brands; \$95 for Tier 3 non-preferred generics/brands; 25% for Tier 4 specialty; 25% for Tier 5 non self-administered injectables (of plan's approved amount)	\$3 for Tier 1 preferred generics; \$40 for Tier 2 preferred brands; \$95 for Tier 3 non-preferred generics/brands; 25% for Tier 4 specialty; 25% for Tier 5 non self-administered injectables (of plan's approved amount)
Gap coverage	93% of all generic drug costs until your yearly out-of-pocket costs for covered drugs reach \$4,550	93% of all generic drug costs until your yearly out-of-pocket costs for covered drugs reach \$4,550	\$3 up to a 31-day supply of Tier 1 drugs* or \$7.50** up to a 90-day supply of Tier 1 drugs until your yearly out-of-pocket costs for covered drugs reach \$4,550

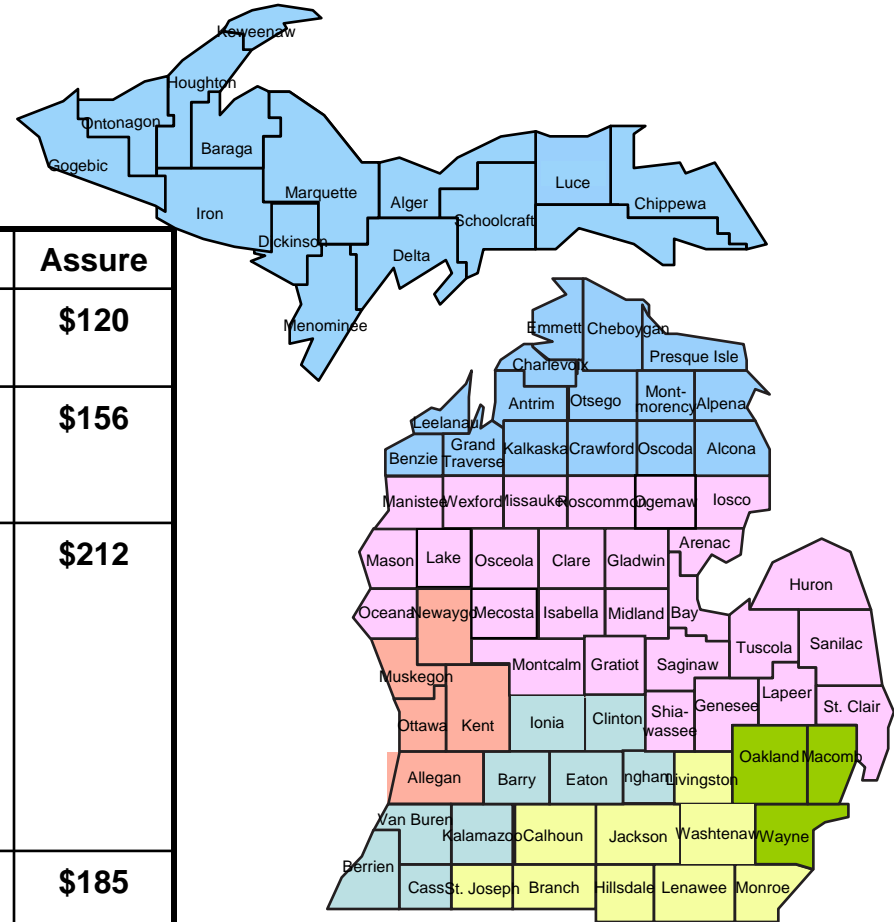
*at long-term care, preferred retail network pharmacies or mail order network pharmacies until your total yearly drug costs reach \$4,550. **\$7.50 generics up to a 90-day supply of Tier 1 drugs at a preferred retail or mail-order network pharmacies. For covered drugs not in Tier 1: After your total yearly drug costs reach \$2,860, you pay 93% of all generic drug costs and receive a 50% discount on all brand name drugs until your yearly out-of-pocket costs for covered drugs reach \$4,550.

Medicare Plus Blue PPO benefits-at-a-glance 2011

	Vitality	Signature	Assure
Dental In-Network*	\$0 copay for preventive dental benefits (up to 2 exams and 2 cleanings per year and up to 1 set of dental X-rays)		
Hearing In-Network*	\$25 copay for up to 1 routine hearing test every year \$30 to \$40 copay for Medicare-covered diagnostic hearing exams by specialist \$0 copay for up to 1 hearing aid fitting and evaluation every 3 years \$500 allowance toward one hearing aid for each ear once every 3 years		
Vision In-Network*	\$0 copay for 1 pair of eyeglasses or contact lenses after cataract surgery \$0 copay for exams to diagnose and treat disease/conditions of the eye \$10 copay for up to 1 routine eye exam every year \$10 copay for up to 1 pair of contacts every 2 years \$0 copay for up to 1 pair of lenses every 2 years \$10 copay for up to 1 set of frames every 2 years \$100 plan coverage limit for eyewear every 2 years		
Fitness*	SilverSneakers®, an innovative health, exercise and wellness program for seniors (<i>Not available for Assure</i>)		

*Out-of-network costs, copays, limits and coverage details vary. For more information, please ask your licensed/contracted Blues agent or call 1-877-MyBLUE (1-877-469-2583; TTY users should call 1-800-481-8704). Call center hours are 8 a.m. to 8 p.m., seven days a week.

Medicare Plus Blue PPO premium chart



Counties by regions	Vitality	Signature	Assure
Region 1: Southwest Michigan Allegan, Kent, Muskegon, Newaygo, Ottawa	\$29	\$69	\$120
Region 2: Mid-Michigan Barry, Berrien, Cass, Clinton, Eaton, Ingham, Ionia, Kalamazoo, Van Buren	\$34	\$104	\$156
Region 3: Upper Michigan Alcona, Alger, Alpena, Antrim, Baraga, Benzie, Charlevoix, Cheboygan, Chippewa, Crawford, Delta, Dickinson, Emmet, Gogebic, Grand Traverse, Houghton, Iron, Kalkaska, Keweenaw, Leelanau, Luce, Mackinac, Marquette, Menominee, Montmorency, Ontonagon, Oscoda, Otsego, Presque Isle, Schoolcraft	\$74	\$119	\$212
Region 4: South Michigan Branch, Calhoun, Hillsdale, Jackson, Lenawee, Livingston, Monroe, St Joseph, Washtenaw	\$54	\$129	\$185
Region 5: North/East Michigan Arenac, Bay, Clare, Genesee, Gladwin, Gratiot, Huron, Iosco, Isabella, Lake, Lapeer, Manistee, Mason, Mecosta, Midland, Missaukee, Montcalm, Oceana, Ogemaw, Osceola, Roscommon, Saginaw, Saint Clair, Sanilac, Shiawassee, Tuscola, Wexford	\$64	\$154	\$219
Region 6: Southeast Michigan Macomb, Oakland, Wayne	\$69	\$109	\$203

Prescription **Blue PDP** SM



**Blue Cross
Blue Shield**
of Michigan

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.
Prescription Blue is a stand-alone prescription drug plan with a Medicare contract.



Prescription Blue PDP benefits-at-a-glance 2011

***Prescription Blue PDP services entire state
of Michigan***

	Prescription Blue Option A \$72	Prescription Blue Option B \$88
Monthly premium	\$72	\$88
Deductible	\$145 deductible	\$0 deductible
Initial coverage	<p>You pay the required copayment until your total drug costs, not including monthly premium, reach \$2,840</p> <p>Your copay for <i>up to a 31-day supply</i>:</p> <p>Tier 1: \$5 Tier 2: \$35 Tier 3: \$70 Tier 4 & 5: 25% of plan's approved amount</p>	<p>You pay the required copayment until your total drug costs, not including monthly premium, reach \$2,840</p> <p>Your copay for <i>up to a 31-day supply</i>:</p> <p>Tier 1: \$4 Tier 2: \$35 Tier 3: \$70 Tier 4 & 5: 25% of plan's approved amount</p>

Prescription Blue PDP

benefits-at-a-glance 2011

	Prescription Blue Option A	Prescription Blue Option B
Coverage gap	93% of all generic drug costs until your yearly out-of-pocket costs for covered drugs reach \$4,550	Coverage for generic drugs, \$4 copay
Catastrophic coverage	<p>After your total <u>out-of-pocket</u> prescription drug costs reach \$4,550, you pay the greater of (<i>for a 31-day supply</i>):</p> <p>Tier 1: \$2.50 or 5% of the plan's approved amount</p> <p>Tier 2, 3, 4, 5: \$6.30 or 5% of the plan's approved amount</p>	



MyBlue Medicare pharmacy network information for all plans

- Blue Cross Blue Shield of Michigan contracts with approximately 86 percent of Michigan pharmacies, including major retail pharmacy chains*.
 - The network also includes mail order, long-term care and home infusion pharmacies, and Indian/Tribal/Urban (Indian health service) facilities.
- 90-day supply of prescription drugs is available at retail network or mail order pharmacies.
- Outside of Michigan, enrollees have access to an extensive network of retail pharmacies across the country.

NOTE: Medicare Plus Blue PPO, BCN Advantage HMO-POS and Prescription Blue PDP formularies are comprehensive but not identical. Please review them to ensure your coverage needs are met.

- * Source, National Council for Prescription Drug Programs Data Q, September 2010



As a **MyBlue** Medicare Advantage member you also get these preventive services:

Covered*:

- Bone mass measurement
- Colorectal screening
- Immunizations
- Pap smears and pelvic exams
- Prostate cancer screening
- Mammogram

No Copay:

- Annual Medicare-covered physical exam
- Medicare-covered diagnostic hearing exams
- Medicare-covered eye exams for diagnosis and treatment of diseases and conditions of the eye
- Annual personalized preventive exams

* Limits and copays apply and vary by plan.

Value-added programs

- **Blue365®:** With our Blue365 savings program, members can access special member discounts and trusted health and wellness resources. Members score big savings and special offers on a variety of healthy products and services from companies throughout the U.S.
- ***MyBlue Medicare and Your Health Advantage (YHA for BCN Advantage members) magazines:*** Magazines designed especially for Blues members with useful information for keeping you healthy, happy, safe and fit.
- Additional value-added programs include discounts with:
 - AAA auto and travel
 - Evola Music
 - Great Wolf Lodge (Traverse City)
 - Guardian Medical Monitoring
 - Jitterbug
 - And many more

The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Blue Cross Blue Shield of Michigan and Blue Care Network grievance process.

MyBlue Medicare Advantage

Who is eligible?

- You are entitled to Medicare Part A, **AND** enrolled in Medicare Part B for the Medicare Advantage plans. You must continue to pay your Part B premium to Medicare.
- For **BCN Advantage HMO-POS**, you are a resident of the 31-county service area for six consecutive months each year.
- For **Medicare Plus Blue PPO**, you are a resident of the state of Michigan.
- You do not have end stage renal disease except under certain conditions (according to federal law).
 - The Medicare Prescription Drug Benefit is only available to members of the MA-PD plan.
 - If a beneficiary is already enrolled in an MA-PD plan, the enrollee must receive their Medicare prescription drug benefit through that plan.

Who is eligible for Prescription Blue PDP?

- You are entitled to Medicare Part A **AND/OR** enrolled in Part B. You must continue to pay your Part B premium.
- For **Prescription Blue PDP**, you are a resident of the state of Michigan.



How to enroll in MyBlue Medicare plans

- Enroll online in any of the **MyBlue** Medicare plans by visiting our website at www.bcbsm.com/mybluemedicare or www.mibcn.com. You can also obtain additional information online.
- Contact an independent agent licensed to sell **MyBlue** Medicare plans or speak to a sales representative by calling **1-877-469-2583** from 8 a.m. to 8 p.m., seven days a week. TTY users should call **1-800-481-8704**.
- Complete the paper application in your enrollment kit and mail it to us. Or download and print an application from the Blue Cross Blue Shield of Michigan or the Blue Care Network website and mail it to us.
- Enroll in **MyBlue** Medicare plans through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at www.medicare.gov. For more information, call **MyBlue** Medicare at 1-877-469-2583 from 8 a.m. to 8 p.m., seven days a week. TTY users should call 1-800-481-8704.

How does this work for me?

- If you are eligible for Medicare, choose the **MyBlue** Medicare plan that works best for you.
 - You may enroll in only one Part D plan at a time.
- You must continue to pay your Part B premium to Medicare.
- This deduction is typically taken from your monthly Social Security check.
- You will pay a monthly premium for the **MyBlue** Medicare plan that you choose. There's no need to send payment with the enrollment form.
 - You may be able to get Extra Help to pay for your prescription drug premiums and costs. Please refer to your **MyBlue** enrollment kit to learn if you qualify for Extra Help.



When can you join?

- Medicare's annual election period is Nov.15 through Dec. 31. with an effective date of Jan. 1, 2011.(Nov.15 through Dec. 31 for calendar year 2010; Oct.15 through Dec. 7 for calendar year 2011)
- New Medicare beneficiaries — coverage begins the first day of the month after the month you enroll.

NOTE: If you qualify for Medicare under special circumstances (for example, initial election period or special election period), you don't have to wait for the annual election period. Speak to a product specialist after this presentation to learn more about other eligible enrollment periods.

For more information on **MyBlue** Medicare plans,

visit our website at

www.bcbsm.com/mybluemedicare

You may also contact an independent agent licensed to sell **MyBlue** Medicare plans, or speak to a sales representative by calling:

1-877-469-2583

TTY users should call 1-800-481-8704

Hours are 8 a.m. to 8 p.m., seven days a week

Other important information

- The benefit information provided herein is a brief summary; not a comprehensive description of benefits. For more information, contact the plan.
- Benefits, formulary, pharmacy network, premium and/or co-payments/coinsurance may change on January 1, 2012.
- You must continue to pay your Part B premium. Limitations, copayments and restrictions may apply. Please contact customer service for details.
- Members may only enroll during specific times of the year. Contact My Blue Medicare for more information.
- Limitations, copayments and restrictions may apply.
- You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week.
 - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or
 - Your state Medicaid office.
- Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances, and quantity limitations and restrictions may apply.
- This presentation may be available in an alternative format. For more information contact the plan at 1-877-469-2583. TTY users may call 1-800-481-8704. From 8 a.m. to 8 p.m, seven days a week.

Questions?



**Blue Cross
Blue Shield
Blue Care Network
of Michigan**

**Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association**

Blue Cross Blue Shield of Michigan
Blue Care Network of Michigan