City of Kalamazoo
Effective January 1, 2021
Agenda

- Opt-out information
- Medicare basics
- Getting started
- Group Plan benefits
- Using your plan
- Understanding your Part D coverage
- Additional benefits in your plan
• The pre-enrollment packet will include an opt-out form. You do not need to return this form unless you wish to opt-out of the City's retirement health plan. Opting out of the plan will leave the member without the City of Kalamazoo group health insurance.
Medicare Basics

WHAT’S INCLUDED

• Hospital care
• Skilled nursing facility care
• Hospice
• Home health care

PART A

PREMIUM

• There is no charge for people who have at least 40 work credits
Medicare Basics

WHAT’S INCLUDED

- Doctor visits
- Mental health care
- Outpatient surgery
- Lab tests
- Durable medical equipment

PART B

PREMIUM

- You must pay your Part B premium every month
- Your premium depends on when you first signed up and your income
Medicare Basics

WHAT’S INCLUDED – Medicare Advantage

- Original Medicare benefits
- Original Medicare rights & protections
- Original Medicare covered service

- Extra benefits
  - Silver sneakers
  - Care management services

You must continue to pay your monthly Part B premium
Medicare Initial Enrollment Period – 7 Month Enrollment Window

If you’re receiving Social Security and turning 65, enrolling in Medicare is automatic. There are instances when you may have to manually enroll in Medicare, that allowable time is called Initial Enrollment Period (IEP). In those instances, you must enroll during the 7-month period that begins the 3-months before you turn 65, the month of your 65th birthday and ends 3-months following your birthday.

Please contact your retiree benefits admin with Medicare beneficiary info (MBI#) to get enrolled.
Membership Confirmation and ID Card

For new members going into the MAPD plan: Put your red, white and blue Medicare card away in a safe place – you only need to carry your new Blue Cross ID card for your medical and pharmacy services. Anyone else will continue to use their current card.
Medicare Advantage Health Assessment

All members receive an optional health assessment. We encourage new members to complete the health assessment. This survey measures general health indicators.

- Quick and easy to complete
- Available online as well as on paper
- Secure and completely confidential
- Identifies potential health risks
- Gives you a lifestyle score and a plan for improvement
- Provides personalized feedback from wellness professionals

Rest assured, your answers will be kept private and won't affect your enrollment, benefits or health care costs in any way.
**Key Terms**

**Deductible**
The amount you pay before your plan begins to pay its share.

**Coinsurance**
The percentage of the cost of the service that you pay.

**Copayment**
A fixed dollar amount you pay to health care providers each time you use their services, such as an office visit.

**Out-of-Pocket Maximum**
The most you have to spend for copays, coinsurance and deductibles in any given year.
Medicare Advantage PPO providers

PPO means Preferred Provider Organization, and Your group plan is an MAPD plan with a **Passive PPO Provider Network**

- Freedom to choose any doctor, specialist or hospital that accepts Medicare
- Referrals are not required
Plan Benefits – Pre 2007 Retiree plan

Passive Network

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Annual deductible</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>0%</td>
</tr>
<tr>
<td><strong>Annual Out-of-pocket maximum for deductible, copays and coinsurance amounts for Medicare-covered medical services</strong></td>
<td>$0</td>
</tr>
</tbody>
</table>

*Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue PPO members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, provider network, premium and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.*
## Preventive Services

### Passive Network

<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome to Medicare exam</td>
<td></td>
</tr>
<tr>
<td>Routine physical</td>
<td></td>
</tr>
<tr>
<td>Pap smear and prostate cancer screening</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td>Cardiovascular, diabetes and HIV screening</td>
<td></td>
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<tr>
<td>Immunizations</td>
<td></td>
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<td>Mammography</td>
<td></td>
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<td>Bone mass measurement</td>
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# Benefits

## Passive Network

<table>
<thead>
<tr>
<th>Service</th>
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<tbody>
<tr>
<td>Office visits (Primary care doctor)</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Specialist visits (No referral required)</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Chiropractic manipulations</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Emergency care</td>
<td>$0 copay (copay waived if admitted)</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Ambulance services (if medically necessary)</td>
<td>$0 copay</td>
</tr>
</tbody>
</table>
## Lab Visits & Diagnostic Services

### Passive Network

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Primary care: $0 copay</th>
<th>Specialist: $0 copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory and pathology tests</td>
<td></td>
<td>$0 copay</td>
</tr>
<tr>
<td>Diagnostic procedures and tests, including X-rays in office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic procedures and tests, including X-rays in hospital</td>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td>Radiation therapy in office</td>
<td></td>
<td>$0 copay</td>
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</tbody>
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### Inpatient Care

#### Inpatient and outpatient surgery
- **Covered at 100%**

#### Skilled nursing facility (Medicare-certified facility)
- **Covered at 100%** up to 120 days, renewable after 60 days without inpatient care

#### Inpatient mental health care
- **Covered at 100%; 190-day lifetime limit**

#### Hospice care
- Hospice services through a Medicare-certified hospice program are paid by Original Medicare

#### Home health care
- **Covered 100%**
Additional Plan Benefits

Passive Network

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<th>Service</th>
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<tr>
<td>Home Infusion Therapy</td>
<td>$0</td>
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<tr>
<td>Private Duty Nursing</td>
<td>50%</td>
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<tr>
<td>Silver Sneakers Fitness Program</td>
<td>$0</td>
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**Plan Benefits –2007 to Current Retiree plan**

Passive Network

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible</td>
<td>$300</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>20%</td>
</tr>
<tr>
<td>Annual Out-of-pocket maximum for deductible, copays and coinsurance amounts for Medicare-covered medical services</td>
<td>$3,000</td>
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### Benefits

#### Passive Network

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<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office visits (Primary care doctor)</td>
<td>$25 copay</td>
</tr>
<tr>
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<td>$25 copay</td>
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<td>Chiropractic manipulations</td>
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<td>$25 copay</td>
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<td>Ambulance services (if medically necessary)</td>
<td>20% after deductible</td>
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</tbody>
</table>
### Passive Network

<table>
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<tr>
<th>Service Description</th>
<th>Cost分享</th>
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<tr>
<td>Laboratory and pathology tests</td>
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<th>Service</th>
<th>Coverage Information</th>
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<td>Inpatient hospital care</td>
<td>20% after deductible</td>
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<td>20% after deductible up to 120 days, renewable after 60 days without inpatient care</td>
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<td>Inpatient and outpatient surgery</td>
<td>20% after deductible</td>
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<tr>
<td>Inpatient mental health care</td>
<td>20% after deductible 190-day lifetime limit</td>
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<tr>
<td>Hospice care</td>
<td>Hospice services through a Medicare-certified hospice program are paid by Original Medicare</td>
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<td>Home health care</td>
<td>20% after deductible</td>
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## Additional Plan Benefits

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<th>Benefit</th>
<th>Copay</th>
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<tbody>
<tr>
<td>Home Infusion Therapy</td>
<td>$0 copay</td>
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<td>50% copay</td>
</tr>
<tr>
<td>Silver Sneakers Fitness Program</td>
<td>$0 copay</td>
</tr>
</tbody>
</table>
Your Formulary Drug Tiers

- Your **formulary** is a list of drugs covered by your plan.
- Cost share is applied based on drug tiers and pharmacy type:
  - **Tier 1** = Preferred generic drugs
  - **Tier 2** = Generic
  - **Tier 3** = Preferred brand drugs
  - **Tier 4** = Non-preferred drugs
  - **Tier 5** = Specialty drugs

Your plan does not have a coverage gap as with other Part D prescription plans. This means you continue to pay your plan’s copay until you reach the Catastrophic phase, where your cost share may be lower but never more than your group plan copay. [bcbsm.com/formulary](http://bcbsm.com/formulary)
A network pharmacy is a pharmacy that has a contract with the plan to provide your covered prescription drugs. In most cases, your prescriptions are covered only if they are filled at the plan’s network pharmacies.

We have a National Network of Pharmacies in our plan

Our network has pharmacies that offer standard cost-sharing and preferred cost-sharing. Your cost-sharing may be less at pharmacies with preferred cost-sharing for 31 day, as well as 90 day supply prescription fills.

Find a list of our network pharmacies on our website: www.bcbsm.com/pharmaciesmedicare
Your Pharmacy Network

**Preferred:** A network pharmacy that offers decidedly lower cost-sharing levels than at standard network pharmacies.

**Standard:** A network pharmacy where you’ll pay at standard cost-sharing levels.

**Preferred Network Chain Pharmacies** *

- Costco Pharmacy
- Kmart Pharmacy
- Kroger Pharmacy
- Meijer Pharmacy
- Rite-Aid Pharmacy
- Walgreens Pharmacy
- Walmart

* This is a partial list of pharmacies please look online or in your directory

Save money on your prescriptions!

Use a preferred network pharmacy and **SAVE BIG** on your 31- and 90-day prescriptions.
## Prescription Drugs – Pre 2007 Retiree

<table>
<thead>
<tr>
<th>Tier</th>
<th>Preferred network pharmacy</th>
<th>Standard network pharmacy</th>
<th>32-to 90 day retail and mail order prescription drug multiplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1:</td>
<td>Preferred generic drugs</td>
<td>$1</td>
<td>$4</td>
</tr>
<tr>
<td>Tier 2:</td>
<td>Non-preferred generic drugs</td>
<td>$1</td>
<td>$4</td>
</tr>
<tr>
<td>Tier 3:</td>
<td>Preferred brand-name drugs</td>
<td>$1</td>
<td>$4</td>
</tr>
<tr>
<td>Tier 4:</td>
<td>Non-preferred brand-name drugs</td>
<td>$1</td>
<td>$4</td>
</tr>
<tr>
<td>Tier 5:</td>
<td>Specialty drugs</td>
<td>$1</td>
<td>$4</td>
</tr>
</tbody>
</table>
### Prescription Drugs – 2007 to Current Retiree

<table>
<thead>
<tr>
<th>Tier</th>
<th>Drugs Type</th>
<th>Preferred network pharmacy</th>
<th>Standard network pharmacy</th>
<th>32-to 90 day retail and mail order prescription drug multiplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1:</td>
<td>Preferred generic drugs</td>
<td>$0</td>
<td>$5</td>
<td>2.0 Preferred / 2.0 Standard</td>
</tr>
<tr>
<td>Tier 2:</td>
<td>Non-preferred generic drugs</td>
<td>$0</td>
<td>$5</td>
<td>2.0 Preferred / 2.0 Standard</td>
</tr>
<tr>
<td>Tier 3:</td>
<td>Preferred brand-name drugs</td>
<td>$20</td>
<td>$25</td>
<td>2.0 Preferred / 2.0 Standard</td>
</tr>
<tr>
<td>Tier 4:</td>
<td>Non-preferred brand-name drugs</td>
<td>$45</td>
<td>$50</td>
<td>2.0 Preferred / 2.0 Standard</td>
</tr>
<tr>
<td>Tier 5:</td>
<td>Specialty drugs</td>
<td>$95</td>
<td>$100</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
Formulary and Tier Exception Requests

Formulary exceptions

• When an exception is approved for a non-formulary drug, you’ll pay a Tier 4 (nonpreferred drug) copayment - generic or brand name. Non-formulary drugs that are approved for coverage (via formulary exception) aren’t eligible for tiering exceptions (described below).

Tiering exceptions

• You or your provider can ask the plan to make an exception in the cost-sharing tier for the drug so that you pay less for it.
• If you or your provider believe you have reasons that justify asking us for an exception, Customer Service can help you request an exception.
• Drugs in Tier 5 (specialty drugs) are not eligible for this type of exception.
Transition Period

- Transition period – the first 90 days you are enrolled in the MAPD plan
- Allows a temporary fill of a Part D eligible prescription drug that:
  - Isn’t on the BCBSM Comprehensive Enhanced Formulary
  - Has a restriction on it, such as:
    - Prior Authorization
    - Step Therapy
    - Quantity Limit
- Transition fill allows up to a 31-day supply of medication
How to Find a Participating Provider

**Call:** the customer service number on the back of your card (TTY users please call 711)

**Click:** Go to [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare), click on “Find a Doctor”

**Ask:** You can also call your provider’s office and speak to the billing department to ask if they participate with Medicare Advantage PPO plan offered by BCBS
Download the BCBSM Mobile App

Blue Cross mobile app
- Find participating doctors and preferred pharmacies.
- BCN Advantage members can select a primary care doctor.
- Get details on prescription drug coverage requirements such as prior authorization.
- Track your costs.
- Check Claims & EOB statements.
- View your plan coverage, deductible & out-of-pocket maximum balances.
- Access your virtual ID card.

How to get the app
- It's available in the App Store® for iPhones and Google Play™ for smartphones using Android
- The app is not yet available for tablets
Explanation of Benefits (EOB)

- Is not a bill
- Summarizes the total cost of medical services you received.
- Shows what your health care provider billed, what we paid the provider and what your share of the cost is.
- Explains what your deductible and yearly out-of-pocket maximums are and how much you’ve paid towards them.
- Sent monthly, if you receive services

Online Visits

Blue Cross Online Visits℠

Online doctor visits bring new meaning to house calls.

• When your primary care doctor is unavailable you can have an online visit with a physician to get advice and treatment for minor health concerns.
• Use your smartphone, tablet or computer for a doctor’s visit.
• Available around the clock, any day of the week, anywhere in the U.S. using an internet connection.
• Doctors are telemedicine experts, U.S. board-certified, licensed and credentialed to provide non-emergency medical visits on demand at in-network costs.

How can you access this benefit?

• BCBSM Online Visits℠ app
• Visit bcbsmonlinevisits.com
• Call 1-844-606-1608
When you travel

BCBSM gives you access to providers anywhere in the United States.

Your benefits travel with you anywhere in the United States and its territories.

There are two ways to find a provider:

• Use the find a doctor button in the app
• Call the number on the back of your ID

When traveling outside of the United States, in some instances, you will have to pay for your emergency and urgent care and get a refund from us.

You’re covered for emergency and urgent care worldwide.
SilverSneakers®* Fitness Program

Program benefits:

- Membership in a network of health clubs and exercise classes
- 15,000 participating U.S. locations (no restrictions on days and times
- Classes designed just for you
- Exercise at your own pace with people in your age group
- Program advisors at each location to help you get started
- Online support to help you lose weight, reduce stress
- Walking programs and home fitness programs

*SilverSneakers is a registered trademark of Tivity Health, an independent company that provides services to Blue Cross Blue Shield of Michigan Medicare Plus Blue Group PPO members.

Visit: www.silversneakers.com for participating locations.

Or call: 1-888-423-4632, Monday through Friday, 8 a.m. to 8 p.m. Eastern time. TTY users call 711.
SilverSneakers®* CollegeSaver Program

SilverSneakers® CollegeSaver

• SilverSneakers® members can earn college tuition discounts for loved ones simply by exercising

• Participating members earn a $250 tuition discount for the college-bound student of their choice — plus a $1,000 discount for signing up. The discounts can be applied to 400 participating private colleges and universities in 46 states.

• One or more children designated by the member are eligible to become the beneficiary of the tuition discount. This includes family members (such as grandchildren), extended family, loved ones or friends — pretty much any college-bound student from infancy to junior year in high school.

*SilverSneakers is a registered trademark of Tivity Health, an independent company that provides services to Blue Cross Blue Shield of Michigan Medicare Plus Blue Group PPO members.

Visit: collegesave.org/silversneakers

Or call: 1-877-210-1307 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. Eastern time. TTY users call 711.
Nurse-led care teams are the backbone for care in our integrated care program. A registered nurse will reach out to you if you are identified for the coordinated care program and a custom care program will be set up to improve your health and well-being.

Registered nurses work directly with you to coordinate the best care to meet your specific needs. Care teams include:

- **Medical directors** to collaborate with doctors and provide medical expertise
- **Pharmacists** to educate and advise you about the right medications
- **Dietitians** to provide targeted nutritional education and coaching
- **Social workers** to address nonmedical health factors and locate community resources
- **Behavioral health specialists** to help with stress, depression, anxiety and other issues
A personal nurse manager can help you if you have:

- Coronary artery disease
- Chronic obstructive pulmonary disease
- Diabetes
- Heart failure

Once you’re in the program, your nurse can support your health care needs by:

- Reviewing your health
- Creating a personalized care plan for you
- Identifying health goals and building skills
- Helping you recognize symptoms and respond to warning signs
- Identifying additional care you may need
- Working with your regular doctor
Our care management program, Blue Cross Coordinated Care, includes a secure mobile app. The app works on your smartphone or tablet and connects you to your care team to provide a personalized daily health program. The app will help you know what steps you can take to manage your health each day. You can feel more in control of your health and get long-term support from a care team that includes nurses and other staff.

The mobile platform includes a **Mobile App** for members and a **Dashboard** for care management teams.

The App includes personalized content that includes but is not limited to:

- A checklist that educates, encourages and identifies daily tasks to support care plan compliance.
- Reminders to set appointments with their health care provider or to take their medication(s).
- Brief member surveys that helps care managers learn more about the member’s health condition through their survey responses.

The Mobile App will be offered to Medicare Plus Blue PPO and BCN who are currently enrolled in a Care Management program.

Download the app: wellframe.com/download
Our goal is your full recovery and continued good health!
Most people don’t feel 100 percent perfect when leaving a hospital. The first 30 days after a hospital stay are critical to a full recovery. As part of this program, A BCBSM nurse provides the following services:

- Talks with hospital staff to determine the level of care needed
- Discusses next steps with member
- Coordinates in-home care, including medical equipment
- Calls to ensure the member has medications and knows how and when to take them
- Explains signs of possible complications or worsening symptoms
- Follows up with physicians
Telephonic program that supports members in making health care decisions. Registered nurses, available 24 hours a day, seven days a week assist members in managing their actual or perceived need for health care by providing better health information and increasing member confidence that many illnesses can be effectively self-managed at home.

SAFE. One-on-one conversations with a registered nurse. Caring. Confidential.
QUICK. Expert health advice by phone. No Web searches. No waiting.
EASY. Connect from home or on the go. No appointments. No cost. No hassle.
Our tobacco cessation program is a free 12-month telephone-based support program. A personal health coach helps you develop an action plan to quit smoking or using tobacco.

Tobacco Cessation Coaching offers:

- Unlimited telephone access to your dedicated health coach
- Personal plan for quitting
- Online resources
You have access to Welvie℠, a surgery decision-support program to help you explore your treatment options. It's available to you at no additional cost.

- Welvie is an internet based program that walks you through the surgery decision process. It provides a unique, step-by-step approach from diagnosis to recovery.

- Visit welvie.com* and click on I am ready to log in and then click on register now.

- Even if surgery isn't in your immediate future, check out Welvie so you’re prepared if you’re ever faced with a surgery decision.

*Welvie is an independent company retained by Blue Cross Blue Shield of Michigan to provide a surgery decision-support program to select Blue Cross Medicare Advantage members.
Blue 365 offers exclusive health and wellness deals, keeping you healthy and happy, every day of the year! As a member of Blue Cross’ Medicare Plus Blue PPO, you automatically have access to nationwide discounts. Visit www.blue365deals.com.
Call the Blue Cross Engagement Center for Access to these Programs

Our knowledgeable specialists are here to answer your questions about any of the programs or services offered through Blue Cross Health & Wellness.

We can help:

- Coordinate any program referrals
- Find personal or specialist doctors

1-800-775-2583
MON-FRI, 8 a.m. – 6 p.m., Eastern
TTY users please call 1-800-240-3050
Customer Service can help!

- Confirm cost share
- Discuss claims
- Request a new Blue Cross ID card
- Locate a provider
- Answer personal account questions
- Assist with benefit questions

BCBSM
M-F 8:30am–5pm EST
1-866-684-8216
Thank you!

Our commitment to you:

We work hard to be clear and simple, to help you make the right choices, to offer valuable coverage, and help you get quality health care for you and those you love.