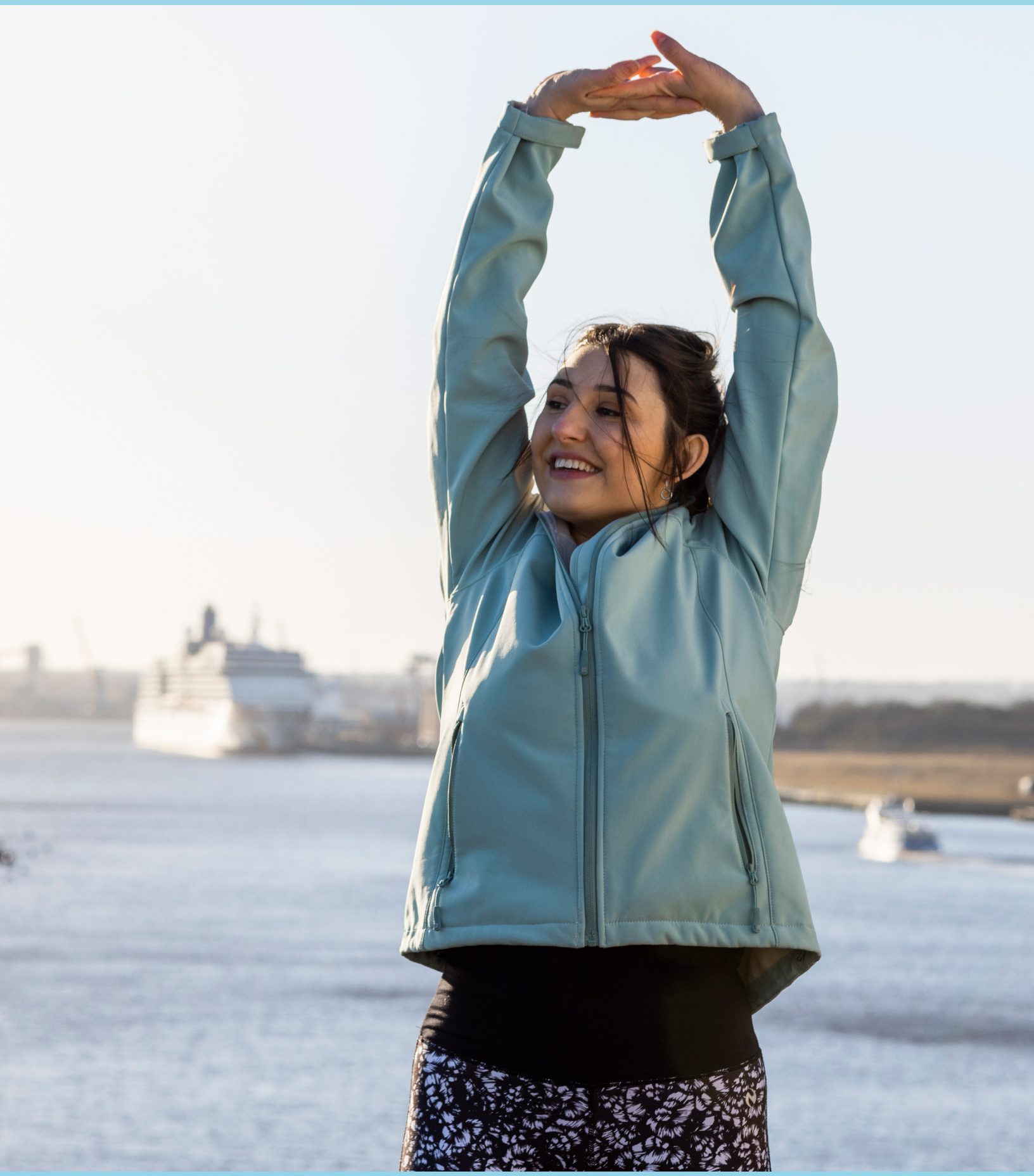
Blue Care Network of Michigan

Blue Care Network HMO:
A health care plan that takes care of you

HMO

EDUCATE ENGAGE EMPOWER

Everything you need to know about your HMO



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How an HMO works

Whether you're switching from a PPO plan or have been a Blue Care Network member for years, it's important to know how your HMO plan works so you can better manage your health care.

As an HMO, Blue Care Network contracts with physicians, hospitals and other medical professionals to provide a variety of health care services. Your coverage starts with preventive services that can keep minor problems from turning serious and continues on to special programs to help you reach your health and wellness goals. Coverage also includes the benefits you need when you're sick or injured, ranging from office visits and lab tests to hospitalization.

It all starts with your doctor

As an HMO member, you're required to select a primary care provider who will be your partner in health care.

Sometimes, you'll just need a routine checkup or an immunization. Other times, you might need treatment when you're sick. And, occasionally, you might have a more serious injury or illness and need to see a specialist.

No matter what your need, your starting point is your primary care provider. He or she is responsible for managing all the care you receive, from providing preventive health services to treating your illness and coordinating your care with specialists.

There are a few exceptions to the rule:

- Women can see any obstetrician/gynecologist, or OB-GYN, in their plan's network for routine services (Pap tests, annual well-woman visits and obstetrical care) without a referral from their primary care provider.
- If you have an accidental injury or medical emergency, we'll cover treatment no matter where you go.
- You don't need a referral from your PCP to see a behavioral health provider. However, you must be seen by a provider in your plan's network.

Behavioral health services

For urgent concerns, call **1-800-482-5982** (TTY: **711**) 24 hours a day to speak with a behavioral health care manager. For routine assistance, call this number Monday through Friday from 8 a.m. to 5 p.m. with questions about your behavioral health coverage, help finding a provider, or to request the guidelines we use to make medical necessity decisions.

Know your plan's network

BCN plans are built around a network, a group of providers that's contracted with us to provide health care services. These include doctors, hospitals and other types of health care professionals.

We have different HMO networks throughout the state. Some are broad and include doctors and hospitals in almost every county in Michigan. Others are small and based in a certain geographic area. Whichever plan you have, make sure the doctor you've selected is part of your plan's network.

Check with your employer to see what BCN plan options are available to you.

When you become a Blue Care Network member, you'll be able to create an account at bcbsm.com and select a primary care provider who participates in your plan's network.

Selecting doctors

You can select one primary care provider for everyone in your family, or a different doctor for each person. For example, you may want the young child in your family cared for by a pediatrician, while other family members go to an internist.

We make it easy for you to find a primary care provider who's in your plan's network. Once you're enrolled in a BCN plan, create your online account at **bcbsm.com/register**. Or search "BCBSM" at the App Store® or Google Play™. Then log in to find or change your primary care provider.

What are referrals and prior authorizations?

Your primary care provider provides or manages all your care. But if your primary care provider can't treat you, he or she may need to refer you to a specialist. **If the service requires a referral and your primary care provider or OB-GYN doesn't refer you, you're responsible for the charges.**

Getting a referral doesn't guarantee your plan will pay for everything. Certain medical services and services from specialists may also require prior authorization by BCN to be covered.

Your Blue Care Network plan information at your fingertips

Once you enroll in a plan, register your Blue Cross member account at **bcbsm.com/register**. Or, text **REGISTER** to **222764**.[1] Your account has everything you need to get the most from your benefits.

- Easy, convenient access to your online *Member Handbook* for details about your health plan
- Overview of your claims, explanation of benefits statements and out-of-pocket and deductible balances
- Ability to select or change your primary care provider
- Online searches for health care providers in your plan's network, as well as quality information
- Cost comparisons of health care services[2]
- Information about prescriptions, pharmacies and medication costs, depending on your plan
- Tracking of referrals or prior authorizations
- Ability to order plastic BCN member ID cards that you can share with your doctor's office

Our mobile app

Once you're enrolled and receive your ID card, get the app by:

Searching "BCBSM" at Apple® App Store® or Google Play™.

Texting APP to 222764.[1]

Scanning the QR code you see here.

Healthful perks

From your online account, find:

Exclusive discounts for gym memberships, fitness gear and recreation services

Personalized digital resources for your health and well-being

[1]Message and data rates may apply. Visit **bcbsm.com** for our *Terms and Conditions of Use* and *Privacy Practices*.

[2]Cost estimates for certain services are available to most non-Medicare members.

With a Blue Care Network HMO plan, you're required to select a primary care provider.

You want the best care. And with Michigan's statewide network of health care providers, we give you plenty of choices — as well as the information you need to select your primary provider.

Your doctor will coordinate your care: wellness visits, screenings and nonemergency illnesses. He or she will also be the one to arrange your specialty care and hospital visits.

If you don't select a primary care provider, one will be selected for you within the first 60 days of your plan.

Begin your search

Even if you're currently not a Blue Care Network member, you can still look up a primary care provider.

1. Go to **bcbsm.com/find-a-doctor**.
2. Select ***Search without logging in***.
3. Select ***Choose a location***.
4. Enter an address, city or ZIP code, or select ***Use my current location***.
5. Next to ***Plan***, select ***I don't know my network***.
6. Select ***Find a Different Plan*** and then ***Employer Group Plans***.
7. Scroll down to select the *Blue Care Network HMO Plan* your employer is offering you.
8. Search for doctors by name, specialty or medical care group.
9. Once the search results are displayed, click on any of the provider links listed for more details.

If you need help with your search, call the Web Support Help Line at **1-888-417-3479**.

Note: *You can only select Michigan providers in your plan's network with the label Primary Care Provider listed under their name as your primary care provider. If this is a new doctor for you, check to make sure that they're accepting new patients and are in your plan's network.*

Use your member account at **bcbsm.com** to:

- **Compare** doctors and facilities within your plan's network
- **Evaluate** quality reports
- **Check** office hours, locations, specialties, the types of spoken languages and hospital affiliations

5 TIPS for selecting your Blue Care Network primary care provider

Feel confident you're selecting a doctor who meets your needs and standards.

1. **Determine which doctors are in your plan's network.**
Selecting an in-network primary care provider is important. If you don't, you'll be responsible for the entire cost of health care services received from an out-of-network primary provider.

2. **Find a doctor who meets your health needs.**
Family doctors, pediatricians, and internists are all considered primary care providers. If you want to work with a primary provider who's specially trained in a particular medical condition, such as diabetes, check to see if the doctor is board-certified in that area. Board certification is an extra step doctors take to verify their expertise in a particular field.

3. **Think about logistics.**
Consider if you want a doctor close to your home or work, what office hours they keep and if they offer virtual visits and are accepting new patients.

4. **Look up quality reports.**
Quality reports and patient ratings can tell you a lot about a doctor. Check if your doctor is part of Total Care. These doctors focus on the quality of your personalized care, including prevention and well-being. What overall rating did your doctor receive from other patients? Look what patients say about scheduling appointments, wait times and their visit with your doctor.

5. **Schedule an office visit.**
Talk to your doctor about your medical history, medications and any current conditions. Notice how well he or she listens and responds to you. Also consider the office environment. Was the staff friendly and helpful? Was your appointment on time?

*When your dependent ages out of his or her pediatric practice, they need to choose a new primary care provider.

Source: Blue Cross and Blue Shield Association

Your doctor may have recommended certain health care services or prescription drugs and then told you that your health care plan needs to authorize the service. Why is there an authorization step?

What's a prior authorization?

A prior authorization is approval from us for certain in-network health care services and prescription drugs or to see specialists who aren't part of your plan's network.

Why do some services need prior authorization?

In some cases, we require the authorization step to make sure that what's being requested is appropriate for your condition and medically necessary. Your plan may also have requirements about where to get certain services.

What if we don't get prior authorization

If your health care provider doesn't get a prior authorization, the service won't be covered. That's why it's always a good idea to check if a prior authorization is needed before receiving any health care services.

Who's responsible for submitting a prior authorization?

Your health care provider is responsible for requesting an authorization and for providing all the documents needed. Once we get the request, we'll begin the review process.

What services need a prior authorization?

Here are some health care services that need approval. **This isn't the full list, so check with your doctor to see what prior authorization requirements there are before you receive any health care services.**

- Applied behavior analysis for autism
- Breast reduction
- Cosmetic procedures, such as removing scars or excess tissue from your eyes or abdomen
- Diabetic supplies
- Durable medical equipment, such as a hospital bed or wheelchair
- Experimental procedures
- Gender reassignment surgery
- Genetic testing
- Infertility services
- Inpatient care
- Mental health or substance use disorders: Inpatient hospitalizations, intensive outpatient services, partial hospitalization services and treatment in a freestanding substance use disorders facility
- Neurofeedback for treating attention deficit hyperactivity disorder
- Orthopedic surgeries, including joint replacements and knee arthroscopies
- Orthotic supplies, such as a knee brace
- Physical, speech and occupational therapy
- Prosthetics, such as an artificial limb
- Repetitive transcranial magnetic stimulation, or rTMS
- Services from out-of-network doctors or health care professionals
- Skilled nursing facility care
- Sleep studies in a center or a facility
- Some of the following:
  - Cardiology procedures
  - Radiation therapy procedures
  - Spine injections to manage pain
  - Radiology services
- Transplant services, including those for organ, bone marrow and stem cell transplants

What if my prior authorization request is denied?

If the authorization request your doctor submits is denied, you have the right to appeal the decision. You'll receive a letter that says your request was denied and the reason, along with information about how you can appeal.

Care starts with your primary care provider

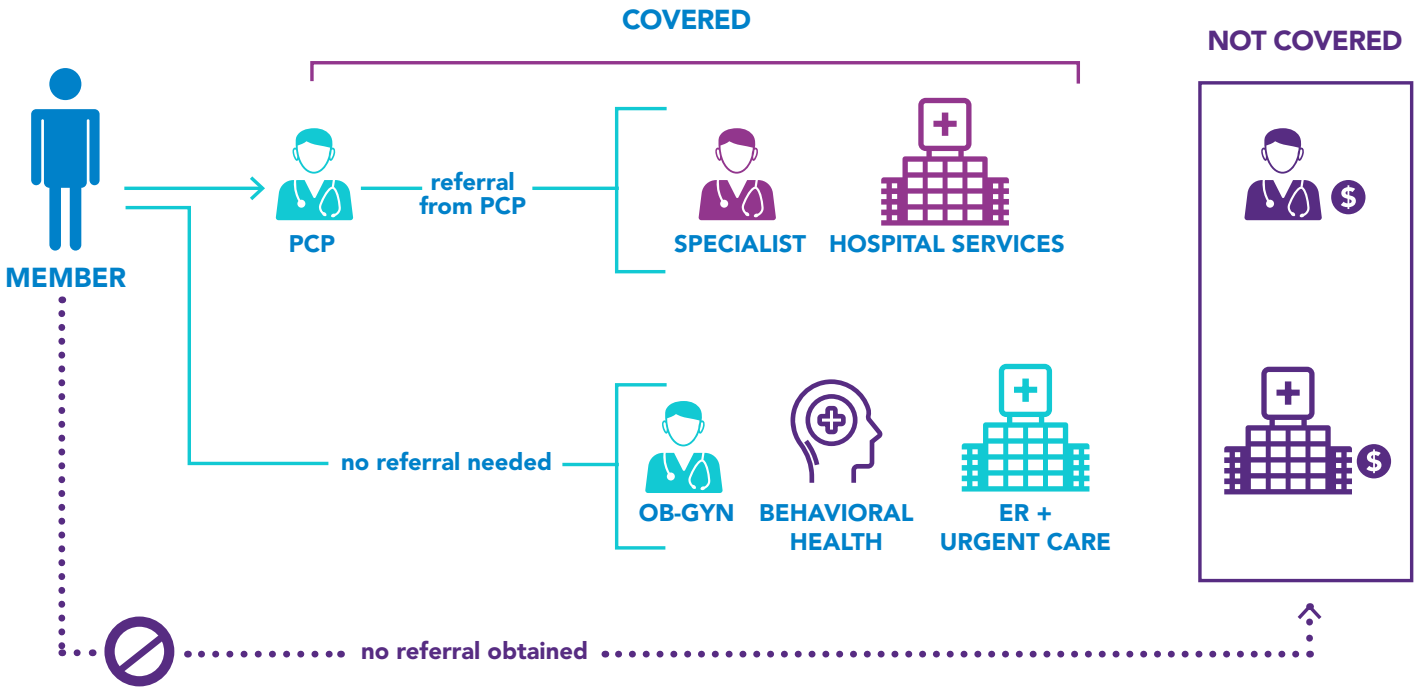
Whether you need a routine checkup or an immunization, treatment for a chronic illness or hospitalization for an injury, your starting point is your primary care provider. He or she is responsible for managing all the care you receive, from providing preventive health services to treating your illness to coordinating your care with specialists.

Referrals: How we coordinate care*

When you get a skin rash, for example, you go to your primary care provider. If your doctor can't treat you, he or she might send you to a specialist, like a dermatologist. Your doctor will provide a referral, allowing the specialist to provide care.

The referral can be a form that's sent electronically to the specialist. It can be a paper document that you take with you to the specialist. Or it can be both. Whatever format it's in, it's the start of a tracking process that makes sure your primary care provider knows where you're going and for what treatment.

In general, most Blue Care Network plans require a referral and don't cover care outside the network, except in an emergency. The exception to this rule is if you're in one of the few plans that allows members to see a specialist without a PCP referral. Check with your benefits administrator to find out what type of plan arrangement you have.



*Referral requirements work differently in some regions within Michigan and don't always need to be submitted to Blue Care Network. If you have questions about how referrals work in your area, call the Customer Service number on the back of your BCN member ID card.

Who determines type of treatment?

Your referral for treatment with a specialist can range from 90 days to 365 days. It's the specialist who decides on the services to be provided and the number of visits required for treatment.

Changing your primary care provider while a specialist is treating you may change your treatment referral. You'll need to contact your new primary care provider and get a new referral for your specialized treatment.

When referrals aren't needed

You don't need a referral for the following:

- **Emergency care**
  (You can get emergency care anywhere.)

- **Behavioral health services**
  (You must see an in-network provider.)

- **Annual well-woman visits and obstetrical care**
  (The gynecologist or obstetrician must be in your plan's network.)

Authorizations

Getting a referral doesn't guarantee your plan will pay for the service. Certain medical services and services from specialists may also require BCN's prior authorization.

Questions?

If you have questions about which services require a referral or a prior authorization, log in to your member account at **bcbsm.com** or contact BCN Customer Service at the number on the back of your BCN member ID card.

You've selected your primary care provider and you have a specialist for care; then, one or the other leaves your plan's network. What now?

If your provider no longer participates in the BCN network, you may qualify to continue receiving care from the provider for 90 days, or until your course of treatment is finished. One of these conditions must apply for you to continue receiving care from the provider:

- You're undergoing treatment for a serious or complex condition or terminal illness.
- You're undergoing a course of institutional or inpatient care.
- You're scheduled for a nonelective surgery (and postoperative care) with that provider or facility.
- You're pregnant and undergoing a course of treatment for the pregnancy.

If these conditions don't apply and you receive health care services from an out-of-network provider, you'll be responsible for the cost of those services.

Submitting a request for continuity of care

To request continued care from your specialist, **your request must be submitted within the first 90 days following your plan's effective date or within 90 days of your provider leaving BCN.**

Once we receive your request, we'll provide you and your doctor with a written notification regarding the status of your care.

To submit a request, call the Customer Service number on the back of your BCN member ID card.

Primary Care Provider

$

Average wait time for care: 30 minutes

Appointment required?

Yes

Availability

In person
Virtually

Treatment

Start here when you want to talk with a doctor you know and trust

- High-quality, comprehensive care
- Knows you and your medical history and coordinates all your care
- May offer virtual care, same-day appointments, extended hours and other services

24-Hour Nurse Line
1-855-624-5214

$0

Average wait time: 1 minute

Appointment required?

No

Availability

By phone

Treatment

When you have questions about an illness or injury, anytime day or night

- No cost
- Available by phone anytime, anywhere in the U.S.
- Care provided by a registered nurse

To learn more about your choices for care when it's not an emergency, visit **bcbsm.com/findcare**. Keep in mind that this information isn't intended to be medical advice.

In an emergency call 911 or go to an emergency room near you.

For language assistance, visit **bcbsm.com/language**. To view our nondiscrimination policy, visit **bcbsm.com/nondiscrimination**.

Virtual Care
(available January 1, 2024)

$

Average wait time: 10 minutes

Appointment required?

Only for mental health visits, not for medical care

Availability

Virtually

Treatment

When you need to see a doctor for a minor illness or injury or talk with a therapist about stress, grief and other life challenges

- Receive care anywhere in the U.S. through virtual visits
- Use your smartphone, tablet or computer to see a U.S. board-certified doctor or licensed therapist

Sign up*

Important: Blue Cross Online Visits℠ will not be available after December 31, 2023. You'll need to sign up for Teladoc Health™ to get virtual care.

Available through Dec. 31, 2023

Blue Cross Online Visits

App: Get the BCBSM Online Visits app

Web: Go to **bcbsmonlinevisits.com**

Phone: **1-844-606-1608**

Starting Jan. 1, 2024

Teladoc Health

App: Get theTeladoc Health app

Web: Go to **bcbsm.com/virtualcare**

Phone: **1-800-835-2362**

*Add your health plan information during sign up. You may be charged incorrectly if you don't enter your plan information. Virtual Care isn't included with all plans.

Virtual Care is provided by Teladoc Health, an independent company that provides Virtual Care Solutions for Blue Cross Blue Shield of Michigan and Blue Care Network.

Walk-in clinics
Retail health clinics | Urgent care centers

$$

Average wait time: 30 to 60 minutes

Appointment required?

No

Availability

In person

For a quick, in-person evaluation to get minor health care and a prescription at one location

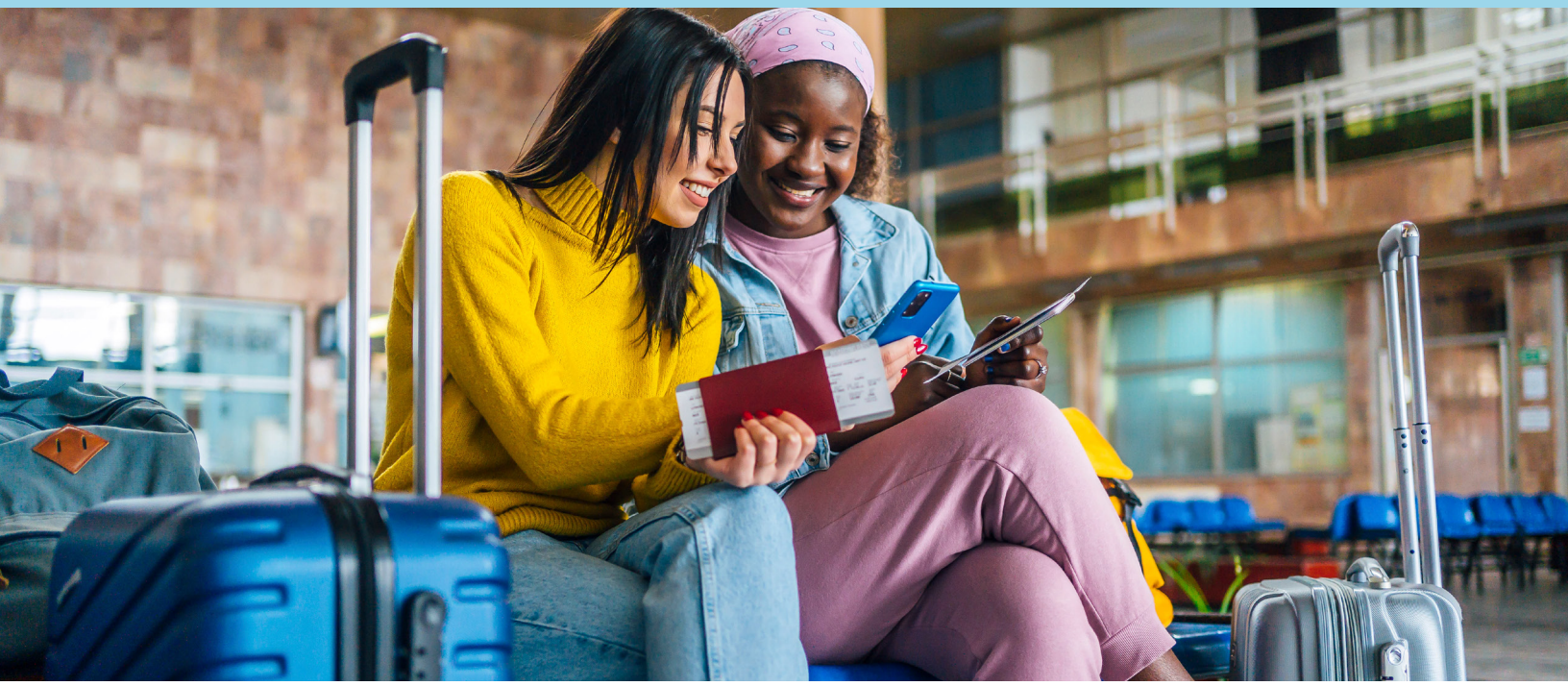
- Evening and weekend hours
- Convenient locations
- Care provided by physician assistants and certified nurse practitioners, overseen by U.S. board-certified doctors

When your symptoms are more complicated and you need convenient, in-person care

- Evening and weekend hours
- Convenient locations
- May offer labs and X-rays
- Care provided by U.S. board-certified doctors, nurses and nurse practitioners, depending on severity of symptoms

Emergency room

If you're experiencing a life-threatening condition, you should immediately call **911** or go to the nearest emergency room.



Coverage that travels

When you're a Blue Care Network HMO member, you're always covered for emergency care — in Michigan, across the country and around the world. Just show your BCN member ID card.

BlueCard nationwide access

If you have a suitcase logo on your plastic BCN member ID card, you're connected to BlueCard Traditional doctors and hospitals when you travel outside Michigan but within the United States. BlueCard, a program through the Blue Cross and Blue Shield Association, gives you seamless national access to out-of-state BlueCard Traditional doctors and hospitals.

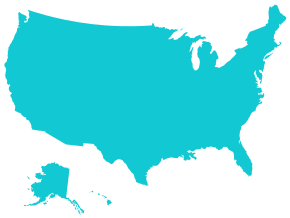
Other than the out-of-pocket expenses your plan may require (deductible, copayments and coinsurance), you shouldn't have any up-front health care expenses if you use a BlueCard Traditional provider for covered services.

Because some BCN plans pay only urgent and emergency services outside Michigan, check your coverage before receiving care. Refer to your *Certificate of Coverage* and riders to see what's covered when you travel or call Customer Service for details.

To locate a BlueCard Traditional provider

- Use your online member account at **bcbsm.com**.
- Use our mobile app.
- Visit **bcbsm.com/find-a-doctor**, and select your BCN plan.
- Call Customer Service using the number on the back of your BCN member ID card.
- Call BlueCard at **1-800-810-BLUE (2583)**.

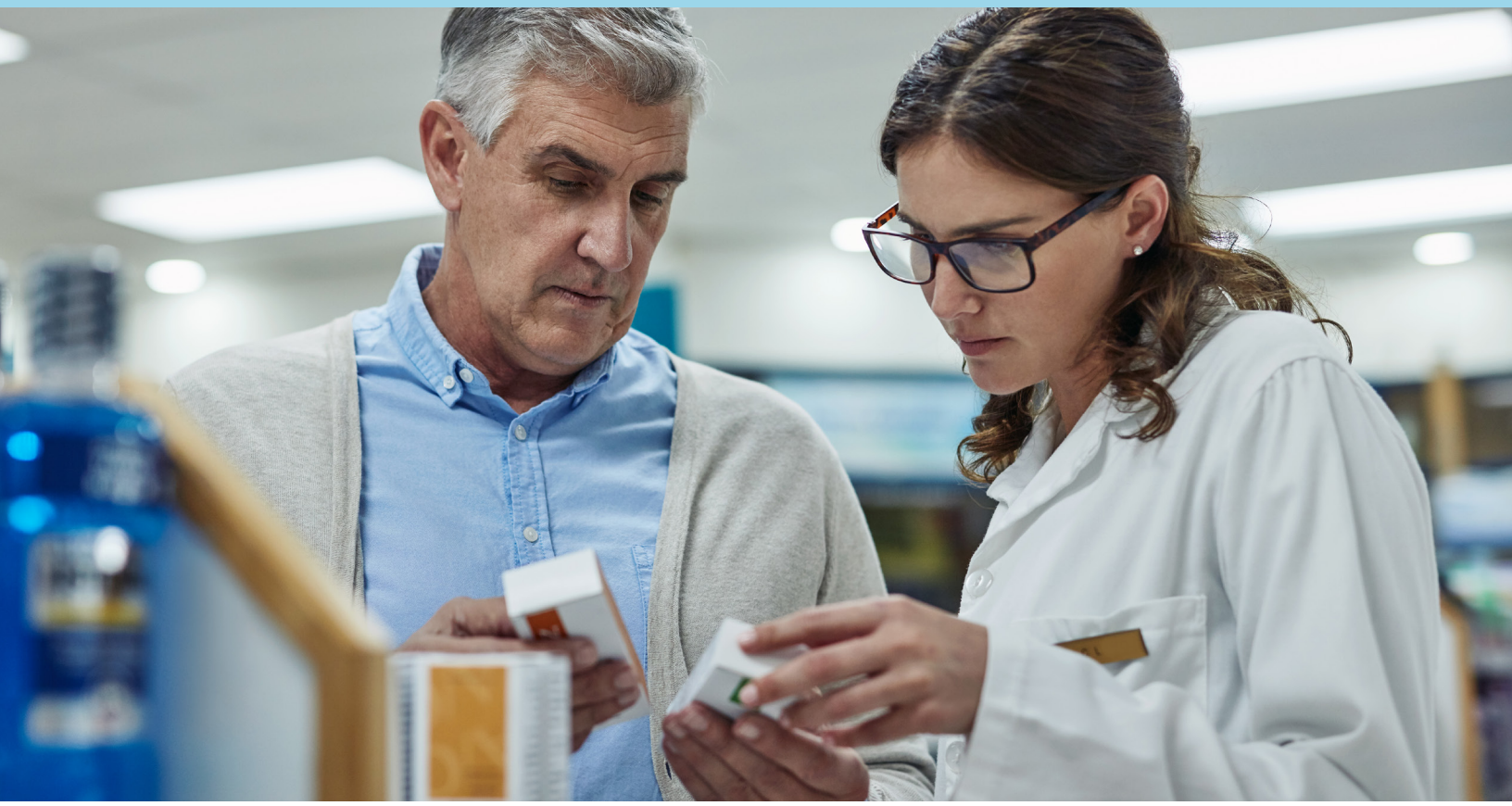
See the table below for how you would get the care you need when you're on the go. Talk with your primary care provider before traveling to address any health concerns.

If you're traveling	And you need	Here's what you do
In Michigan 	EMERGENCY CARE (The symptoms are severe enough that someone with average health knowledge believes that immediate medical attention is needed.)	Call 911 or go to the nearest emergency room.
	URGENT CARE (The condition requires a medical evaluation within 48 hours.)	Go to the nearest urgent care center. To locate an urgent care center, visit **bcbsm.com/find-a-doctor** and select your BCN plan; use your online member account or our mobile app; call Customer Service using the number on the back of your BCN member ID card.
	NONURGENT CARE	Call your primary care provider to coordinate services that don't require immediate attention.
In the United States but outside Michigan 	EMERGENCY CARE	Call 911 or go to the nearest emergency room.
	URGENT CARE	Go to the nearest urgent care center. To locate an urgent care center: Visit **bcbsm.com/find-a-doctor**, and select your BCN plan; use your online member account or our mobile app; call Customer Service or call BlueCard at **1-800-810-BLUE (2583)**.
	ROUTINE CARE	Call Customer Service for details about your health benefits and required authorizations. To locate a BlueCard Traditional physician: Visit **bcbsm.com/find-a-doctor**, and select your BCN plan; use your online member account or our mobile app; call Customer Service or call BlueCard at **1-800-810-BLUE (2583)**.
	OTHER SERVICES (Such as elective surgeries, hospitalizations, mental health or substance use disorder services)	
Outside the United States	EMERGENCY CARE	Go to nearest emergency room. (You may be required to pay for services and then seek reimbursement.) Get an itemized bill and medical records to speed reimbursement.

The information provided here is for members with the BlueCard benefit who are traveling or temporarily located outside Michigan. Please note, different guidelines apply to Blue Elect Plus℠ POS and Blue Elect Plus HSA℠ POS members.

Pharmacy coverage when you travel

If your plan includes pharmacy coverage, you'll be able to fill prescriptions when you travel. Your BCN member ID card is accepted at the thousands of pharmacies nationwide that participate with Blue Cross plans, including most major chains.



Convenience and value

If your plan includes BCN prescription drug coverage, you have access to more than 2,300 pharmacies in Michigan and 65,000 pharmacies nationwide, including most major chains.

Your BCN prescription drug plan also gives you:

- Medication programs that help promote safety and lower costs
- Improved care and assistance for your individual health needs
- Online tools and guidance to help you get the most from your plan
- Customer service and support

Because prescription drugs can be costly, we promote the use of generic drugs, which work the same as their brand-name equivalents.

Advantages of combined BCN medical and pharmacy coverage

You get comprehensive care when your medical care and pharmacy coverage are provided through the same plan. That's because your health and safety are the crucial link between the two.

With integrated coverage, you also get:

- Coordinated management of chronic health conditions
- One member ID card
- One member account
- One mobile app
- One customer service team

Our cost-effective drug categories further help reduce costs by offering some brand-name medications at generic copayment rates. And we offer copay discounts when you get up to 90-day supplies of certain medications or enroll in convenient home delivery.

Safety is paramount

We may require prior authorization for certain prescription drugs so you receive the most appropriate drug therapy. We review prescription requests and make our decisions based on current medical information and the recommendations of our Pharmacy and Therapeutics Committee — a group of doctors, pharmacists and other health care experts.

The drugs we focus on are those that:

- Have dangerous side effects
- Are harmful when combined with other drugs
- Should only be used for certain health conditions
- Are often misused or abused

Narcotic drugs such as opioids fall into more than one of these categories.

We also look at drugs that are prescribed when other equally effective drugs are available at a lower cost. Specialty drugs must be filled through an AllianceRx Walgreens Pharmacy.

Coverage depends on your plan

Blue Care Network prescription drug plans are not all alike.

Visit **bcbsm.com/bcndruglists** to see the drug plan offered to you by your employer. You can also find the drug list for your plan by logging in to your online member account at **bcbsm.com** or through our mobile app. Every list shows the most frequently prescribed drugs, and whether the drug has special requirements for coverage.

Resources

When your doctor writes you a new prescription, you'll want to know whether your plan covers that drug and how much it will cost you. We make it easy for you to find the information online.

- Download our mobile app at the App Stor or Google Play. Search **"BCBSM"**. Then use the app to research drug prices and see what your plan covers.
- Create a member account at **bcbsm.com** to view your prescription drug benefits and out-of-pocket cost information. Through your account, you can also locate participating pharmacies, print a personal prescription history and enroll in home delivery.

AllianceRx Walgreens Pharmacy, a separate company, provides specialty pharmacy services to Blue Cross Blue Shield of Michigan and Blue Care Network members.

Coinsurance

Your share of the cost of a health care service, a percentage of what BCN pays for the service. You typically start paying coinsurance after you've met your health plan's deductible (for example, you pay 20% of the BCN allowed amount and we pay 80%).

Copayment (or copay)

A set dollar amount you pay for a health care service or prescription, usually when you receive it (for example, $30 for a primary provider visit or $50 for an urgent care visit).

Deductible

A set dollar amount that you have to pay for most health care services before your health plan begins to pay. The deductible may not apply to all services.

Out-of-pocket maximum

The most you'll have to pay during a plan year for health care services you receive. Your out-of-pocket maximum includes your deductible, copay and coinsurance.

A guide to who pays what

Knowing what you'll pay for a health care service before you get care is important in understanding how your plan works. In the following example, Jill's costs are based on her single-person BCN HMO plan with a $1,000 deductible and 20% coinsurance, in addition to copayments for various services.

Payments may change for different health plans. The costs for services are estimates. Check your plan for cost and coverage details.

Member: Jill **Plan:** BCN HMO℠ **Deductible:** $1,000

Age: 35 **Coinsurance:** 20% **Out-of-pocket maximum:** $8,150

Month of service	Service	Cost	Jill pays	BCN pays
January	Jill visits her primary care provider for her annual wellness visit	$40	**$0** As a preventive service*, the annual wellness visit is fully covered. No copay required. Nothing applied to the deductible.	$40
March	Visit to PCP for a cold	$85	**$20 copay** Jill is responsible for the copay. Deductible doesn't apply.	$65
April	Trip to ER after falling	$3,500	**$250 ER copay after meeting the deductible = $1,250** Jill has to pay the $1,000 deductible first. Once the deductible is met, she pays the $250 copay on the remaining amount. Jill pays a total of $1,250 for the visit.	$2,250
May	Trip to urgent care for difficulty breathing	$120	**$50 urgent care copay** Deductible doesn't apply.	$70
May	Prescription antibiotics for sinus infection	$50	**$15 drug copay for generic**	$35
August	With a referral** from her PCP, Jill visits dermatologist	$100	**$40 specialist visit copay** The deductible doesn't apply to a specialist visit under this plan.	$60
August	Wrist X-ray (outpatient procedure)	$600	**20% coinsurance = $120** Deductible already met.	$480
September	Surgery on her wrist (inpatient admission)	$6,000	**20% coinsurance = $1,200** Deductible already met.	$4,800
Total Costs		$10,495	**$2,695** **The total amount Jill has paid goes to her $8,150 out-of-pocket maximum.**	$7,800

*For a list of preventive services, visit **www.healthcare.gov/coverage/preventive-care-benefits/**.
**To see a specialist, you'll need a referral from your primary care provider.

At your service

Our knowledgeable Customer Service representatives are available by phone from 8 a.m. to 5:30 p.m. Monday through Friday. You'll find the number on the back of your BCN member ID card.

An automated telephone response system is also available 24/7 to answer many of your questions. If our automated system doesn't give you the answer you need, leave us a message. We'll return your call within two business days.

We speak your language

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta, o 877-469-2583, TTY: 711 si usted todavía no es un miembro.

إذا كنت أنت أو شخص آخر تساعده بحاجة لمساعدة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك، أو برقم 877-469-2583 TTY:711، إذا لم تكن مشتركا بالفعل.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話；如果您還不是會員，請撥電話877-469-2583, TTY: 711。

ܐܢ ܐܢܬܘܢ، ܝܢ ܚܕ ܡ̣ܢ ܐܢܫܐ ܕܡܗܝܪܝܬܘܢ، ܣܢܝܩܝ ܝܠܗܘܢ ܗܝܪܬܐ، ܐܢܬܘܢ ܐܝܬܠܘܟܘܢ ܙܕܩܐ ܕܡܫܟܚܝܬܘܢ ܗܝܪܬܐ ܘܡܘܕܥܢܘܬܐ ܒܠܫܢܘܟܘܢ ܕܠܐ ܐܓܪܐ. ܠܡܡܠܠܐ ܥܡ ܚܕ ܡܬܪܓܡܢܐ، ܩܪܘ ܥܠ ܡܢܝܢܐ ܕܚܬܡܐ ܕܐܝܬܐ ܥܠ ܚܨܐ ܕܟܪܛܝܣܘܟܘܢ ܝܢ 877-469-2583 TTY:711 ܐܢ ܗ̇ܠܐ ܠܝܬܘܢ ܗܕܡ̈ܐ.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị, hoặc 877-469-2583, TTY: 711 nếu quý vị chưa phải là một thành viên.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj, ose 877-469-2583, TTY: 711 nëse nuk jeni ende një anëtar.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하거나, 이미 회원이 아닌 경우 877-469-2583, TTY: 711로 전화하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। কোনো একজন দোভাষীর সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া গ্রাহক সহায়তা নম্বরে কল করুন বা 877-469-2583, TTY: 711 যদি ইতোমধ্যে আপনি সদস্য না হয়ে থাকেন।

Jeśli Ty lub osoba, której pomagasz, potrzebujecie pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty lub pod numer 877-469-2583, TTY: 711, jeżeli jeszcze nie masz członkostwa.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an oder 877-469-2583, TTY: 711, wenn Sie noch kein Mitglied sind.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda o chiama il 877-469-2583, TTY: 711 se non sei ancora membro.

ご本人様、またはお客様の身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号(メンバーでない方は877-469-2583, TTY: 711)までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по номеру телефона отдела обслуживания клиентов, указанному на обратной стороне вашей карты, или по номеру 877-469-2583, TTY: 711, если у вас нет членства.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na svom jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice ili 877-469-2583, TTY: 711 ako već niste član.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta, o 877-469-2583, TTY: 711 kung ikaw ay hindi pa isang miyembro.

Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: CivilRights@bcbsm.com. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: OCRComplaint@hhs.gov. Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

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