

2024



Marl Lake Magenta Life Boat Sunrise, Roscommon, Michigan

BCN AdvantageSM HMO-POS



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Confidence comes with every card.®

Enrollment Booklet

Michigan Public School Employees' Retirement System

www.bcbsm.com/mpsers

Welcome to BCN Advantage HMO-POS

Your membership with the Michigan Public School Employees' Retirement System allows you and your family members to receive medical care coverage through the Michigan Office of Retirement Services, or ORS. Michigan-based Blue Care Network is the HMO affiliate of Blue Cross Blue Shield of Michigan. BCN and Blue Cross have proudly served as a trusted health care partner for the Michigan Public School Employees' Retirement System members and their families for more than 10 years.

Your retirement system provides all the benefits of Original Medicare Part A (hospital) and Part B (medical) with popular extras, such as a personal concierge assistant. The **BCN Advantage HMO-POS** plan allows you to designate a primary care provider to manage your medical needs. The POS, or point of service, means you receive access to a **nationwide network of Blue plan providers** and some out-of-network services at in-network costs.*

Take some time to explore the medical care options your retirement system offers. If you're currently enrolled in the public school retirees Blue Care NetworkSM HMO plan, you'll be automatically enrolled in the BCN Advantage HMO-POS plan once Medicare-eligible. If you don't want to join the plan, you must notify the ORS. You'll receive enrollment information from BCN 120 days before you're enrolled.

If you wish to change your current plan to the BCN Advantage HMO-POS plan, make sure your health care providers participate in the BCN Advantage network.



**Out-of-network/non-contracted providers are under no obligation to treat BCN Advantage 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.*

Enroll now

For information on how to enroll in BCN Advantage, visit the ORS website at www.michigan.gov/orsschools or call **1-800-381-5111** from 8:30 a.m. to 5 p.m. Eastern time Monday through Friday. Contact the ORS if you changed plans and want to return to your previous plan.

If you have questions, call BCN Advantage Customer Service at **1-800-450-3680** from 8 a.m. to 8 p.m. Eastern time Monday through Friday. Customer Service has extended weekend hours Oct. 1 through March 31. TTY users, call **711**.

Thank you for considering **BCN Advantage HMO-POS**; we look forward to being your trusted partner in health and well-being.

Get more from BCN Advantage HMO-POS

This booklet highlights the 2024 **BCN Advantage HMO-POS** plan. It's designed to promote healthy living, doctors and hospitals you know and trust, and the best value for your medical care dollar:

- Access to high-quality health care from thousands of network providers
- Preventive services, such as immunizations, wellness checks and important health screenings
- Blue Cross Coordinated Care CoreSM
 - Surrounds you with a dedicated team that connects you to the right care for a complex condition
 - Assigns a registered nurse to work directly with you and your family to coordinate the best care to meet your specific needs
 - Is personalized, easy to manage and centered around you
- Access to the **24-Hour Nurse Line** for answers to non-emergency questions and issues



As a BCN Advantage member, you receive valuable extras

Extras go above and beyond to give you the most from your health plan, including:

- No-cost fitness and lifestyle programs.
- Discounts through [Blue365®](#) for savings on a variety of health-related products and services.
- Convenient online tools through your secure online member account.
- A 12-week, phone-based Tobacco-Cessation program from WebMD®.
- Free online health and well-being programs.



The Blue365 program is brought to you by the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Association is an association of independent, locally operated Blue Cross and Blue Shield plans. Blue365 offers access to savings on items that members may purchase directly from independent vendors, which are different from items that are covered under health plan policies with Blue Cross Blue Shield of Michigan or Blue Care Network, its contracts with Medicare, or any other applicable federal health care program. Neither Blue Cross Blue Shield of Michigan, Blue Care Network nor the Blue Cross and Blue Shield Association recommends, endorses, warrants or guarantees any specific vendor or item.

WebMD Health Services is an independent company supporting Blue Care Network by providing health and well-being services.

Get up and moving with SilverSneakers®

BCN Advantage members are covered for a fitness benefit through SilverSneakers.

SilverSneakers is a comprehensive program to improve overall well-being and social connections.

Designed for all levels and abilities, SilverSneakers provides convenient access to a nationwide fitness network, a variety of programming options, and activities beyond the gym that incorporate physical well-being and social interaction.

Benefits include:

- Classes with use of exercise equipment and other amenities at participating locations nationwide.*
- SilverSneakers FLEX® that offers activities outside traditional gyms, like recreation centers, malls and parks.
- SilverSneakers LIVE™ virtual classes and workshops taught by instructors trained in senior fitness.
- SilverSneakers GO™ mobile app with digital workout programs.
- Access to workout programs that can be tailored to your fitness level.
 - Learn new exercises with easy-to-follow videos.
 - Choose between 4- or 12-week programs including strength, walking and meditation.
 - Modify exercises to make them easier or harder with just one click.

Go to **www.silversneakers.com** to learn more or call **1-866-584-7352** from 8 a.m. to 8 p.m. Eastern time Monday through Friday. TTY users, call **711**.

Talk with your primary care provider before starting an exercise program.



SilverSneakers is a registered trademark of Tivity Health, Inc. ©2023 Tivity Health, Inc. All rights reserved. Tivity Health is an independent corporation retained by Blue Care Network to provide health and fitness services to its BCN Advantage HMO-POS and HMO members.

**Membership includes SilverSneakers instructor-led group fitness classes. Classes vary by location.*

BCN Advantage HMO-POS — coverage at home and on the go

Our health care providers are ready to meet your needs at home and when you travel. Receive in-network rates by using a participating Blue plan provider for routine and follow-up care anywhere in the U.S.

Your coverage goes with you when you need urgent and emergency care, too. Visit www.bcbsm.com/mpsers for up-to-date information about our growing network of doctors, hospitals and other providers.

Information at your fingertips

Online tools help you **take charge** of your health. Start by registering for online access through our secure members-only website. Go to www.bcbsm.com/mpsers and click **LOGIN** in the upper right corner to register. Sign up for digital delivery, too. You'll receive plan documents and information online or through email while doing your part to help the environment.



The BCBSM mobile app gives you instant, secure access to your member ID card, explanation of benefits statements, plan information and other features. Download it today at the Apple® App Store or the Google Play™ store.



Virtual Care is available through Teladoc Health®. It's as simple as using your smartphone, tablet or computer anywhere in the U.S. to meet with:

- A provider for minor illnesses such as a cold, the flu or a sore throat when your primary care provider isn't available.
- A behavioral health professional or psychiatrist to help work through different challenges, such as anxiety or grief.

You can also receive primary care provider services and behavioral health services online or over the phone directly from your in-network provider if they offer telehealth services.

Visit www.bcbsm.com/virtualcare or call **1-800-835-2362**, 24 hours a day, seven days a week, 365 days a year. TTY users, call **1-855-636-1578**. Behavioral health services are available by appointment seven days a week from 7 a.m. to 9 p.m., local time.



The 24-Hour Nurse Line gives you free access to a registered nurse anytime, day or night, from anywhere in the U.S. Ask about a health concern or get suggestions for treatment options or additional care.

Teladoc Health is an independent company that provides Virtual Care Solutions for Blue Care Network.

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2024 BCN Advantage benefits at a glance

for Michigan Public School Employees' Retirement System members

Deductible, copayments and maximum	
Deductible	\$400 per member per calendar year
Fixed dollar copays	Covered — 100% for virtual visits \$10 copay for office visits \$35 copay for specialist visits \$50 copay for urgent care \$100 copay for emergency room visits \$150 copay or 50% coinsurance of the approved amount, after deductible for high technology radiology imaging (MRI, MRA, CT scan and PET)
Coinsurance	10% coinsurance for various services listed below
Coinsurance maximum	\$1,700 per member per calendar year
Maximum out-of-pocket	\$2,100 per member per calendar year
Preventive care services For all preventive care services that are covered at no cost under Original Medicare, we also cover the service at no cost to you. However, if you’re also treated or monitored for an existing medical condition when you receive the preventive care service, a copay will apply for the care received for the existing medical condition.	
Annual gynecological exam	100%
Health maintenance exam	
Immunizations	
Mammography screening	
Pap smear screening — laboratory services only	
Prostate specific antigen screening — laboratory service only	
Physician office services	
Chiropractic spinal manipulation — when referred	\$20 copay after deductible
Consulting specialist care* — when referred	\$35 copay
Office visits	\$10 copay
Outpatient physical, speech and occupational therapy	\$35 copay after deductible
Virtual visits	Covered — 100%

*Some in-network specialists may need to confirm with your primary care physician that you need specialty care. Your PCP is the best resource for coordinating your care and can help you find an in-network specialist.

Emergency medical care	
Ambulance — medically necessary	Covered — 90% after deductible, ground and air service
Hospital emergency room — copay waived if admitted, inpatient hospital benefits apply	\$100 copay
Urgent care center	\$50 copay
Diagnostic services	
Diagnostic tests and X-rays	Covered — 90% after deductible, office visit copay may apply per member, per visit
High-tech imaging (includes MRI, MRA, CT scan, PET)	\$150 copay or 50% coinsurance of the approved amount to high tech imaging services, after deductible
Laboratory and pathology test	Covered — 100%, office visit copay may apply per member, per visit
Radiation therapy	Covered — 90% after deductible, office visit copay may apply per member, per visit
Hospital care	
Inpatient physician care, general nursing care, hospital services and supplies	Covered — 90% after deductible, unlimited days
Outpatient surgery	Covered — 90% after deductible
Alternatives to hospital care	
Home health care	Covered — 100% after deductible
Skilled nursing care	Covered — 100% after deductible, up to 100 days per benefit period
Surgical services	
Human organ transplants	Covered — 90% after deductible; subject to medical criteria
Surgery (includes all related surgical services and anesthesia)	See hospital care for inpatient and outpatient copays
Behavioral health, mental health and substance use disorder treatment	
Inpatient behavioral health care, mental health care and substance use disorder care	Behavioral and mental health care: Covered — 100%, unlimited days. Prior authorization required. Substance use disorder care: Covered — 100%, unlimited days
Outpatient behavioral and mental health care	Covered — 100%, unlimited days
Outpatient substance use disorder care	Covered — 100%, unlimited days
Durable medical equipment, prosthetics and orthotics	
Durable medical equipment	Covered — 80%
Prosthetic and orthotic appliances	Covered — 100%

Additional services	
Allergy injections	Covered — 100%, office visit copay may apply per member, per visit
Allergy testing and therapy	Covered — 100% after deductible, office visit copay may apply per member, per visit
Hearing aids	One hearing aid and one exam every 36 months
Pulmonary rehabilitation and supervised exercise therapy services	\$30 copay, after deductible
SilverSneakers fitness includes: <ul style="list-style-type: none"> • A fitness center membership at any participating location across the country. • Conditioning classes, exercise equipment, pool, sauna and other available amenities. • Customized SilverSneakers classes and seminars. • Online classes. • SilverSneakers apps. 	<p>\$0 copay for fitness services.</p> <p>Fitness services must be provided at SilverSneakers participating locations. You can find a location or request information at www.silversneakers.com or by calling 1-866-584-7352 from 8 a.m. to 8 p.m. Eastern time, Monday through Friday. TTY users, call 711.</p> <p><i>SilverSneakers is a registered trademark of Tivity Health, Inc.® 2023 Tivity Health, Inc. All rights reserved.</i></p>



You must receive all routine care from plan providers. You must have both Medicare Part A and Part B to enroll. For questions about how to enroll, visit the Michigan Office of Retirement Services website at **www.michigan.gov/orsschools** or call **1-800-381-5111** from 8:30 a.m. to 5 p.m. Eastern time Monday through Friday. This document may be made available in other formats such as audio CD, large print or other alternate formats. For information, call BCN Advantage at **1-800-450-3680** from 8 a.m. to 8 p.m. Monday through Friday with weekend hours Oct. 1 through March 31. TTY users, call **711**.

If you want to know more about the coverage and cost of Original Medicare, look in your current "Medicare & You" handbook. View it online at **www.medicare.gov** or get a copy by calling **1-800-633-4227**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

BCN Advantage comprehensive drug list for groups

Important message about what you pay for vaccines — Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Important message about what you pay for insulin — You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Phase 1: The deductible stage

Because there is no deductible for the plan, this payment stage doesn't apply to you.

Phase 2: The initial coverage stage

You pay the following until your out-of-pocket costs reach \$8,000. See Chapter 6, Section 5.6 of the *Evidence of Coverage* for information about how Medicare counts your out-of-pocket costs.

Tier 1 — Preferred generic	Standard pharmacy: \$10 copay up to a 31-day supply Preferred pharmacy: \$5 copay up to a 31-day supply
Tier 2 — Generic	Standard pharmacy: \$10 copay up to a 31-day supply Preferred pharmacy: \$5 copay up to a 31-day supply
Tier 3 — Preferred brand name	Standard pharmacy: \$45 copay up to a 31-day supply Preferred pharmacy: \$40 copay up to a 31-day supply
Tier 4 — Non-preferred brand name	Standard pharmacy: \$75 copay up to a 31-day supply Preferred pharmacy: \$70 copay up to a 31-day supply
Tier 5 — Specialty drugs	Standard pharmacy: 20% coinsurance, \$100 maximum per prescription, up to a 31-day supply Preferred pharmacy: 20% coinsurance, \$100 maximum per prescription, up to a 31-day supply
Mail-order prescription drugs	Zero times mail order on generics, two times mail order on non-generics copay for a 32-day to a 90-day supply
Drugs for the treatment of sexual dysfunction	50% coinsurance

Phases 3 and 4: The coverage gap and catastrophic stages

There is no coverage gap for BCN Advantage. Once you leave the initial coverage stage, you move on to the catastrophic coverage stage. You enter the catastrophic coverage stage when your out-of-pocket costs have reached the \$8,000 limit for the calendar year.

Once you're in the catastrophic coverage stage, you'll stay there until the end of the calendar year. During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

For more information about your costs in these stages, look at Chapter 6, Section 6 and 7, in the *Evidence of Coverage* online at www.bcbsm.com/mpsers.

Notes

