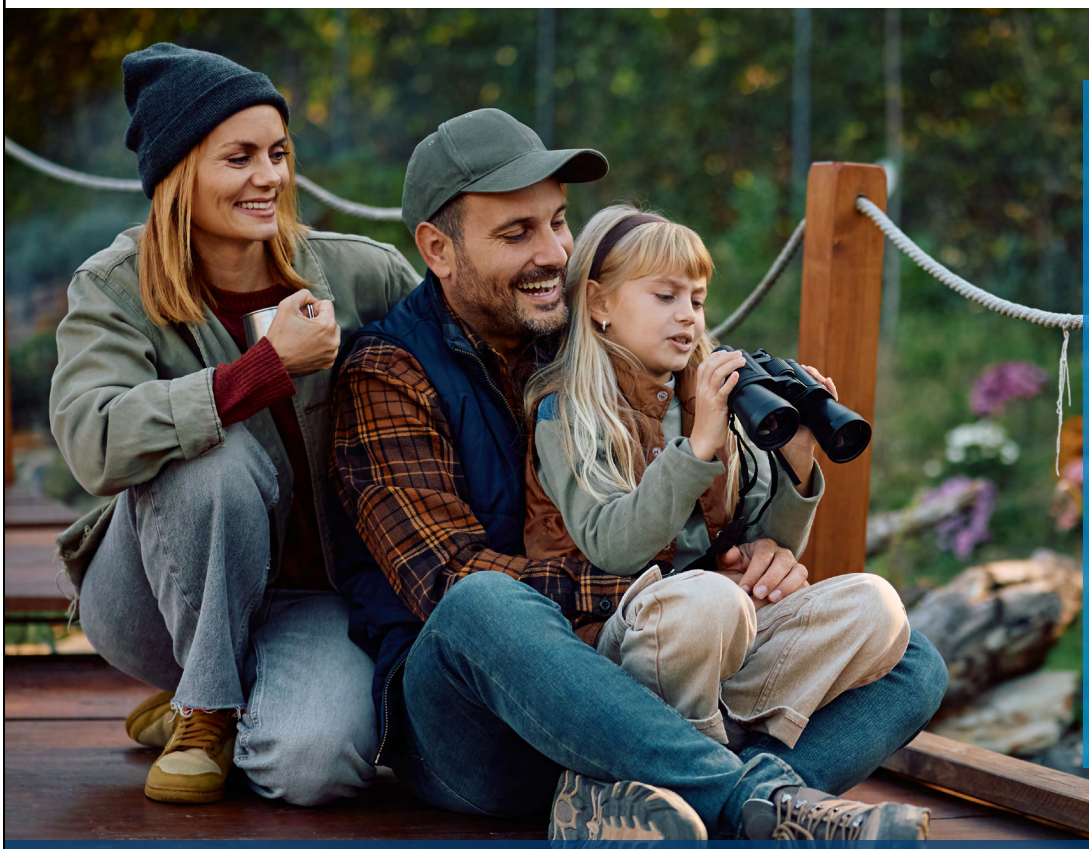
Blue Care Network of Michigan

2026 BLUE CARE NETWORK BENEFIT INFORMATION

PROVIDING VALUE BEYOND YOUR BENEFITS



Open Season is November 10 through December 8.

Get more information at **fepopenseason.com/michigan** or scan the QR code above.

Blue Care Network is ready to help you feel your best with a plan designed to fit your needs — and benefits to boost your health and well-being.

Find personalized support to help you build and maintain healthy habits, one step at a time, with Blue Cross Well-Being℠. To get started, log in to your account at **bcbsm.com**, select *Programs & Services*, then *Health Care & Well-Being*.

Receive virtual care 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. Get the Teladoc Health® app at **bcbsm.com/virtualcare**.

Save on a variety of health-related products and services to help keep you healthy and happy, every day of the year with Blue365®. Log in to your account at **bcbsm.com**, select *Programs & Services*, then *Rewards & Perks*.

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

Blue365 is brought to you by the Blue Cross and Blue Shield Association, an association of independent, locally operated Blue Cross and Blue Shield plans. Value-added items and services are not a part of your insurance benefits and are not covered under contracts with Medicare or any other applicable federal health care program. For complete terms and conditions see **www.blue365deals.com/terms-use**.

2026 HIGH OPTION RATES

Southeast

Serving Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw and Wayne counties

HIGH OPTION		PREMIUM RATES	
2026	Code	**Biweekly** Your Share	**Monthly** Your Share
Self Only	LX1	$249.57	$540.73
Self Plus One	LX3	$609.80	$1,321.23
Self & Family	LX2	$623.35	$1,350.59

SUMMARY OF BENEFITS AND COVERAGE

You can access a *Summary of Benefits and Coverage* document by logging in to your account at **bcbsm.com** and clicking the *Summary of Benefits and Coverage* link, or by calling the Customer Service number on the back of your ID card. This document provides a general overview of your plan's coverage and includes medical examples that help illustrate the benefits of your health care coverage.

2026 Blue Care Network | High Option benefit plan for federal employees

Benefit	You pay
Preventive services	Nothing
Physician care Diagnostic and treatment services in the office	$25 per primary care provider visit $50 per specialist visit
Virtual care through the BCN-designated vendor	Nothing
Lab, X-ray and other diagnostic tests	Nothing if received during your office visit otherwise: $25 primary care provider visit $50 specialist visit
Maternity care Prenatal, postnatal and delivery	Nothing for routine prenatal and routine postpartum care visits Office visit cost sharing applies to non-routine prenatal and non-routine postpartum visits
Surgery Inpatient and outpatient professional services	**Inpatient surgery**: Nothing **Outpatient surgery**: $200 copay for outpatient surgical procedures when performed in an outpatient facility setting. Authorization required.
Hospital care Inpatient and outpatient	**Inpatient hospital**: $100 per day up to $500 per admission. Authorization required. **Outpatient hospital**: Nothing
Ambulance transport Emergency ground and air transportation when medically appropriate	Nothing
Emergency care • Primary care provider • Urgent care center • Outpatient at a hospital (copay waived if admitted)	 $25 per visit $50 per visit or 50% of the approved amount, whichever is less $100 per visit

Benefit	You pay
Physical and occupational therapy 60 visits combined per year per medical condition	$50 per visit
Speech therapy 60 visits per year per medical condition	$50 per visit
Chiropractic care 30 visits per calendar year	$25 per office visit
Mental health and substance abuse care • Professional services, medication management and diagnostic tests • Hospital or alternative facility such as a residential treatment facility and full-day hospitalization	Nothing
Annual deductible	Nothing
Out-of-pocket maximums Included in the annual out-of-pocket maximums is medical, prescription drug copayments and coinsurances.	$6,350 for self $12,700 for self and family

Prescription drugs (includes contraceptives)	
30-day retail and mail order	$10 for Tier 1 (mostly generic drugs) $30 for Tier 2 (preferred brand drugs) $60 for Tier 3 (nonpreferred brand-name drugs) 20% coinsurance up to a maximum of $100 for Tier 4 (specialty drugs) 20% coinsurance up to a maximum of $200 for Tier 5 (specialty nonpreferred)
90-day retail and mail order	$20 for Tier 1 drugs $60 for Tier 2 drugs $120 for Tier 3 drugs

Vision (Administered by Vision Service Plan 1-800-877-7195)	
Exam	$5
Lenses and contacts	$7.50
Frames	Member pays all charges above $150

Hearing (Administered by TruHearing 1-833-414-6908)	
External hearing aids Up to two hearing aids in the TruHearing formulary every 36 months, regardless of age	Any hearing aid available through the TruHearing formulary at no out-of-pocket cost $25 per primary care provider visit $50 per specialist visit

Vision Service Plan is an independent company that provides vision benefit services for Blue Cross Blue Shield of Michigan and Blue Care Network.

TruHearing is an independent company that provides hearing services for Blue Cross Blue Shield of Michigan and Blue Care Network.

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.

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.

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.

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. 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.

2026 BLUE CARE NETWORK
BENEFIT INFORMATION

Get news, updates, discounts and more — tailored for you

Tap in to these topics:

- How to get more from your plan
- Tips on healthy living
- Special offers and discounts
- General Blue Care Network news

It's easy with our mobile app

1. Open the app and select *Account*.
2. Choose *Communication Preferences*.
3. Select *Email Subscription*.

Scan the QR code to see our 2026 benefits.

Don't have our app?

Search **BCBSM** where you download apps on your mobile device or tablet. Select *Register* after you open the app.

CONTACT US

CUSTOMER SERVICE
1-800-662-6667 | TTY 1-800-257-9980

BEHAVIORAL HEALTH SERVICES
1-800-482-5982

CARE WHILE YOU TRAVEL
1-800-810-BLUE (2583)

CHRONIC CONDITION MANAGEMENT NURSE LINE
1-800-392-4247

DURABLE MEDICAL EQUIPMENT AND DIABETES SUPPLIES
1-800-667-8496
Northwood

HEARING SERVICES
1-833-414-6908
TruHearing

LABORATORY
1-800-445-4979
Joint Venture Hospital Laboratories

TOBACCO CESSATION PROGRAM
1-800-811-1764

VIRTUAL CARE
1-800-835-2362
Teladoc Health

VISION SERVICES
1-800-877-7195
Vision Service Plan

CONNECT WITH US ONLINE:

bcbsm.com
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ahealthiermichigan.org

Northwood is an independent company that provides durable medical equipment and diabetes supplies for Blue Care Network.

JVHL is an independent company that provides lab services for Blue Care Network.

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