



**Blue Care  
Network**  
of Michigan

Confidence comes with every card.®

# Welcome to **Healthy *Blue Living*<sup>SM</sup> HMO**

Page 6: Your to-do list to keep your out-of-pocket costs lower





Dear Valued Member:

We know health care can seem complicated. That's why we're committed to helping you understand your coverage.

This guide will help you learn about your Healthy *Blue* Living plan, including **the action items you need to complete now to keep your out-of-pocket costs lower.**

In addition, your *Member Handbook* provides what you need to fully understand your coverage; access it when your plan year starts by activating your online member account at [bcbsm.com](http://bcbsm.com).\*

If you have questions, refer to your member account for 24-hour access or call the Customer Service number on the back of your BCN member ID card. To get started, the next page has four important steps for you to take advantage of your health plan.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Levine', with a long horizontal flourish extending to the right.

Kathryn G. Levine  
*President and CEO*

\*In this guide, you'll be advised to check online at [bcbsm.com](http://bcbsm.com) or in your online member account for specific information about your health care plan. If you don't have internet access, you may request the information be sent to you in print. Call the Customer Service number on the back of your BCN member ID card.

# Getting started

## Step 1

### Register to activate your online member account.

Your account is where you get your health plan information anytime, anywhere. It'll display your Healthy *Blue* Living to-do list and will help you understand how your plan works and what it covers, so you can make more informed choices about your care.

#### Here's what you can do using your account:

- View your Healthy *Blue* Living to-do list.
- Select or change your primary care provider.
- See what's covered.
- View your deductible, copayments and coinsurance.
- Monitor claims and explanation of benefits statements.
- Search for in-network doctors, hospitals and specialists.
- Learn about your prescription drug coverage.
- Compare costs for health care services.
- Access your ID card and plan documents, including your certificate, riders and *Summary of Benefits and Coverage*.
- See the status of authorizations and referrals.

#### How to activate your online account

##### 1. Go online.

Visit [bcbsm.com/register](https://bcbsm.com/register) and select *Register Now*.

##### 2. Use our app.

- Download the app on the App Store® or Google Play™ (search **BCBSM**).
- Tap the app and then *Register*.

##### 3. Text us.

Text **REGISTER** to **222764**.\*

\*Message and data rates may apply. Visit [bcbsm.com](https://bcbsm.com) for our Terms and Conditions of Use and Privacy Practices.

Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc., registered in the U.S. and other countries.

Google Play and the Google Play logo are trademarks of Google LLC.

# From your online member account

## Step 2

### Access your *Member Handbook*.

The information within it will help you learn about your health plan and benefits. To access your *Member Handbook*, log in to your account at [bcbsm.com](https://bcbsm.com) or through our mobile app.

Your *Member Handbook* will display in your member account **on the date your coverage begins**. However, you can still activate your account before your coverage start date.

## Step 3

### Select or change your primary care provider.

Your primary care provider is the person you think of as “your doctor.” Each person on your contract must have a PCP on file with us. Each doctor must be labeled a PCP in your plan’s network. Your account won’t allow you to submit your selection if the doctor isn’t categorized as a PCP.

**For care to be covered, your PCP must coordinate your health care from preventive care to referrals for specialists.** If we don’t have a PCP on file for you, we’ll assign one to you and mail you the details.

#### To select or change your PCP, log in to your account and then:

- Click *Doctors & Hospitals* in the navigation menu.
- Click *Primary Care Physicians*.
- Click *View or Change PCP*.

Or call the Customer Service number on the back of your BCN member ID card.

## Step 4

### Complete your Healthy *Blue Living* to-do list.

You can keep your out-of-pocket costs lower for everyone on your contract. These costs include copayments, deductible and coinsurance, depending on your plan. Healthy *Blue Living* has two levels:

**Enhanced level** means lower out-of-pocket costs. **You’re at the enhanced level when you enroll. To stay here, complete the items on your to-do list.** See the next page for details.

**Standard level** means higher out-of-pocket costs. If you don’t complete each item on your to-do list, your contract will move to the standard level.

# Your Healthy *Blue* Living to-do list

## Healthy *Blue* Living to-do list: How to stay at the enhanced level.

Complete each task below by your deadlines, which are posted on your to-do list in your account at [bcbsm.com](http://bcbsm.com). These tasks only apply to the subscriber of the plan. Dependents and covered spouses are assigned to the same benefit level as the subscriber.

**You have the first 90 days of your plan year to complete these two action items:**

**1. See your primary care provider for a health evaluation to check these six health measures:**

- a. Tobacco use (cotinine test required)
- b. Body mass index
- c. Blood pressure
- d. Blood sugar
- e. Cholesterol
- f. Depression

**Qualification form tip:**

Log in to your account to check your to-do list a few days after your appointment to see if it was submitted. If not, call your doctor's office to remind them to submit the form electronically before your deadline.

After your appointment, **tell your doctor to submit your results electronically** on a *Blue Care Network Qualification Form* (included at the back of this book as a sample).

**2. Complete an online health assessment.** To take your health assessment:

- a. Log in to your account at [bcbsm.com](http://bcbsm.com) using your computer or the web browser on your mobile device or tablet.
- b. Click *Health & Well-Being* in the navigation menu, then *WebMD*®.
- c. Click *Go To WebMD*. (You'll be redirected to another page).
- d. Click *Health Assessment* in the navigation drop-down menu.

**You have the first 120 days of your plan year to complete a third and fourth action item, if necessary:**

After we receive your qualification form, we'll mail you enrollment details about these additional programs if they apply to you.

**3. Enroll and participate in one of our weight management programs if your qualification form shows your BMI is 30 or higher.**

We'll cover the cost only if you enroll through your [bcbsm.com](http://bcbsm.com) member account or by calling BCN Customer Service.

**4. Enroll and participate in our telephone-based Tobacco Coaching program, powered by WebMD if your qualification form shows you use tobacco.**

Your doctor checks for tobacco through a blood or urine cotinine test. We'll cover the cost.

To stay at the enhanced level, participate in these programs until your doctor submits an updated qualification form that shows your BMI is under 30 and you no longer use tobacco.

# Your Healthy *Blue* Living to-do list

## The Healthy *Blue* Living health targets

During your appointment, your doctor will check and score each health measure with an A, B or C:

**A** = You've met the recommended target.

**B** = You didn't meet the recommended target, but you've agreed to take the right steps to improve the health measure.

**C** = You didn't meet the recommended target and you won't commit to your doctor's treatment plan or enroll in a BCN program for weight or tobacco.

**A's and B's will keep you at the enhanced level if you complete all items on your to-do list. Scoring C's will move you to the standard level with higher out-of-pocket costs.**

Health measure	Target to score an A	If you don't score an A, do this for a B
<b>Tobacco</b>	Blood or urine cotinine test confirms no tobacco use*	Tell your doctor you'll enroll and participate in BCN's Tobacco Coaching program until a new qualification form shows you don't use tobacco.
<b>Weight</b>	BMI under 30	Tell your doctor you'll enroll and participate in a BCN-sponsored weight management program until a new qualification form shows your BMI is under 30.**
<b>Blood pressure</b>	Below 140/90	Commit to and follow your doctor's treatment plan.
<b>Blood sugar</b>	Fasting blood sugar or A1C at or below target	
<b>Cholesterol</b>	LDL-C is below target (based on risk factors: <100, <130 or <160)	
<b>Depression</b>	Any symptoms of depression are well-controlled	

\*After one negative test, no testing is needed again. Self-reported tobacco users don't need the test.

\*\*Consult with your doctor before starting any regular exercise or program.

Blue Care Network is committed to helping you achieve your best health status. Lower out-of-pocket costs for participating in our wellness program, Healthy *Blue* Living, are available to all subscribers. If you think you might be unable to meet a standard or requirement under this wellness program, you might qualify for an opportunity to earn lower out-of-pocket costs by different means. You can work with your BCN primary care provider to find an alternative that's right for you in light of your health status and before starting any regular exercise or weight-management program.

# Getting care



## In-network versus out-of-network providers

A network is a group of providers (doctors, hospitals and vendors) that have contracted with BCN to provide health care services. **Note:** You're always covered for emergency care.

- **In-network providers** accept your health care plan. This means they're a participating provider. Be sure your PCP refers you to in-network providers to ensure your care is covered.

To find in-network providers, log in to your account at [bcbsm.com](https://bcbsm.com) and select *Doctors & Hospitals*.

- **Out-of-network providers** don't accept your health care plan and aren't participating providers. Except in an emergency or when your service is approved by BCN, you're responsible for the entire cost of the service received from these providers.

If you plan on traveling, make sure you talk with your PCP to address any health concerns before you leave. Also, log in to your member account at [bcbsm.com](https://bcbsm.com) and refer to your *Member Handbook* and your certificate and riders to see the types of services your health plan covers outside of Michigan. Or you may call the Customer Service number on the back of your member ID card.



# Referrals and authorizations

## Referrals and prior authorization

Your PCP provides your care or coordinates it through our referral process. If you need certain health care services by your PCP or a specialist, prior authorization may be needed before you receive them.

### A referral is different from prior authorization:

Referral	Prior authorization
<ul style="list-style-type: none"><li>• A referral is written approval from your primary care provider <b>to see a specialist</b> (for example, a dermatologist).</li><li>• Your PCP will submit a referral to us if you need to see a specialist.</li><li>• Confirm your PCP refers you to an in-network specialist to ensure coverage for treatment.</li><li>• Changing your PCP while a specialist is treating you may change your treatment referral. Check with your new PCP.</li></ul>	<ul style="list-style-type: none"><li>• Prior authorization is approval required by BCN for <b>certain services</b> before you receive them, so we'll cover them.</li><li>• Sometimes, we require prior authorization to make sure the prescription drugs, medical tests, surgeries and other services are needed for your condition and medically necessary.</li><li>• The treating provider, whether it's your PCP or a specialist, will contact BCN to request prior authorization, if needed.</li><li>• Even though the treating provider submits the prior authorization request, check with the doctor before receiving services to see if prior authorization is needed.</li></ul>

**If your PCP doesn't refer you to a specialist or doesn't get prior authorization, you're responsible for the cost of the services.**

**The status of your referrals and prior authorizations are posted in your online member account. Log in and select *My Coverage*.**

#### You don't need a referral for:

- Emergency care
- Behavioral health services\*
- Gynecologist or obstetrician services\*

\*Must be seen by an in-network provider.

# Your options for care

## Choosing the right place for care

When it's not an emergency, you have choices for when and where to get health care.

Primary Care Provider	24-Hour Nurse Line 1-855-624-5214	Blue Cross Online Visits <sup>SM</sup>	Retail Health Clinics	Urgent Care Centers
\$	\$0	\$	\$\$	\$\$
<b>Average time for care</b> 60 minutes	<b>Average time for care</b> 12 minutes	<b>Average time for care</b> 10 minutes	<b>Average time for care</b> 30 minutes	<b>Average time for care</b> 60–90 minutes
<b>Appointment required?</b> Yes	<b>Appointment required?</b> No	<b>Appointment required?</b> No	<b>Appointment required?</b> No	<b>Appointment required?</b> No
<b>Treatment</b> When you want to talk face to face with a doctor you know and trust	<b>Treatment</b> When you have questions about an illness or injury, anytime day or night	<b>Treatment</b> When you want to talk to a doctor or therapist face to face from the comfort of your home or on the go	<b>Treatment</b> For a quick, in-person evaluation to get minor health care and a prescription at one location	<b>Treatment</b> When your symptoms are a little more complicated and you need convenient, in-person care
<ul style="list-style-type: none"> <li>• High-quality, comprehensive care</li> <li>• Knows you and your medical history and coordinates all your care</li> <li>• May offer additional services, such as labs</li> </ul>	<ul style="list-style-type: none"> <li>• No cost</li> <li>• Available by phone anytime, anywhere in the U.S.</li> <li>• Service provided by a registered nurse</li> </ul>	<ul style="list-style-type: none"> <li>• Video chat with a doctor or therapist anywhere in the U.S.</li> <li>• Send a visit summary to your primary doctor</li> <li>• Care provided by U.S. board-certified doctors or therapists through smartphone, tablet or computer</li> </ul>	<ul style="list-style-type: none"> <li>• Evening and weekend hours</li> <li>• Convenient locations</li> <li>• Care provided by physician assistants and certified nurse practitioners, overseen by a U.S. board-certified doctor</li> </ul>	<ul style="list-style-type: none"> <li>• Evening and weekend hours</li> <li>• Convenient locations</li> <li>• Lab and X-rays</li> <li>• Care provided by U.S. board-certified doctors, nurses and nurse practitioners, depending on severity of symptoms</li> </ul>

Start using your smart choices for care. Learn how at [bcbsm.com/findcare](https://bcbsm.com/findcare). You can also check your applicable out-of-pocket costs for these places of care by logging in to your account at [bcbsm.com](https://bcbsm.com).

To locate a participating urgent care center near you, go to [bcbsm.com/find-a-doctor](https://bcbsm.com/find-a-doctor) or call Customer Service. Before you go to urgent care, call the clinic to check extended business and weekend hours.

If symptoms are severe enough that you or someone with average health knowledge believes immediate medical attention is needed, go to the nearest emergency room or call **911**. Emergency is open 24 hours.

Hospital care is for health situations that require inpatient care. Your PCP will arrange the hospital care you need and direct the care of any specialists who will see you there.

# Understanding your benefits

## Some services aren't covered

Here are a few examples of services your medical plan doesn't cover:

- Services obtained without following BCN procedures
- Cosmetic services or supplies
- Custodial care
- Experimental or investigational treatment
- Personal convenience items, such as air conditioners, hot tubs and water beds
- Routine exams related to employment, insurance, a court order, school purposes or sports physicals
- Self-help programs

For more details about other health care services and benefits not covered, refer to your certificate and riders or *Summary of Benefits and Coverage* in your online member account at [bcbsm.com](https://bcbsm.com). Select *My Coverage* in the navigation menu, then select *Plan Documents*.

## Behavioral health services

You're covered for behavioral health, including mental health and substance use disorder services. 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.

If you're experiencing a life-threatening emergency, dial 911 or go to the nearest emergency room. 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.



# More to know

## Your prescription drug coverage

Check your prescription drug coverage with BCN by:

- Logging in to your account at [bcbsm.com](https://bcbsm.com) or through our mobile app.
- Selecting *My Coverage* in the navigation menu.
- Selecting *Prescription*.

On this page, you can:

- View your drug list
- See what's covered (you'll be redirected to view your certificate and prescription drug rider)
- Price a drug
- Pay for prescriptions
- See your prescription drug history
- Find a pharmacy
- Learn about mail orders

## There's more for you to know

Go to [bcbsm.com/importantinfo](https://bcbsm.com/importantinfo) to learn:

- Your rights and responsibilities
- How to submit a complaint
- How to appeal a decision that affects your coverage or benefits
- About your right to an independent external review
- How we evaluate new medical technology
- Our privacy practices
- How to submit a claim for reimbursement of covered services



A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

# Blue Care Network Qualification Form

## What to do

The *Blue Care Network Qualification Form* is on Page 2. It applies to members who are part of:

- Healthy *Blue Living*<sup>SM</sup> HMO
- Healthy *Blue Living* HMO Basic<sup>SM</sup>
- BCN Wellness Rewards Tracking<sup>SM</sup>

Complete the *Member Section*, then give the form to your primary care provider as a reminder for him or her to submit your form online. **Online submission of your qualification form is due within the first 90 days of your plan year.** Your deadline date is posted on your to-do list in your online member account at [bcbsm.com](http://bcbsm.com). See below.

You don't need to wait until your new plan year starts to see your doctor. We'll accept a qualification form from an office visit that occurred up to 180 days before the start of your plan year.

## Learn your requirements, deadline dates and more about your coverage

You have certain tasks to complete within specific timeframes. **Here's how you can check what you need to do, see the deadline dates of your requirements and learn more about your coverage:**

- Refer to the *Welcome Book* you received in the mail.
- Save the letters you receive from BCN about the requirements and deadlines specific to you.
- Check your to-do list in, requirements and deadlines your account.
  - Log in to your account at [bcbsm.com](http://bcbsm.com) using your computer or the web browser on your mobile device or tablet (not the BCBSM mobile app).
  - Click *My Coverage* in the navigation menu.
  - Click *Medical* from the drop-down menu.
  - Click *To-do List*.
- Call the Customer Service number on the back of your BCN member ID card with questions.

**Important:** The qualification form shows that a cotinine test is required. A cotinine test checks for tobacco use. Some members may not be required to complete the cotinine test — see your member materials for information.

# Blue Care Network Qualification Form

to be submitted electronically by your primary care physician



## Member section:

Last name		First name		Date of birth (MM/DD/YYYY)	
Contract/enrollee ID number			<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>Ethnicity (optional):</b> <input type="checkbox"/> Arab American <input type="checkbox"/> Asian American <input type="checkbox"/> Black not Hispanic <input type="checkbox"/> Chaldean <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> North American Native <input type="checkbox"/> White not Hispanic <input type="checkbox"/> Other
Telephone number					

**BCN primary care provider:** Take notes on this form, and input the data into Health e-Blue<sup>SM</sup>. Refer to Health e-Blue for standards of care. If you have any questions, contact your BCN provider representative. Give a copy of the electronic *Certificate of Submission* or a completed and signed copy of the paper form to the member, and keep a copy with the member's medical records. Tip: If you arrange for the member to receive laboratory tests in advance of the physical exam, you may be able to complete the form during the office visit.

### Scoring key:

- A = Member meets criteria
- B = Member commits to treatment plan
- C = Member does not commit

Visit date (MM/DD/YYYY)

Criteria	Score	Current results
<b>Tobacco</b> Does not use (never used or quit >1 month with cotinine levels of <10 ng/mL for serum or <100 ng/mL for urine)	<input type="checkbox"/> A. Does not use tobacco <input type="checkbox"/> B. Tobacco user: Commits to enroll in or is enrolled in BCN-designated tobacco-cessation program <input type="checkbox"/> C. Tobacco user: Does not commit to and is not enrolled in BCN-designated tobacco-cessation program	Cotinine test: After one negative test, no testing needed in future years; test not needed for self-reported tobacco users <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Positive <input type="checkbox"/> Negative Date of cotinine test: _____ Cotinine level: _____ ng/mL
<b>Weight</b> Body mass index <30 kg/m <sup>2</sup>	<input type="checkbox"/> A. BMI <30 <input type="checkbox"/> B. BMI is ≥ 30: Commits to enroll in a BCN-sponsored weight-management program <input type="checkbox"/> C. BMI is ≥ 30: Does not commit to enroll in a BCN-sponsored weight-management program	Date height and weight measured: _____ Height: _____ (feet) _____ (inches) Weight (pounds): _____ BMI: _____
<b>Blood pressure</b> <140/90 mmHg	<input type="checkbox"/> A. Does not have high blood pressure or it is controlled <input type="checkbox"/> B. Has high blood pressure that is not controlled but is following treatment <input type="checkbox"/> C. Has high blood pressure; does not commit to or is not following treatment	Systolic: _____ Diastolic: _____ Date of blood pressure reading: _____
<b>Cholesterol</b> LDL target level based on risk factors: <100, <130 or <160	<input type="checkbox"/> A. Does not have high cholesterol or it is well controlled <input type="checkbox"/> B. Has high cholesterol that is not controlled but is following treatment or does not tolerate treatment <input type="checkbox"/> C. Has high cholesterol; does not commit to or is not following treatment	Total cholesterol: _____ LDL: _____ HDL: _____ Triglycerides: _____ Date of cholesterol test: _____
<b>Blood sugar</b> Fasting blood sugar or A1C <b>Non-diabetic:</b> FBS <126mg/dL A1C <6.5% <b>Known diabetic:</b> A1C goal <8%	<input type="checkbox"/> A. Does not have diabetes or A1C is well controlled <input type="checkbox"/> B. A1C is not controlled but is following treatment <input type="checkbox"/> C. A1C is not controlled; does not commit to or is not following treatment	<input type="checkbox"/> <b>No known diabetes</b> FBS: _____ mg/dl A1C: _____ <input type="checkbox"/> <b>Known diabetes</b> A1C: _____ Date of A1C or FBS test: _____
<b>Depression</b> Any depression is in full remission	<input type="checkbox"/> A. Does not have either history or current symptoms of depression <input type="checkbox"/> B. Has depression and is following treatment <input type="checkbox"/> C. Has depression and does not commit to or is not following treatment	Date of PHQ-2 or PHQ-9 test: _____ PHQ-2 score: _____ PHQ-9 score: _____

**Provider's approval:** I verify the information supplied is complete and accurate.

Health care provider's last name	Health care provider's first name	National provider identifier, or NPI
Health care provide's signature	Health care provider's telephone number	Date

## 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 تساعد به حاجة لمساعدة، فلدريك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك.

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。

يُمكنك الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك.

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.

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.

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 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।

Jeśli Ty lub osoba, której pomagasz, potrzebujesz 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.

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.

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.

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、情報を入力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 телефону отдела обслуживания клиентов, указанному на обратной стороне вашей карты.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice.

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.

## 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](mailto: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](mailto:OCRComplaint@hhs.gov). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Blue Care Network  
P.O. Box 5043, Mail Code C300  
Southfield, MI 48086-5043



**Find us online:**

[bcbsm.com](http://bcbsm.com) | [news.bcbsm.com](http://news.bcbsm.com) | [facebook.com/MiBCN](https://facebook.com/MiBCN)  
[ahealthiermichigan.org](http://ahealthiermichigan.org) | [twitter.com/bcbsm](https://twitter.com/bcbsm) | [youtube.com/bcbsmnews](https://youtube.com/bcbsmnews)



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

W008555