2026

READY TO HELP

BCN Advantage℠ HMO-POS Prime Value

Summary of Benefits

This is a summary document, to get a complete list of services we cover, call Customer Service and ask for the *Evidence of Coverage* (phone numbers are printed on the back cover of this booklet).

BCN Advantage is a Health Maintenance Organization (HMO) with a Point-of-Service (POS) option. To join BCN Advantage HMO-POS Prime Value, you must have both Medicare Part A and Medicare Part B, be a United States citizen or lawfully present in the United States and live in our geographic service area. Incarcerated individuals are not considered living in the geographic service area even if they are physically located in it.

Our service area for BCN Advantage HMO-POS Prime Value includes these counties in Michigan: Allegan, Barry, Berrien, Branch, Calhoun, Genesee, Gratiot, Hillsdale, Ionia, Jackson, Kalamazoo, Kent, Lenawee, Livingston, Macomb, Monroe, Montcalm, Muskegon, Oakland, Ottawa, St. Clair, St. Joseph, Van Buren, Washtenaw, and Wayne.

BCN Advantage HMO-POS Prime Value has a network of doctors, hospitals, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. For some services you can use providers that are not in our network. You can see our plan's provider directory at our website at **www.bcbsm.com/providersmedicare** or call us and we will send you a copy of the provider directory.

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.

BCN Advantage an HMO-POS plan with a Medicare contract.
Enrollment in BCN Advantage depends on contract renewal.

Premium/Cost-sharing Table for BCN Advantage HMO-POS Prime Value

Premiums vary by county in which you permanently reside (rates are based on the use and cost of health care services in each regional segment). You must continue to pay your Medicare Part B premium. For the Prime Value plan, a Medicare Part B premium reduction is provided (Region 1 = $13.30, Region 2 = $24, Region 4 = $21.90 and Region 5 = $12).

1) Find the county and region that you live in.

2) Look across the plan option column to find your monthly premium rate.

Regions with counties	BCN Advantage HMO-POS Prime Value monthly premium
Region 1 Allegan, Barry, Ionia, Kalamazoo, Kent, Muskegon and Ottawa	$35
Region 2 Berrien, Branch, Calhoun, Gratiot, Hillsdale, Jackson, Monroe, Montcalm, St. Joseph and Van Buren	$35
Region 4 Genesee, Lenawee, Livingston, and St. Clair	$35
Region 5 - Macomb, Oakland, Washtenaw and Wayne	$35

Deductible and limits on how much you pay for covered services	
Deductible	**In-network:** $0 annually **Point-of-service:** $0 annually This plan has a $150 deductible for Part D prescription drugs for Tiers 3, 4 and 5.
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	$5,000 annually

Note: Your primary care provider (PCP) is the best resource for coordinating your care and can help you find an in-network specialist. However, BCN Advantage doesn't require a referral for you to make an appointment with an in-network specialist. Some in-network specialists may still need to confirm with your PCP that you need specialty care.

Benefits	BCN Advantage HMO-POS Prime Value
Note: Services with * may require prior authorization.	
Inpatient Hospital Coverage* Our plan covers an unlimited number of days for an inpatient stay.	**In-network:** $300 copay per day for days 1-7, per admission $0 copay for days 8 and beyond **Point-of-service:** $300 copay per day for days 1-7, per admission
Outpatient Hospital Coverage*	**In-network:** $150 copay for non-surgical outpatient hospital services. $375 copay for surgical outpatient hospital services. **Point-of-service:** $150 copay for non-surgical outpatient hospital services. $375 copay for surgical outpatient hospital services.
Ambulatory Surgical Center (ASC) Services*	**In-Network:** $0 copay for Medicare-covered arthroplasty knee and hip services in an ambulatory surgical center. **Point-of-service:** $0 copay for Medicare-covered arthroplasty knee and hip services in an ambulatory surgical center.
	In-network: $240 copay for Medicare-covered surgical and non-surgical services. **Point-of-service:** $240 copay for Medicare-covered surgical and non-surgical services.
Doctor Visits	
o Primary care provider	**In-network:** $0 copay **Point-of-service:** $0 copay
o Specialists*	**In-network:** $35 copay **Point-of-service:** $35 copay
o Telehealth	$0 copay for each telehealth primary care provider medical visit through Teladoc Health™. $0 copay for each telehealth mental health visit through Teladoc Health™.

Benefits	BCN Advantage HMO-POS Prime Value
Note: Services with * may require prior authorization.	
Preventive Care (Any additional preventive services approved by Medicare during the contract year will be covered.)	In-network: $0 Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Alcohol misuse screening and counseling • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Flexible sigmoidoscopy, Guaiac-based fecal occult blood test, Fecal immunochemical test, DNA based colorectal screening every 3 years) • Depression screening • Diabetes screenings • Diabetes self-management training • Glaucoma screening • HIV screening • Immunizations, including COVID-19, flu, Hepatitis B, and Pneumococcal vaccines • Intensive behavioral therapy for obesity • Medical nutrition therapy services • Medicare Diabetes Prevention Program • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screenings (PSA) • Screening for lung cancer with low dose computed tomography • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • “Welcome to Medicare” preventive visit (one-time)
Emergency Care You are covered for emergency medical care worldwide.	$130 copay **Note:** The copay is waived if you are admitted to the hospital within three days for the same condition.
Urgently Needed Services You are covered for urgently needed services worldwide.	$0 copay for Medicare-covered urgently needed services in a primary care provider’s office. $45 copay for Medicare-covered services in an urgent care center.

Benefits	BCN Advantage HMO-POS Prime Value
Note: Services with * may require prior authorization.	
Diagnostic Services/Labs/ Imaging*	
o Diagnostic tests and procedures	**In-network:** $20 copay **Point-of-service:** $20 copay
o Lab services When rendered at a participating Joint Venture Hospital Lab (JVHL).	**In-network:** $0 copay **Point-of-service:** $0 copay
o COVID-19 testing	**In-network:** $0 copay **Point-of-service:** $0 copay
o Diagnostic radiology services (e.g., X-rays, MRI)	**In-network:** $20 – $100 copay **Point-of-service:** $20 – $100 copay
o Therapeutic radiology services	**In-network:** $25 copay **Point-of-service:** $25 copay
Hearing Services **Medicare-covered hearing services**	
o Medicare-covered hearing exam to diagnose and treat hearing and balance issues	**In-network:** $0 – $35 copay **Point-of-service:** $0 – $35 copay
Dental Services Medicare-covered dental services	**In-network:** $0 – $375 copay **Point-of-service:** $35 – $375 copay

Benefits	BCN Advantage HMO-POS Prime Value
Note: Services with * may require prior authorization.	
Enhanced dental services (Preventive and Comprehensive) o Preventive services include oral exams, routine cleanings, certain dental X-rays and fluoride treatment o Comprehensive services include brush biopsies, resin and amalgam fillings, crowns for permanent teeth only, crown repairs, root canals, deep cleaning, simple extractions and oral surgery	This benefit provides a $950 annual maximum (combined in- and out-of-network) for preventive and comprehensive dental services. **In-network:** $0 copay **Out-of-network:** 50% of the approved amount
Vision Services (Medicare-covered)	
o Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)	**In-network:** $0 – $35 copay **Point-of-service:** $0 – $35 copay
o Eyeglasses or contact lenses after Medicare-covered cataract surgery	**In-network:** $0 copay **Point-of-service:** $0 copay
o Screening for diabetic retinopathy is covered once per year for those at risk.	**In-network:** $0 copay **Point-of-service:** $0 copay
Inpatient Mental Health Care* Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.	**In-network:** $300 copay per day for days 1 – 7, per admission **Point-of-service:** $300 copay per day for days 1 – 7, per admission

Benefits	BCN Advantage HMO-POS Prime Value
Note: Services with * may require prior authorization.	
Outpatient Mental Health Care Individual and group therapy	**In-network:** $20 copay **Point-of-service:** $40 copay
Skilled Nursing Facility (SNF)* Our plan covers up to 100 days in a SNF. No prior hospital stay is required for a skilled nursing facility stay.	**In-network:** $0 copay per day for days 1 – 20 $218 copay per day for days 21 – 100 **Point-of-service:** $0 copay per day for days 1 – 20 $218 copay per day for days 21 – 100
Outpatient Rehabilitation* Physical/Speech/ Occupational therapy	**In-network:** $35 copay **Point-of-service:** $35 copay
Ambulance Services o Medicare-covered ground or air transportation	**In-network:** $310 copay **Point-of-service:** $310 copay
o Ambulance services without transportation	**In-network:** $90 copay **Point-of-service:** $90 copay
Transportation Services	Not covered

Benefits	BCN Advantage HMO-POS Prime Value
Note: Services with * may require prior authorization.	
Medicare Part B Drugs*	
o Medicare Part B Insulin Drugs (one month's supply)	**In-Network:** Up to 20% coinsurance; however, not more than $35 per month **Point-of-Service:** Up to 20% coinsurance; however, not more than $35 per month
o Drugs such as chemotherapy drugs and other Part B Drugs	**In-network:** 0% – 20% coinsurance **Point-of-service:** 0% – 20% coinsurance
Medical Equipment/ Supplies*	
o Durable Medical Equipment and Prosthetics and Orthotic Devices	**In-network:** 20% coinsurance **Point-of-service:** 20% coinsurance
o Diabetes supplies	**In-network:** 0% – 20% **Point-of-service:** 0% – 40%

BCN Advantage HMO-POS Prime Value

Phase 1: The Deductible Stage

You begin in this stage when you fill your first prescription of the year. There is no deductible for Tiers 1 and 2. There is a $150 deductible per year for Tiers 3, 4, and 5. Deductible does not apply to insulin.

Phase 2: The Initial Coverage Stage

During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date out-of-pocket costs (your payments) total $2,100.

Your share of the cost when you get a *one-month* (31-day) supply of a covered Part D prescription drug:

	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	$5	$0
Tier 2: Generic	$10	$5
Tier 3: Preferred Brand	20%	20%
Tier 4: Non-Preferred Drug	30%	30%
Tier 5: Specialty Tier	31%	31%

You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Your share of the cost when you get a *long-term* (32- to 90-day) supply of a covered Part D prescription drug:

	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail cost and preferred mail-order sharing (in-network)
Tier 1: Preferred Generic	$15	$0
Tier 2: Generic	$30	$0
Tier 3: Preferred Brand	20%	20%
Tier 4: Non-Preferred Drug	30%	30%
Tier 5: Specialty Tier	Not Covered	Not Covered

You won't pay more than $105 or 25% of the approved amount for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at **www.bcbsm.com/medicare-evidence-of-coverage.**

Phase 3: The Catastrophic Stage

You have coverage during the Catastrophic Coverage stage. During this stage, you will pay $0.

Most members do not reach the Catastrophic Coverage stage. For information about your costs in this stage, look at Chapter 6, Section 6, in the *Evidence of Coverage* online at **www.bcbsm.com/medicare-evidence-of-coverage**.

*Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations. You can see the most complete and current information about which drugs are covered on our website (**www.bcbsm.com/formularymedicare**).*

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's pharmacy directory at our website (**www.bcbsm.com/pharmaciesmedicare**).

What does “point-of-service” mean?

This is an HMO-POS plan. HMO means Health Maintenance Organization; POS means Point-of-Service. You can use certain providers outside the BCN Advantage network when traveling, often for your in-network cost-sharing amount.

When you’re **out of Michigan**, our POS benefit (offered through the nationwide network of Blue Plan Providers via the Blue Cross and Blue Shield Association) lets you get care from providers who participate with Blues plans. **In Michigan**, except for emergency or urgent care, if you go to an out-of-network doctor, you must pay for this care yourself.

Note: POS is not the same as out-of-network; you pay all costs for POS services from out-of-network providers.

Note: Services received under your point-of-service benefit apply toward your maximum out-of-pocket amount.

For more information

A complete list of services is found in the *Evidence of Coverage*. For a copy of the *Evidence of Coverage*, go to **www.bcbsm.com/medicare-evidence-of-coverage**, or contact Customer Service at 1-800-450-3680 from 8 a.m. to 8 p.m. Eastern time, seven days a week from October 1 through March 31; 8 a.m. to 8 p.m. Eastern time, Monday through Friday from April 1 through September 30, for more information. TTY users call 711.

You can order a copy of the “Medicare & You” handbook at **www.medicare.gov**, or you can call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

For more information, please call us at the phone number below or visit us at **www.bcbsm.com/medicare**.

If you are not a member of this plan, call toll-free 1-888-563-3307. TTY users should call 711. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 9 p.m. Eastern time. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 9 p.m. Eastern time.

If you are a member of this plan, call toll-free 1-800-450-3680. TTY users should call 711. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. Eastern time. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

If you want to know more about the coverage and costs 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-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as audio CD and large print. This document may be available in a non-English language. For additional information, call us at 1-800-450-3680. TTY users should call 711.

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