



20
23

BCN AdvantageSM HMO-POS Group

Understanding your coverage
just got easier



Confidence comes with every card.®

Resource Guide

www.bcbsm.com/medicare



What's new for 2023?

- Getting a flu shot is easier than ever. (See Page 4.)
- Check out our Blue Cross Virtual Well-BeingSM webinars. (See Page 9.)
- Managing your costs online. (See Page 17.)

Make your coverage work for you

Whether you're new to BCN Advantage or an existing member, you've made a smart choice by enrolling in this plan. We value you as a customer and strive to do our best to serve you. You might be wondering how you can make the most out of your coverage this year. Here's an easy guide to help you maximize your Blue Cross benefits.

Learning your plan

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Your health

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You're a member of an HMO-POS plan

We cover everything that Original Medicare does, plus more, all in one plan. Health maintenance organizations provide personalized care coordinated by a primary care provider, whom you select from our network of providers.

Your primary care provider 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 primary care provider that you need specialty care.

Our plan gives you access to a network of thousands of primary care providers and specialists. These providers accept our payment and the share of the costs that you pay as payment in full.

Preventive care is the foundation of our coverage because it's easier to stay healthy than it is to get healthy. Of course, we also help manage sudden and ongoing medical conditions to help you feel your best.

Personal concierge service

Health care can be complicated. BCN Advantage's Concierge program provides personalized service to help you make the most of your coverage. Your concierge coordinator can:

- Explain your plan details
- Answer benefit questions
- Help you find a doctor
- Discuss preventive care services
- Provide timely reminders appointments and screenings
- Connect you to community resources
- Reach out to your doctor's office to set up appointments or clear up questions

You'll hear from your personal concierge coordinator on a regular basis, usually once a month. He or she plans each phone call based on your questions and personal concerns.



What you can expect

Part of [our commitment to you](#) is to help you make the best possible use of your plan. You'll hear from us throughout the year as we keep you informed about your plan and your health.

For all members

Doctor visit 	Make an appointment for your annual wellness visit and annual physical exam with your provider so you can begin taking advantage of your preventive care . (See Page 14.)
Download our mobile app 	Access your electronic BCN Advantage member ID card and coverage, claim and cost information anytime , wherever you go. (See Page 16.)
Medicare Advantage health assessment 	Complete a brief health survey, and we'll give you a personalized health status report you can share with your doctor. It's secure, completely confidential and your responses don't affect your coverage. Look for the assessment in the mail. You can return the paper copy or complete it online using the code provided with the assessment. This easy tool can help your doctor keep you in the best health.
Explanation of Benefits or	When you use your coverage, we'll send you a detailed statement. You'll receive an <i>explanation of benefits</i> the month after the claim is processed. Page 12 has more information about your <i>explanation of benefits</i> .
Member news 	We do our best to combine helpful information, useful reminders and healthy tips to help you get more out of your plan in our member magazine, <i>Medicare Blue and You</i> .
Special information or	We will send you notices for special events during the year that we want to keep you informed of. If you need help with a chronic illness, such as heart disease or diabetes, we may send you materials or call you about a specific program.
Surveys 	You may receive surveys asking for your opinion of this plan, our network providers and the care you receive. This is important feedback that helps us respond to your needs. We're always exploring new, innovative ways to provide you with better coverage and service. Your answers are confidential. They don't affect your coverage or costs. We appreciate your honest feedback as we strive to see your experience through your eyes.

For new members only

Membership ID card 	We send you a new BCN Advantage membership ID card. You can put your red, white and blue Medicare card in a safe place and use your BCN Advantage membership ID card instead. Show your doctor and other providers this card every time you need care. Or, use the Blue Cross mobile app to show your electronic ID card. (See Page 16.)
Welcome call 	When you are a new member, we call you to make sure you received your welcome kit and membership ID card, help answer any questions about your coverage, and tell you about programs we offer to help you stay healthy.
Need to find a doctor? 	If you don't have a primary care provider, we can help you find one. Page 7 explains how to find a doctor online. You can also look in your copy of our <i>Provider Directory</i> or call Customer Service at 1-800-450-3680 . TTY users, call 711 from 8 a.m. to 8 p.m. Eastern time Monday through Friday.
Blue Cross online member account 	From coverage details and claims information to ideas for healthier living, there's loads of valuable content. Be sure to register for your secure Blue Cross member account: <ul style="list-style-type: none"> • Using the Blue Cross mobile app • At www.bcbsm.com/register • By texting REGISTER to 222764 <p><i>Message and data rates may apply.</i></p>
Special preventive care visit 	Learn more on Pages 16 and 17. If you are new to Medicare, you can make an appointment for your Welcome to Medicare preventive care visit. It's a one-time visit that takes place during the first 12 months after your Medicare Part B coverage takes effect. Also known as the initial preventive physical examination, the visit includes a review of your health, as well as education and counseling about the preventive care you need (including certain screenings and shots), and coordination of other care if necessary.



Our commitment to you includes coverage that works for you at every stage. Your benefits aren't just for when you're feeling sick or coping with a chronic condition. They can help you take charge of your health.

Easy ways to get your flu and pneumonia vaccines

You can get your flu and pneumonia vaccines at your participating network pharmacy or your primary care provider's office. However, your provider may charge an office visit copay, even if this is the only service provided at your visit.

You can learn more online at www.bcbsm.com/vaccines-medicare.

Customer Service

1-800-450-3680, TTY users, call **711**
8 a.m. to 8 p.m. Eastern time
Monday through Friday
After the greeting and entering your information, say "reimbursement form" to get to the correct prompt.

Good to know: The Centers for Disease Control and Prevention recommends getting your flu vaccine **in October** before the flu season begins because it takes about two weeks after vaccination for the antibodies that protect against the flu to develop in the body. Getting vaccinated later can still be beneficial and vaccinations are offered throughout flu season.

Medicare Diabetes Prevention Program

Your risk of developing Type 2 diabetes can be radically decreased through this 12-month Type 2 diabetes prevention benefit. It's focused on **healthy lifestyle changes** for qualified members and covered under your plan at no additional cost. Participants report 5% to 7% weight loss, increased energy and better sleep.

Do you qualify? Take a one-minute online quiz at www.solera4me.com.

Emotional and mental well-being

Your health is not just determined by your physical fitness, but by your overall wellness. Your physical health improves when you get enough sleep, eat healthy and exercise. Likewise, your **emotional well-being** improves when you have support through life's trials, manage stress and have positive social interactions. We offer behavioral health care benefits to help you transition through difficult times. This benefit also helps those struggling with substance use disorder. When you call, we'll discuss your needs and arrange for services.

1-800-775-BLUE (2583), TTY users, call **711**
8 a.m. to 6 p.m. Eastern time
Monday through Friday

In Home Health Assessment

Blue Cross partners with mobile clinician networks to provide annual In Home Health Assessment visits at no additional cost to you. You can have a complete health and wellness assessment with a licensed medical doctor or nurse practitioner in the comfort of your own home.

During the visit, the licensed professional dedicates about an hour, just to you, to check your blood pressure, your vital signs, your reflexes and to discuss your health-related concerns. We'll send a summary of the visit to you and your primary care provider. This service is separate from the Medicare Advantage health assessment and doesn't replace your regular primary care visits.

Serious illness

When something serious happens, **count on** our dedicated nurse care managers to help you find the right care. They'll also provide the information and resources you need. We offer care management services based upon your medical claims or when your doctor refers you for assistance. In some cases, we partner with independent companies to provide services on our behalf.

Diagnosis of a serious illness can be overwhelming. Our care management nurses work with your doctor to help you and your family:

- Understand your medical condition
- Coordinate care
- Review treatment options
- Connect with community resources
- Obtain equipment and medical supplies

A personal care management nurse will **support** you and your loved ones as you consider options, make treatment decisions and handle emotional concerns. You'll find the support you need to feel more in control.

If you're hospitalized, we can also help with the transition to your home or another facility to ensure you get the care you need.

1-800-775-BLUE (2583), TTY users, call **711**
8 a.m. to 6 p.m. Eastern time
Monday through Friday

Chronic conditions

Care management nurses help you understand and cope with your condition, develop skills for managing it and feel in control again. You'll work with your nurse to create a care plan and set goals to improve your health.

Blue Cross Coordinated Care CoreSM

We understand the journey to better health is personal. Blue Cross Coordinated Care Core provides you with a dedicated care team to connect you with the right care at the right time, whether it's providing support for behavioral health issues, managing a chronic condition or helping to schedule wellness appointments. It's easy to stay on track with your care plan with the Blue Cross Coordinated Care Core mobile app powered by Wellframe[®]. If you participate in the program, you can use the app on your smartphone or tablet to track appointments and medications, read helpful articles and connect with your care team by text or chat. The program is completely confidential and available at no cost.

1-800-775-BLUE (2583), TTY users, call **711**
8 a.m. to 6 p.m. Eastern time
Monday through Friday

Wellframe is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network members by providing health and wellness services.

Quit tobacco for good

Increase your chances for successfully quitting with **support and resources** through a 12-week phone-based Tobacco Coaching program from WebMD[®]. You're eligible if you're ready to set a quit date within 30 days and you've used tobacco within seven days of your initial call. WebMD Health Services is an independent company supporting Blue Cross by providing health and well-being services.

www.bcbsm.com/medicare/help/faqs/other/quit-smoking.html

1-855-326-5102, TTY users, call **711**
9 a.m. to 11:30 p.m. Monday through Thursday; 9 a.m. to 8 p.m. Friday;
9:30 a.m. to 6 p.m. Saturday; and 1 p.m. to 11:30 p.m. Sunday Eastern time.



Know where to go for care

Even when it's not an emergency, you have smart choices for when and where to get health care. **Know your options** so you can get the treatment you need, right when you need it. Costs vary for each care option, so it's important to think about what kind of care best fits your needs.



24-Hour Nurse Line

Talk to a registered nurse at no additional cost, anytime, when you have questions about an illness or injury. The nurse can help you with determining if you can treat things at home. Call **1-855-624-5214**. TTY users, call **711**.



Primary care provider

Call your primary care provider first when you're not feeling well. He or she knows you best and understands your health history. A patient-centered medical home (PCMH) is a care team led by a primary care provider who focuses on your health goals and needs. They offer 24-hour access to your medical team and a personalized approach to managing your health.



Blue Cross Online VisitsSM

Connect online with a doctor or therapist using a smartphone, tablet or computer. Visit www.bcbsmonlinevisits.com or call **1-844-606-1608**. TTY users, call **711**.



Retail health clinics

Get treatment for minor illnesses and injuries on a walk-in basis at select drug store chains near your home or workplace.



Urgent care centers

Get non-emergency, in-person care conveniently, after hours or on weekends.



Emergency room

Visit the emergency room for serious or life-threatening illnesses or injuries.

Save money on routine procedures

You have outpatient surgery options. This is important because outpatient surgical costs are driven in large part by where you receive the procedure. That means a colonoscopy done in an outpatient colonoscopy clinic may cost you significantly less than one done at a hospital.

If you're in good health with no chronic conditions and have never had an adverse reaction to anesthesia, you can save money on your out-of-pocket costs by having routine, non-invasive or low-invasive outpatient procedures performed at a professional outpatient clinic versus at the hospital. Outpatient surgical facilities (also known as ambulatory surgical centers) provide the same outpatient procedures while helping you avoid paying hospital overhead costs.

Be sure to **ask about the different options** on where to get the procedure done the next time your doctor suggests an outpatient procedure, such as:

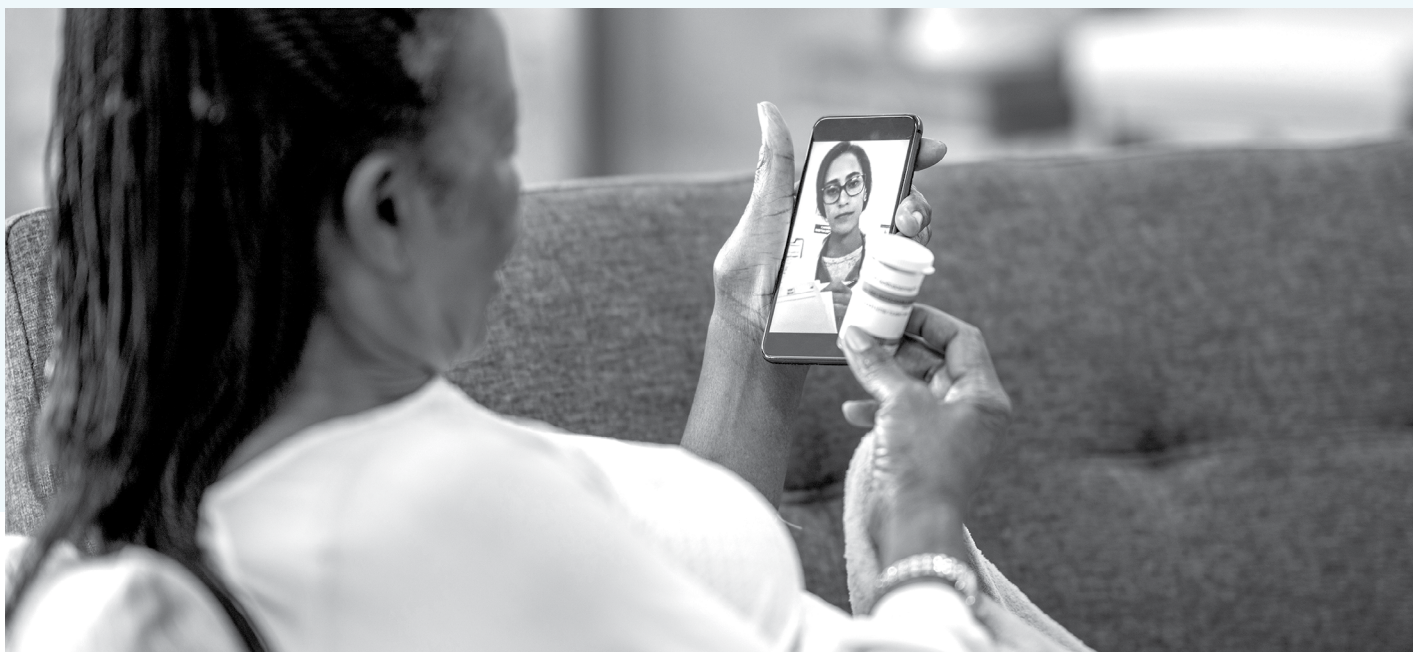
- Lens and cataract procedures
- Colonoscopy and biopsy
- Upper gastrointestinal endoscopy and biopsy
- Hip and knee arthroplasty

Find a doctor online

It's easy:

1. Go to www.bcbsm.com/providersmedicare.
2. Click on the blue *Find a Doctor* box to go to the provider locator page.
3. Once on the provider locator page, you'll need to input your location and select your plan network:
 - Click on *All Plans* in the upper right.
 - Scroll down the list until you get to the *Medicare (65 and over)* section.
 - Click on *BCN Advantage (HMO-POS)* and then click on *Confirm selection*.
4. You can now search for an in-network doctor, hospital and clinic by name or specialty.

If you log in to your secure Blue Cross online member account before you search for a provider, the system will automatically select your plan's network and you can skip Step 3 above.





Take an active role in your care

Your plan completely covers more than 20 preventive care related services, including flu and pneumonia vaccines, mammograms and colorectal cancer screenings. Ask your doctor what preventive care is right for you. If you are new to Medicare, schedule a Welcome to Medicare exam. If you've been enrolled in Medicare for more than a year, you can take advantage of your annual wellness visit, which includes a personalized prevention plan, screening schedules, referrals and education based on your specific health situation.



Get more out of your doctor visits by:

- Writing down questions and symptoms to discuss with your doctor
- Taking notes as the doctor answers your questions
- Reviewing your medications (dose, side effects and over-the-counter supplements)
- Speaking up if you have any health concerns
- Being involved in your care decisions

You are a key player on your health care team.

Talk to your doctor

	Don't hide it	Good to know	Ask your doctor	Going in-depth
Physical activity	Discuss issues that limit your physical activity.	If pain limits your physical activity, there are ways to address it.	Should you start, increase or maintain your level of exercise?	What types of exercise are right for you?
Bladder control	Discuss if you accidentally leak urine.	It's a common problem.	What are your treatment options?	If receiving treatment, discuss the effectiveness.
Risk of falling	If you've fallen, make sure to call your doctor. Don't wait until your next appointment.	There may be simple solutions, such as a medication dosage change.	Could you benefit from a cane, walker or physical therapy?	Discuss any balance or walking problems.

Make sure you are up to date on your screenings

Ask your doctor if you need to schedule any of these **regular services**.

Screenings			
Breast cancer screening	Colorectal cancer screening	Bone density screening for osteoporosis	Cholesterol
Annually	1 to 10 years depending on test	Every 2 years	Annually
Vaccines			
Flu shot	Pneumonia vaccine	Shingles vaccine	Tetanus booster
Annually	The number of shots per lifetime will depend on vaccine used and time between doses	2 doses*	Every 10 years*
Diabetic services (if applicable)			
A1c test	Diabetic retinal eye exam	Urine protein screening	Treatment for urine protein
2 to 4 times a year	Annually	Annually	As applicable

*This is a Medicare Part D pharmacy benefit that should be received at a pharmacy.

Blue Cross Virtual Well-BeingSM

Let Blue Cross Virtual Well-Being give you the **guidance and support** you need on your personal well-being journey.

Highlights:

- Features short, high-energy, live webinars every Thursday at noon Eastern time
- Focuses on a different well-being topic each week
- Topics include mindfulness, resilience, social connectedness, emotional health, financial wellness, gratitude, meditation and physical health
- Offers informational materials you can download to save and share

Conveniently watch Blue Cross Virtual Well-Being webinars on your computer, tablet or mobile phone.

Learn more, register or watch past webinars at www.bluecrossvirtualwellbeing.com.



Part D prescription drug coverage tips

Check our list of covered drugs

Our plans with Part D prescription drug coverage use a drug list known as a formulary that promotes the use of **safe, effective and less expensive** medications. Check your plan's drug list to see if your medication is covered and to see if there are any restrictions or limits on how your medication is covered, such as prior authorization. You can also refer to the formulary found at www.bcbsm.com/formularymedicare or call Customer Service with questions.

Our drug list changes from year to year and during the current year as new drugs are approved, restricted or recalled by the government. Some changes are made to keep you safe or to keep the cost of your coverage down. We'll let you know if a drug you're prescribed is affected with a notice in your explanation of benefits statement or a letter.

Save money with our pharmacy network

For your **convenience**, many chain pharmacies as well as independent pharmacies are in our network. With few exceptions, your prescriptions must be filled at preferred or standard network pharmacies for your medications to be covered. Refer to your provider pharmacy directory for locations near you. Check out www.bcbsm.com/pharmaciesmedicare.

Get more for your money from our preferred pharmacy network

Our preferred pharmacies offer our **best cost savings**. Another way to save is to ask your doctor, "Are there alternative drugs at a lower cost that will work for me?"

Preferred chain pharmacies in Michigan

Costco Pharmacy
Kroger Pharmacy
Meijer Pharmacy
Rite-Aid Pharmacy

Sam's Club
Walgreens Pharmacy
Walmart Pharmacy

Independent pharmacies may also be in our preferred pharmacy network; be sure and check if you use one. To transfer prescriptions, contact your new preferred pharmacy. They'll ask you for some prescription information, so have your prescription bottles handy to reference. Your new preferred pharmacy will handle the transfer.

Mail order options

Optum Home Delivery

1-855-810-0007
TTY users, call **711**
24 hours a day, seven days a week

AllianceRx Walgreens Prime Home Delivery — Standard cost share

www.alliancexwp.com/home-delivery
 1-866-877-2392
TTY users, call **1-800-573-1833**
24 hours a day, seven days a week

Allow seven to 10 days for delivery from our mail-order pharmacies. If your mail order is late and you did not receive a call from your mail-order provider, call your mail-order service provider or Customer Service right away.

AllianceRx Walgreens Prime is an independent company that provides mail-order pharmacy services for Blue Cross' Medicare Advantage plans.

Online Visit benefit built into some plans

Blue Cross Online VisitsSM: Convenient online care for body and mind

It's as simple as using your smartphone, tablet or computer anywhere in the U.S. to meet with:

- A doctor for minor illnesses such as a cold, flu or 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.

Fast and convenient

www.bcbsmonlinevisits.com

1-844-606-1608
TTY users, call **711**
24 hours a day, seven days a week

Download the BCBSM Online Visits app.

See a doctor or therapist

1. Launch the online visits app or website, and log in to your account.
2. Choose a service: *Medical, Therapy or Psychiatry*.
3. Pick a doctor or begin a scheduled visit and enter your payment information.
4. Meet with the doctor or therapist online.
5. Get a prescription, if appropriate, sent to a local pharmacy.
6. Send a visit summary to your primary care provider or other health care provider at the end of your online visit.

Choose a doctor or therapist who's right for you

There are hundreds of doctors and therapists to choose from. They're all specially trained in online visits. You can read their profiles to learn more about them.

Unless your Evidence of Coverage mailing came with an Online Visits Exclusion Rider, your plan offers this benefit. Contact your group plan administrator or check your riders for coverage exclusions.

Remember to coordinate all care through your primary care provider. Blue Cross Online VisitsSM uses the American Well[®] technology platform and provider network, and is powered by American Well[®]. American Well[®] is an independent company that provides online visits for Blue Cross and BCN members.



Your explanation of benefits statement has important information

What is an explanation of benefits statement?

The explanation of benefits statement explains how much you owe health care providers. However, it's not a bill. EOB Statements help you track your medical costs. When you fill a prescription, you get Your Monthly Prescription Drug Summary, which is a separate pharmacy statement to help you track monthly and year-to-date prescription costs.

What am I supposed to do with a statement?

Compare it to your medical and pharmacy bills. If a bill from your provider or pharmacy doesn't look like the correct amount based on your statement and benefits, please call us.

What if my medical bill doesn't show any insurance payments?

If you receive a medical bill for covered services that doesn't show any BCN Advantage payments and you never received a statement, ask your provider to file an insurance claim. Wait to pay until you have a bill showing that we paid our share of the cost.

When should I pay my medical bills?

Your doctors may charge you a copay at the time of service or bill you later. You can wait to pay medical bills you receive in the mail until you receive an EOB that shows your share of the costs.

How often will I get a statement?

We send statements monthly, when you've used your benefits. However, we can only process payments and list them after your provider or pharmacy sends the service information to us.

Can I view my statements online?

Yes. You can see your benefits, claims, balances and electronic medical statements using your secure Blue Cross online member account at www.bcbsm.com/medicare. (Pages 16 and 17 have more information and easy ways to register.)

Will my statements show my premiums?

No. They only show variable costs. Premiums are a fixed monthly cost and don't count toward your out-of-pocket maximum.

What can you find on a statement?

The medical statement shows what you've paid or need to pay your provider, if anything. For example:

Amount providers have billed the plan	Total cost (amount the plan has approved)	Plan's share	Your share
\$810.00	\$552.00	\$337.60	\$214.40

The statement shows what your deductible and yearly out-of-pocket limits are, and how much you've paid toward them. For example, this is how your first medical statement of the year might read:

DEDUCTIBLE

For most covered services, the plan pays its share of the cost only after you have paid your annual plan deductible.

As of February 1, 2023, you have paid \$214.40 toward your \$245.00 annual deductible.

ANNUAL LIMITS

These limits tell the most you will have to pay in 2023 in "out-of-pocket" costs (copays, coinsurance and deductible) for medical and hospital services covered by the plan.

These annual limits are called your "out-of-pocket maximums." They put a limit on how much you have to pay, but they do not put a limit on how much care you can get.

If we deny payment for all or part of a claim, the statement explains why.

Things to know about your denied claim:

- Denial code 09, Provider ID does not exist
- Denial code 07, Professional ID does not exist
- NOTE: We have denied all or part of this claim.** However, you are not responsible for paying the billed amount.

What does your Part D explanation of benefits statement (also known as Your Monthly Prescription Drug Summary) show?

- Your prescriptions during the past month
- The drug payment stage you are in
- Your year-to-date out-of-pocket costs and total drug costs
- Updates to our formulary (drug list) that will affect drugs you take

Coinsurance: how to calculate your out-of-pocket costs

A coinsurance is a fixed percentage of the costs you pay for health care services, (or prescriptions, if applicable). The rest of the cost is paid by your health care plan once you've met your deductible.

Because it's a percentage, coinsurance math is like the math you use for calculating a tip at a restaurant. If you have a 20% coinsurance, your health plan covers 80% and you pay 20% of each medical bill.

For example:

- A \$50 restaurant bill with a 20% tip would equal a \$10 tip.
- A \$500 medical procedure with a 20% coinsurance equals \$100 in out-of-pocket cost.

The key difference is at the restaurant, you're responsible for the cost of the meal plus the tip. For medical procedures, once you've met your annual deductible, you're only responsible for the coinsurance or copay.

Total cost (amount the plan has approved)	Coinsurance (percent)	BCN Advantage pays	Your share of cost
\$100	20%	\$80	\$20
\$500	20%	\$400	\$100
\$1,000	20%	\$800	\$200



Frequently asked questions

What is the difference between an annual wellness visit and an annual physical?

At an **annual wellness visit**, you will develop or update a personal prevention plan based on your current health and risk factors. It's for members who haven't received a Welcome to Medicare Preventive Visit annual wellness visit within the past year. It's covered once every 12 months after your first 12 months of Part B coverage (you must wait 11 full months between each annual wellness visit).

At an **annual physical**, a primary care provider collects health information through an exam. It's covered once per calendar year and is more comprehensive than an annual wellness visit. Services include:

- An age- and gender-appropriate physical examination, including vital signs and measurements
- Guidance, counseling and risk factor interventions
- Recommendations for immunizations, lab tests or diagnostic procedures

Each of these preventive care visits has separate parameters defined by Medicare. There is no coinsurance, copayment or deductible for these preventive care services. However, if your doctor provides services outside of the scope of the set Medicare parameters, a coinsurance, copayment or deductible may apply.

Why am I being billed for my colonoscopy? I thought it was a free screening?

A colonoscopy screening checks to see that you're healthy (no sign, symptom or disease present). There is no copay for screenings. When a sign or symptom is discovered during a preventive exam, all further testing and exams are considered diagnostic procedures and diagnostic out-of-pocket costs will apply.

Why am I being charged an emergency room copay? I thought the copay was waived if I spent the night in the hospital.

Per Medicare guidelines:

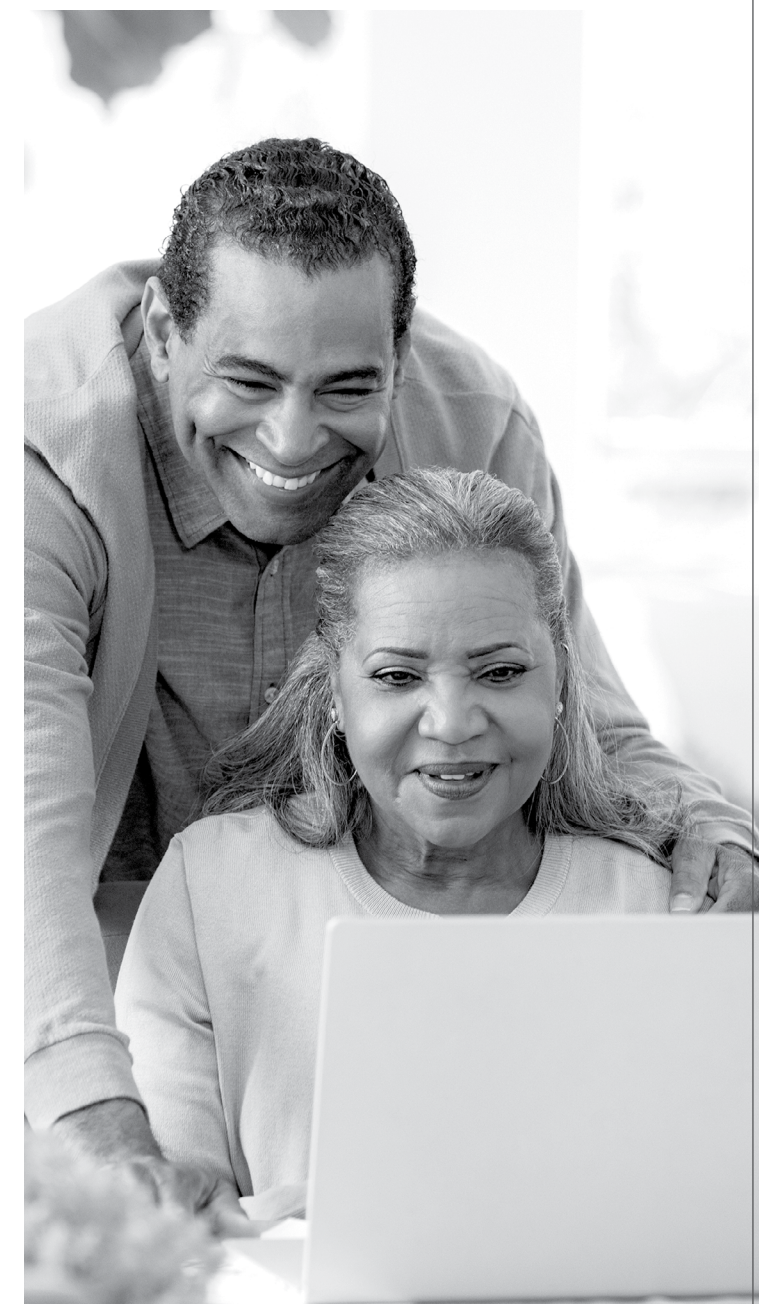
- If you go to the emergency room and are admitted to the hospital as an inpatient, your ER copay is waived.
- If you go to the emergency room and are held in observation for 72 hours as an outpatient but not admitted, your ER copay isn't waived.

Will I be paying inpatient or outpatient out-of-pocket costs?

If you're having a service in a hospital, you should ask your provider beforehand to see if the service is inpatient or outpatient, as this will affect your out-of-pocket costs. Unless the provider writes an order to admit you as an inpatient to the hospital and your plan authorizes admission, the service will be outpatient and you will pay out-of-pocket amounts for outpatient services. Even if you stay in the hospital overnight, the service might still be considered outpatient. If you're not sure if the service is considered outpatient, ask the hospital staff.

Do you have any tips that will save money?

You can save money by receiving care in facilities that **don't** charge hospital facility or usage fees. The best way to determine this is to ask your provider what fees are associated with each visit or procedure. For example, many provider offices, health centers or hospital-based outpatient clinics owned and operated by hospitals charge an additional hospital usage or facility fee when you see any provider in the office, health center or clinic. These offices may cost you more. Additionally, your services may cost a different amount based on where they're performed (in office, outpatient in an ambulatory surgical center, outpatient hospital facility or hospital-owned doctor office).





Tap into your health care plan — anytime, anywhere

Our **mobile app** helps you understand your health care plan and how it works. From deductible to claims to out-of-pocket costs, you'll have the information you need to manage your plan and get the most from your coverage, **wherever you go**.



Find care in your network and check doctor and hospital quality.



Show your BCN Advantage member ID card to your doctor's office staff so they have the information they need to look up your coverage.

Register for a member account:

- Using the app
- At www.bcbsm.com/register
- By texting **REGISTER** to **222764**
Message and data rates may apply.

BCBSM app questions:

www.bcbsm.com/app

1-888-417-3479

TTY: 711

8 a.m. to 8 p.m.

Eastern time

Monday through Friday

Download the **BCBSM**
and **SilverSneakers GO**
apps today.



SilverSneakers®
app questions:

www.SilverSneakers.com/GO

1-866-584-7352

TTY: 711

8 a.m. to 8 p.m.

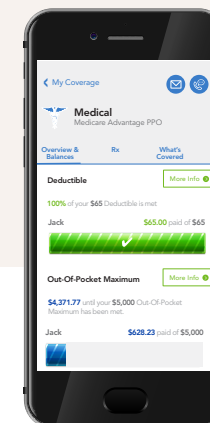
Monday through Friday

Manage your costs with confidence

Informed decisions are confident decisions, especially when it comes to health care costs. That's where **your online member account** can help.

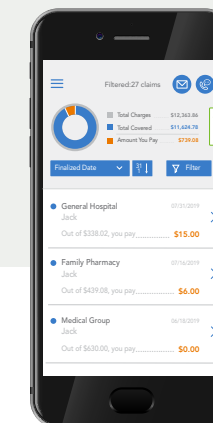
Keep track of your deductible and out-of-pocket maximum

Your deductible is how much you'll pay for care before we start to pay. Your out-of-pocket max is the most you'll pay before we cover the cost completely. You can see how close you are to meeting both.



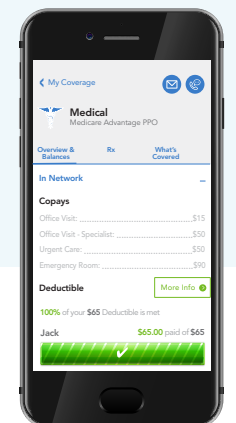
Review your claims and explanation of benefits

Claims and explanation of benefits statements show you how much a provider charged for services, and what portion we've paid. They also tell you what services you've already paid for, and if your payment amount is correct.



Know your copays before you visit a provider

Easily access copayment information for commonly used services, including office visits and urgent care.



SilverSneakers® fitness program

SilverSneakers is an exercise and wellness program that helps you live a healthy, active lifestyle through exercise and fitness communities nationwide. You'll have access to thousands of participating fitness locations across the country.

Find a participating location:



www.SilverSneakers.com/Locations



1-866-584-7352, TTY users, call 711, 8 a.m. to 8 p.m. Eastern time Monday through Friday.

May not apply to all plans. To find out if your group offers a fitness benefit, check if a fitness rider accompanies your Evidence of Coverage booklet.

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

Getting active is easier with SilverSneakers GO™, the first fitness app designed just for you

- Access workout programs that can be tailored to your fitness level.
- Learn new exercises with easy-to-follow videos.
- Choose between four- or 12-week programs including strength, walking and meditation.
- Modify exercises to make them easier or harder with just one click.
- Find everything you need in one place: your member ID, SilverSneakers locations and more.



SilverSneakers GO™

Customer Service

1-800-450-3680

TTY users, call **711**

8 a.m. to 8 p.m. Eastern time

Monday through Friday

Weekend hours Oct. 1 through March 31

Behavioral health and substance use disorder care

1-800-431-1059

TTY users, call **711**

Routine issues: 8 a.m. to 5 p.m. Eastern time

Monday through Friday

Emergencies: 24-hours a day, seven days a week

Durable medical equipment, prosthetics and orthotics provider, Northwood:

1-800-667-8496

TTY users, call **711**

8:30 a.m. to 5 p.m. Eastern time

Monday through Friday

If your doctor prescribes bathroom safety items — grab bars and benches, commode rails and an elevated toilet seat — you must get this equipment from Northwood.

24-Hour Nurse Line

1-855-624-5214

TTY users, call **711**

24 hours a day, seven days a week

Report fraud

1-888-650-8136

TTY users, call **711**

8:30 a.m. to 4:30 p.m. Eastern time

Monday through Friday

Confidence

comes with every card.®

BCN AdvantageSM HMO
BCN AdvantageSM HMO-POS



Other pharmacies are available in our network.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.