

BCN Advantage HMO-POS with Prescription Drugs

2024 Benefits-at-a-Glance

State of Michigan



To join BCN AdvantageSM HMO-POS, you must have both Medicare Part A and Medicare Part B and live in our group service area.

The benefit information provided is a summary of what we cover and what you pay. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and copayments/coinsurance may change on January 1 of each year. You can contact the plan by calling Customer Service at 1-800-450-3680, 8 a.m. to 8 p.m. Eastern Standard Time, Monday through Friday, with weekend hours Oct. 1 through March 31. TTY users should call 711. To get a complete list of services we cover, call Customer Service and ask for the *Evidence of Coverage*.

Payment amounts are based on the Blue Care Network approved amount, less any applicable deductible and/or copay amounts required by the plan. Services must be provided or arranged by the member's primary care provider or health plan. The formulary, provider network, and pharmacy network may change at any time. You will receive notice when necessary.

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. Visit our online search tool at www.bcbsm.com/pharmaciesmedicare to find a network pharmacy near you. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.bcbsm.com/formularymedicare.

Out-of-pocket costs	
Deductible	\$125 per member
Copays	\$20 office visits, \$20 urgent care visits, \$65 emergency room visits
Out-of-pocket maximums	Pharmacy - \$1500 Medical - \$500
Preventive care services	
Annual gynecological exam	Covered – 100%
Health maintenance exam	Covered – 100%
Immunizations	Covered – 100%
Mammography screening	Covered – 100%
Pap smear screening — laboratory services only	Covered – 100%
Prostate specific antigen, or PSA, screening — laboratory services only	Covered – 100%
Physician office services	
Consulting specialist care*	Covered – copay \$20
Office visits	Covered – copay \$20
Online visits – Virtual care is available through Teladoc Health®, an independent company and our plan-approved vendor.	Covered – copay \$10
Online visits – via your provider's online tool	Covered – copay \$20

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

www.bcbsm.com/medicare

Emergency medical care	
Ambulance services — medically necessary	Covered — 100% after deductible, ground and air service
Hospital emergency room	Covered — copay \$65, copay waived if admitted as inpatient within 3 days
Urgent care center	Covered — copay \$20
Diagnostic care	
Diagnostic tests and X-rays	Covered — 100% after deductible, office visit copay may apply per member, per visit
High-technology imaging (includes MRI, MRA, CT scan, PET)	Covered — 100% after deductible
Laboratory and pathology tests	Covered — 100%, office visit copay may apply per member, per visit
Hospital care	
Inpatient physician care, general nursing care, hospital services and supplies	Covered — 100% after deductible, unlimited days
Outpatient surgery	Covered — 100% after deductible
Alternatives to hospital care	
Home health care	Covered — 100% after deductible, physician visit copay may apply
Skilled nursing care	Covered — 100% after deductible, up to 120 days per confinement
Surgical services	
Human organ transplants	Covered — 100% after deductible, subject to medical criteria
Surgery — includes all related surgical services and anesthesia	Covered — 100% after deductible
Mental health care and substance use disorder treatment	
Inpatient mental health care	Covered — 100%, unlimited days. Prior authorization required.
Inpatient substance use disorder care	Covered — 100%, unlimited days
Outpatient mental health care	Covered — 100%, unlimited visits
Outpatient substance use disorder care	Covered — 100%, unlimited visits
Other services	
Allergy testing and therapy	Covered — 100% after deductible, office visit copay may apply per member, per visit
Allergy injections	Covered — 100%, office visit copay may apply per member, per visit
Chiropractic spinal manipulation*	Covered — copay \$20 after deductible
Durable medical equipment	Covered — 100%
Outpatient physical, speech and occupational therapy	Covered — copay \$20
Prosthetic and orthotic appliances	Covered — 100%

Other services, continued	
Radiation therapy	Covered – 100% after deductible, office visit copay may apply per member, per visit
<p>SilverSneakers® fitness benefit, includes:</p> <ul style="list-style-type: none"> • A fitness center membership at any participating location across the country • Conditioning classes, exercise equipment, pool, sauna, and other available amenities • Customized SilverSneakers classes and seminars • Online classes • SilverSneakers apps <p>SilverSneakers is a registered trademark of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved.</p>	<p>\$0 copay for fitness services</p> <p>Fitness services must be provided at SilverSneakers participating locations.</p> <p>You can find a location or request SilverSneakers Steps information at www.silversneakers.com or 1-866-584-7352, Monday – Friday, 8 a.m. to 8 p.m. TTY users call 711.</p>
Prescription drugs	
Formulary drug — Tier 1 — preferred generic	<p>Covered –</p> <p>Standard Pharmacy: \$ 10 copay up to a 31-day supply</p> <p>Preferred Pharmacy: \$ 2 copay up to a 31-day supply</p>
Formulary drug — Tier 2 — generic	<p>Covered –</p> <p>Standard Pharmacy: \$ 10 copay up to a 31-day supply</p> <p>Preferred Pharmacy: \$ 2 copay up to a 31-day supply</p>
Formulary drug — Tier 3 — preferred brand name	<p>Covered –</p> <p>Standard Pharmacy: \$ 30 copay up to a 31-day supply</p> <p>Preferred Pharmacy: \$ 25 copay up to a 31-day supply</p>
Formulary drug — Tier 4 — nonpreferred drugs	<p>Covered –</p> <p>Standard Pharmacy: \$ 60 copay up to a 31-day supply</p> <p>Preferred Pharmacy: \$ 50 copay up to a 31-day supply</p>
Formulary drug — Tier 5 — specialty drugs	<p>Covered –</p> <p>Standard Pharmacy: \$ 60 copay up to a 31-day supply</p> <p>Preferred Pharmacy: \$ 50 copay up to a 31-day supply</p>
Mail-order prescription drugs	Covered – Two times the applicable generic and brand copay for a 32-day to a 90-day supply

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Important Message About What You Pay for Insulin – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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

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

Questions?

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