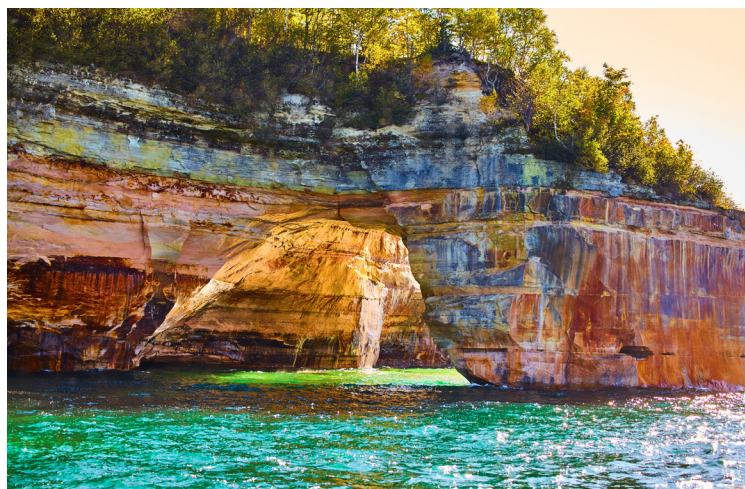


Resource Guide

For Medicare Advantage members



A guide to understanding your coverage

**READY
TO HELP**



BCN AdvantageSM HMO-POS Group

bcbsm.com/medicare

Welcome to your 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 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 see 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 provider
- Discuss preventive care services
- Provide timely reminders for upcoming appointments and screenings
- Connect you to community resources
- Reach out to your provider's office to set up appointments or answer questions

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



Staying focused on your health and well-being for 2026

Whether you're new to BCN Advantage or an existing member, you've made a smart choice by enrolling in this plan. We value your participation and strive to do our best to serve you. Here's an easy guide to help you maximize your Blue Care Network benefits.

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Out-of-network/non-contracted providers are under no obligation to treat BCN Advantage HMO-POS 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.

Welcome! Get started

Wondering what to do to make the most of your coverage? These helpful charts show you how to begin taking advantage of the benefits of your BCN Advantage plan.

Steps you can take to get started with your HMO-POS plan

	By mail	By phone	By mobile device	By computer or tablet	By BCBSM mobile app
Sign up for your secure member account at bcbsm.com/register .			✓	✓	✓
Download our Blue Cross mobile app.			✓		
Find a provider.		✓	✓	✓	✓
Take your health assessment.	✓		✓	✓	✓
Make an appointment for your free Welcome to Medicare preventive visit or annual wellness visit with your primary care provider.		✓			
Sign up in your member account to receive plan documents and other special program information by email.			✓	✓	✓

What you'll receive from Blue Care Network now that you're a member

	In the mail	By email ¹	By phone	In your online member account	In the BCBSM mobile app
Blue Cross member ID card	✓				✓
Welcome call			✓		
<i>Evidence of Coverage</i> ³ and approved drug list ²				✓	✓
<i>Explanation of Benefits</i> statements	✓			✓	✓
Provider directory ³				✓	✓
Special program information	✓	✓	✓		
Member surveys (Your opinion matters!)	✓	✓			

¹When you register for your secure, online member account and provide your email address.

²If your plan includes Part D drug coverage.

³Available by calling Customer Service at **1-800-450-3680**. TTY users, call **711**.



Sign up for your secure online member account

A perk of being a BCN Advantage member is our members-only website. Our online tools make it easy to manage your account and stay informed about your benefits. With your secure member account, you can:

- Keep track of your deductible and out-of-pocket maximum.
- View plan details and track claims.
- Select the paperless plan document option.
- Find a provider.
- Take your health assessment.
- Access a library of helpful health information.

To register for your online member account:



- Visit our website at bcbsm.com/register or scan this QR code.
- Click *Register Now*.
- Answer a few simple questions and start using your member account — have your Blue Cross member ID card handy.

Download our mobile app

Our mobile app helps you understand your health care plan and how it works. From deductibles 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. Once you've registered for your online member account, download the mobile app at the Apple® App Store or the Google Play™ store on your smartphone. You'll get instant access to your member ID card, *Explanation of Benefits* statements, plan information and more.

To download the app:

- Open Apple® App Store or the Google Play™ store.
- Search for "BCBSM."
- Click download.

Or text APP to 222764.

If you text us, we'll send you a link to download the app. Message and data rates may apply. Visit bcbsm.com/app for our *Terms and Conditions of Use* and *Privacy Practices*.

For help downloading or using the Blue Cross mobile app, visit bcbsm.com/app or call us at **1-888-417-3479**, from 8 a.m. to 8 p.m. Eastern time, Monday through Friday. TTY users, call **711**.

Scan this QR code to download the app.



Apple is a trademark 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 is a trademark of Google LLC.

Health and well-being benefits

Ready to help

Our commitment focuses on coverage that works for you in many different ways. 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 in-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. Call the Customer Service number below for information about vaccine reimbursement.

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

Call Customer Service at **1-800-450-3680**, from 8 a.m. to 8 p.m. Eastern time, Monday through Friday, with weekend hours from Oct. 1 through March 31. TTY users, call **711**.

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. However, getting vaccinated later can still be beneficial and vaccinations are offered throughout flu season.

Personify™ Health is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing well-being services.

Maintaining your well-being

Your health is not just determined by your physical fitness, but by your overall well-being. Your physical health improves when you get enough sleep, eat healthy and exercise. Likewise, your emotional well-being improves when you manage your stress, have support through life's trials and have positive social interactions.

We offer behavioral health care to help you transition through difficult times. We also offer help to those struggling with substance use disorder. To discuss your needs and arrange for services, call us at **1-800-431-1059**; TTY users, call **711**. Routine issues: from 8 a.m. to 5 p.m. Eastern time, Monday through Friday. Emergencies: 24 hours a day, seven days a week.

*If you or someone you know is experiencing an immediate mental health crisis, call the Suicide and Crisis Lifeline at **988**.

Quit tobacco for good

Increase your chances for becoming tobacco free with a phone-based tobacco cessation coaching program offered by Personify™ Health. This holistic, clinically sound and whole-person program addresses all factors surrounding tobacco use.

Whether you're ready to set a quit date or not, enroll and schedule your first call. Call Personify Health at **1-888-573-3113** for enrollment assistance. TTY users, call **711**. Member services support is available by phone, chat and email, from 8 a.m. to 9 p.m. Eastern time, Monday through Friday. Health coaches are available from 8 a.m. to 11 p.m., Monday through Thursday; 8 a.m. to 7 p.m., Friday; and 9 a.m. to 3 p.m., Saturday. All hours are Eastern time.

Blue Cross Coordinated CareSM

We understand the journey to better health is personal and, at times, overwhelming. Blue Cross Coordinated Care includes a dedicated care team to **support** you and **connect** you with the right care at the right time.

If you've been diagnosed with a **serious illness**, you can count on our dedicated nurse care managers to work with your health care provider to help you and your loved ones:

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

We offer care management services based on your medical claims or when your provider refers you for assistance. In some cases, we work with independent companies to provide services on our behalf.

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.

For a **chronic condition**, our nurse care managers help you develop skills to manage it, so you feel more in control. Your nurse will help you enroll in a care plan and set goals to improve your health.

The program is completely confidential and available at no cost.

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

Medicare Diabetes Prevention Program

The Medicare Diabetes Prevention Program is a 12-month program focusing on healthy lifestyle changes with food and activity to best support our members and prevent being diagnosed with Type 2 diabetes.

To participate in this no-cost program, you must be a member who hasn't been diagnosed with Type 2 diabetes or end-stage renal disease and has a body mass index, or BMI, greater than 25.

To find out if you would benefit from this program, call Customer Service at **1-800-450-3680**. TTY users, call **711**.

Blue Cross Virtual Well-BeingSM webinars and guided meditations

Blue Cross Virtual Well-Being webinars offer you guidance and support 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 bluecrossvirtualwellbeing.com.

Smart choices for your care

You have smart choices for when and where to get health care. Know your options so you can get the treatment you need, 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

You can talk to a registered nurse health coach at no additional cost, anytime, when you have questions about a minor illness or injury. The nurse health coach can help you determine if you can treat your health issue 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. They know you best and understand your health history. A patient-centered medical home team 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.



Virtual care visits

Connect online with a provider or therapist using a smartphone, tablet or computer anywhere in the United States. Visit bcbsm.com/virtualcare or call **1-800-835-2362**, 24 hours a day, seven days a week, 365 days a year. TTY users, call **1-855-636-1578**.



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 convenient, non-emergency, in-person care, after hours or on weekends, for conditions, such as:

- Mild allergy symptoms
- Sore throat and cough
- Colds and flu
- Low-grade fever
- Ear pain
- Eye irritation or redness
- Skin rash
- Minor burns, cuts and scrapes
- Painful urination
- Sprains and strains



Emergency room

Visit the emergency room for serious or life-threatening illnesses or injuries. Emergency rooms cost more because they are equipped to handle trauma and life-threatening situations.

In-home health assessment

Blue Cross works 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 provider in the comfort of your home. During the visit, the licensed professional dedicates about an hour to check your blood pressure, vital signs and reflexes, as well as any 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. For more information, call Customer Service at **1-800-450-3680**. TTY users, call **711**.

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 clinic may cost you significantly less than one done at a hospital.

Your health care provider can tell you if you're able to have your procedure performed at an outpatient surgery center. 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 surgery center versus at the hospital. These centers provide the same outpatient procedures while helping you avoid paying hospital overhead costs.

Be sure to ask about the different location options the next time your provider suggests an outpatient procedure, such as:

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



Finding care

It's easy:

1. Go to bcbsm.com/providersmedicare.
2. Log in and click on the *Find Care* box, or *Search for provider* as a guest.
 - Once logged in, scroll down to *Find in-network care*.
 - Use the categories to find a provider who meets your needs.
3. You can now search for an in-network doctor, hospital or clinic by name or specialty.
4. You can also call your provider's office and speak to the billing department. You can ask, "Do you participate with the BCN Advantage HMO-POS plan offered by Blue Care Network?"

If you log in to your secure online member account before you search for a provider, the system will automatically select your plan's network.

You can also call Customer Service at **1-800-450-3680**. TTY users, call **711**.

You're the most valuable player on your health care team

Did you know your plan completely covers more than 20 preventive care-related services. These include the screenings listed in the chart below. Ask your provider what preventive care is right for you.

If you're 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. The annual wellness visit can occur at anytime throughout the calendar year. It can be done at the same time as your annual physical exam. It does not replace it.

Get the most out of your visits with your provider:

- Write down questions and symptoms to discuss with your provider.
- Take notes as the provider answers your questions.
- Review your medications (dose, side effects and any over-the-counter supplements you're taking).
- Speak up if you have any health concerns.
- Be involved in your care decisions.

Remember, you're the most valuable player on your health care team.

Are your screenings up to date?

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	Diabetes 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 network pharmacy. Applies to plans with Part D drug coverage.

Talk to your health care provider

Topic	Speak up	Good to know	Ask your doctor	Get specific
Physical and mental health	Talk to your provider about physical or mental limitations.	If you physically or mentally don't feel your best, there are ways to manage it.	Should you start, change or maintain your level of daily activities?	What type of support programs are right for your overall well-being?
Bladder control	Tell your provider if you accidentally leak urine.	It's a common problem that can be treated.	What are your treatment options?	If receiving treatment, discuss its effectiveness.
Fall prevention	Call your provider right away if you've fallen. Don't wait until your next appointment.	There may be simple solutions, such as a change in medication dosage.	Could you benefit from physical therapy, a change in medication or a cane or walker?	Discuss any balance or walking problems.

For more information on healthy aging, visit bcbsm.com/agehealthy.

Virtual care benefit

Virtual care is available through Teladoc Health®, an independent company and our plan-approved vendor. It's as simple as using your smartphone, tablet or computer anywhere in the U.S. to meet with:

- A provider 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

Visit bcbsm.com/virtualcare.

Call **1-800-835-2362**, 24 hours a day, seven days a week, 365 days a year. TTY users, call **1-855-636-1578**. Behavioral health services are available by appointment seven days a week, 7 a.m. to 9 p.m. local time.

Appointments are not conducted through the 800 number above. Providers will contact members directly.

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

Teladoc Health® is an independent company that provides virtual care solutions for Blue Cross Blue Shield of Michigan and Blue Care Network.

Part D prescription drug coverage tips*



Check our list of covered drugs (called a formulary)

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 has any restrictions, such as prior authorization. You can also refer to the formulary found at 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 and independent pharmacies are in our network. With few exceptions, your prescriptions must be filled at a network pharmacy for your medications to be covered. Refer to your provider/pharmacy directory for locations near you. Check out bcbsm.com/pharmaciesmedicare or contact Customer Service to get a copy of the provider/pharmacy directory.

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 provider about alternative drugs that are just as effective and cost less.

Preferred chain pharmacies in Michigan

Costco Pharmacy	Sam's Club Pharmacy
Meijer Pharmacy	Walgreens Pharmacy
Kroger Pharmacy	Walmart Pharmacy

Optum Home Delivery is an independent company that manages prescription drug benefits for Blue Cross Medicare Advantage plans. Walgreens Mail Service is an independent company that provides home delivery pharmacy services for Blue Cross Medicare Advantage plans.

*Other pharmacies are available in your area.
If your plan includes Part D drug coverage.

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.

Optum Home Delivery (preferred network mail-order pharmacy)

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

Walgreens Mail Service (standard network mail-order pharmacy)

walgreensmailservice.com
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 home delivery pharmacies. If your delivery is late and you didn't receive a call from your home delivery provider, call them or Customer Service right away.

What to know about prior authorizations

Before getting certain treatments or Medicare Part B specialty prescriptions, your provider will request prior authorization from our plan on your behalf. This ensures that the recommended treatment is safe, appropriate for your condition and follows guidelines based on the latest medical research.

Here's how you can help:

- **Collaborate** with your provider during your care. Be sure to tell your provider about all earlier treatments because prior authorization requests require the provider to list other treatments you've had.
- **Ask your provider** if the treatment requires prior authorization or call us before you get treatment. Services that need prior authorization are noted in the medical benefits chart included with your *Evidence of Coverage* booklet available online at bcbsm.com/medicare-evidence-of-coverage.

Here's how the process works:

First, a provider sends a written request detailing the diagnosis and recommended treatment.

Then, we review the request and either:

- **Approve the request**, which means your plan will pay its share of the treatment. Your out-of-pocket cost is determined by your plan benefits,
- **Ask for more information** from your provider to document medical necessity based on Medicare-approved clinical guidelines, or
- **Deny the request**, which means your plan won't cover the treatment. We'll explain the reason for the denial to the provider and mail you a denial letter that explains your options, including how to appeal the denial. If a provider performs a service requiring approval without a prior authorization, they're usually held responsible for the cost. If your provider has told you a service wasn't approved, your provider may ask you to pay the full cost.



Additional helpful resources

Important information in your *Explanation of Benefits* statement

What is an EOB statement?

An EOB is a breakdown of the costs of your services, including what your insurance paid and what you may owe. It's not a bill. These statements help you track your medical costs. When you fill a prescription, you get your monthly prescription drugs summary, which is a separate pharmacy statement to help you track monthly and year-to-date prescription costs.

What should I do with the statement?

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

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

If you receive a medical bill for services included in your plan that doesn't show any Blue Cross payments and you never received a statement, then call your provider to ask them 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 health care provider may charge you a copay at the time of service or bill you later. You can wait to pay medical bills that you receive in the mail until you receive a statement 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 bcbsm.com/medicare.

Will my statement 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 I 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	\$552	\$337.60	\$214.40

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

DEDUCTIBLE	ANNUAL LIMITS
For most covered services, the plan pays its share of the cost only after you have paid your yearly plan deductible. As of Feb. 1, 2026, you have paid \$214.40 toward your \$245 annual deductible.	These limits tell the most you'll have to pay in 2026 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 don't 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.

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

**For plans with Part D drug coverage.*

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

Coinsurance is a percentage of the costs you pay for health care services. For medical procedures, once you've met your annual deductible, you're only responsible for the coinsurance or copay. The rest of the cost is paid by your health care plan once you've met your deductible.

For example, if you have a 20% coinsurance, your health plan covers 80% and you pay 20% of each medical bill.

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





Frequently asked questions

What's the difference between an annual wellness visit and an annual physical exam?

At an **annual wellness visit**, you and your doctor develop or update a personal prevention plan based on your current health and risk factors. If further testing or subsequent procedures are required, you could be charged out-of-pocket costs. It can occur any time, once per calendar year.

An **annual physical exam** is more comprehensive than an annual wellness visit. Your provider collects health information through a full physical exam and may order tests or other services. It can occur any time, once per calendar year.

Each of these preventive visits has separate qualifications defined by Medicare. There's no coinsurance, copay or deductible for these visits. However, if your doctor provides treatment beyond the scope of these two benefits, a coinsurance, copay or deductible may apply.

Will I be billed for my colonoscopy?

A colonoscopy screening checks to see that you're healthy (no sign, symptom or disease present). There is no coinsurance, copay or deductible for a Medicare-covered colorectal cancer screening exam.

If your provider finds and removes a polyp or other tissue during the colonoscopy or flexible sigmoidoscopy, the screening exam becomes a diagnostic exam. Diagnostic exams are prescribed when there are health concerns, such as certain symptoms or medical history. You pay your usual out-of-pocket amount for diagnostic exams. If you receive other services, or if additional conditions are discussed during the visit, your coinsurance and copay may 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* as an outpatient but not admitted, your ER copay isn't waived.

Ask the ER nurse or doctor taking care of you if you're being admitted or held for observation only.

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 the out-of-pocket costs for outpatient services. Even if you stay in the hospital overnight, the service might still be considered outpatient. Ask your doctor if you're being admitted or held for observation only.

Do you have any money-saving tips?

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 centers owned and operated by hospitals charge an additional hospital usage fee or facility charge when you see any provider in the office, health center or clinic. These offices may cost you more. Additionally, the cost of your services may be different based on where they're performed (in office, outpatient in a surgery center, outpatient hospital facility or hospital-owned provider office).



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:

Visit [SilverSneakers.com/Locations](https://www.silversneakers.com/locations)

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

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

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

SilverSneakers® app questions: [SilverSneakers.com/GO](https://www.silversneakers.com/GO)

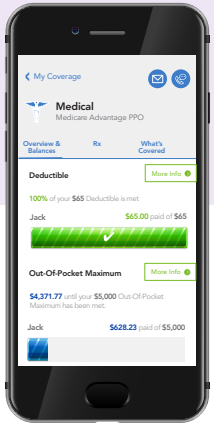


Manage your costs with confidence

Your Blue Cross online member account will help you make informed, confident decisions about your health care costs and more.

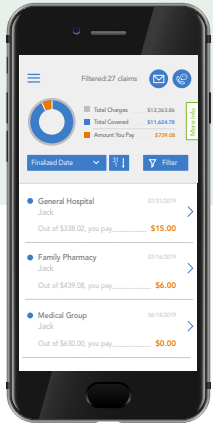
Keep track of your deductible and out-of-pocket maximum

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.



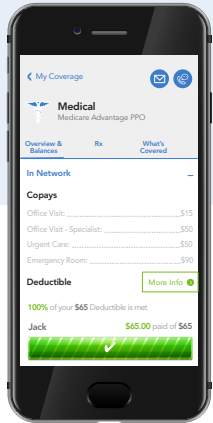
Review your claims and Explanation of Benefits

Claims and EOB statements show 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 copay information for commonly used services, including office visits and urgent care.



*May not apply to all plans. To find out if your group offers a fitness benefit, check the Medical Benefits chart that accompanies your Evidence of Coverage booklet.
Tivity Health is an independent company that has a contract with Blue Cross Blue Shield of Michigan to offer fitness services to its members. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2025 Tivity Health, Inc. All rights reserved.
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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 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

*If you or someone you know is experiencing an immediate mental health crisis, call the Suicide and Crisis Lifeline at **988**.

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 health care provider prescribes bathroom safety items, such as 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

**Northwood provides durable medical equipment, also known as DME, for Blue Cross Blue Shield of Michigan and Blue Care Network members.*

BCN AdvantageSM HMO
BCN AdvantageSM HMO-POS



**Blue Care
Network
of Michigan**

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

*Blue Care Network is an HMO and HMO-POS plan with a Medicare contract.
Enrollment in Blue Care Network depends on contract renewal.*