BCN Advantage℠ HMO-POS

University of Michigan

Benefits-at-a-Glance

January 1, 2027 – December 31, 2027

To join BCN Advantage℠ 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 1-800-658-8878, From April 1 through September 30, hours are 8 a.m. to 5:30 p.m. Eastern, Monday through Friday. From October 1 through March 31, hours are 8 a.m. to 8 p.m. Eastern, seven days a week. TTY users should call 711. Or, you can visit us at **bcbsm.com/umichmaplans.** 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. Some services may require prior authorization by the health plan. The provider network may change at any time. You will receive notice when necessary.

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Premium, deductible, copayments and dollar maximums	
Premium	In addition to the Medicare Part B premium, you may also be required to pay a premium contribution as defined by the University of Michigan.
Deductible	**$0**
Fixed dollar copay	**$10 copay** for office visits and office consultations with a primary care provider **$10 copay** for virtual care visits with a primary care provider **$10 copay** for office visits and office consultations with a specialist **$10 copay** for virtual care visits with a specialist **$10 copay** for chiropractic therapy **$10 copay** for outpatient physical, speech and occupational therapy visits **$65 copay** for emergency room visits **$10 copay** for urgent care visits **$10 copay** for mental health and substance use disorder visits
Maximum out-of-pocket	**$3,000** per calendar year per person
Preventive care services	
• Abdominal aortic aneurysm screening • Alcohol misuse screening and counseling • Annual “Wellness” visit • Bone mass measurement (bone density) • Breast cancer screening (mammograms) • Cardiovascular disease screening (behavioral therapy) • Cervical and vaginal cancer screenings • Colorectal cancer screenings – Screening fecal occult blood test – Screening flexible sigmoidoscopy – Screening colonoscopy – Screening barium enema • COVID-19 shot (vaccine) • Depression screenings • Diabetes screening • Diabetes self-management training • Flu shots (vaccine) • Diabetic foot exams and treatment • Glaucoma screening • Hepatitis B shots (vaccine) • Hepatitis C screening test	**Covered at 100%** of the approved amount

• HIV screening • Kidney disease education services • Medical nutrition therapy services • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and counseling • Pneumococcal shot (vaccine) • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screening – Digital rectal exam – Prostate specific antigen (PSA) test • Screening for lung cancer with low-dose computed tomography (LDCT) • Sexually transmitted infections screening and counseling • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • Welcome to Medicare prevention visits (initial preventive physical exam) Any additional preventive services approved by Medicare during the contract year will be covered.	**Covered at 100%** of the approved amount
Durable medical equipment, prosthetics, and orthotics	
Durable medical equipment[1]	**Covered at 100%** of the approved amount
Prosthetic and orthotic appliances[1]	**Covered at 100%** of the approved amount
Additional services	
Acupuncture for chronic low back pain; 20-visit annual limit	**$10** copay per office visit
Adult briefs and incontinence liners	**Covered at 100%** of the approved amount when obtained through an in-network DME provider. Provider order required.
Allergy testing and therapy	**Covered at 100%** of the approved amount
Annual physical	**Covered at 100%** of the approved amount
Autism spectrum disorder services[1] (No age limit) • Applied behavioral analysis (ABA) treatment when rendered by an approved board-certified behavioral analyst • Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder • Other covered services, including mental health services, for autism spectrum disorder	**$10 copay** per office visit for outpatient therapies and other covered office-based services If ABA services are rendered by an approved board-certified behavior analyst it's **covered at 100%** of the approved amount.

Chiropractic services (Enhanced) • Maintenance therapy • Evaluation and management services • X-rays (one per year) and chiropractic radiology services	**$10 copay** per office visit
Eye exam for determination of refractive state	**Covered at 100%** of the approved amount. Limited to one exam per year.
Additional services *continued*	
Dental services	Most dental services are not covered under your medical plan. Please contact Customer Service for details.
Diabetes services and supplies[1] Includes coverage for: • Continuous glucose monitors (CGM) and sensors • Blood glucose monitors (BGM), test strips and lancets • Diabetic shoes • Self-management training • Insulin pumps (excluding tubeless pumps)	**Covered at 100%** of the approved amount * All CGMs and most BGMs must be filled at a BCNA network pharmacy and billed under your health plan. Provide your pharmacist with your **Premier Care Advantage (BCNA) health plan ID card** and the following information: BIN: 262400 PCN: RXBCMA * You will have no copay. * No prior authorization is required for members who use insulin. * Members who do not use insulin require prior authorization approval. * A new prescription is required. As a member, you may call the Customer Service number on the back of your member ID card to ask about obtaining a CGM or other diabetic supplies.
Gender reassignment and gender affirming procedures[1] Must meet medical criteria	**Covered at 100%** of the approved amount
Gradient compression stockings[1]	**Covered at 100%** of the approved amount

Hearing aids and services	Specialist office visit copay may apply: **Binaural (both ears)** Covered up to the maximum allowance of **$2,707** for both ears, every 36 months, including applicable dispensing fees **Monaural (one ear)** Covered up to the maximum allowance of **$1,507** for one ear, every 36 months, including applicable dispensing fees **Ordering and fitting the hearing aid** **Covered at 100%** of allowed amount once every 36 months **Hearing aid conformity test** **Covered at 100%** of the allowed amount once every 36 months
Home infusion therapy[1] • Must be medically necessary • Must be given by a participating home infusion therapy (HIT) provider or in a participating freestanding Ambulatory Infusion Center (AIC) • Enhanced home infusion therapy coverage includes care coordination, patient support services, education, remote monitoring (when appropriate), and infusion-related supplies and equipment Some drugs may require prior authorization. Consult with your provider.	**Covered at 100%** of the approved amount
Nutritional counseling[1] Must be related to approved medical conditions such as: • Eating disorders • Diabetes • Chronic renal disease • Kidney transplant Must be medically necessary and meet Medicare-approved criteria	**Covered at 100%** of the approved amount
Podiatry[1]	**Covered at 100%** of the approved amount
SilverSneakers® fitness benefit includes: • A fitness center membership at any participating location across the country • Conditioning classes, exercise equipment, pool, sauna, customized SilverSneakers classes, seminars, and other available amenities • Online classes • SilverSneakers app	**$0 copay** for fitness membership Fitness membership must be provided at SilverSneakers® participating locations. You can find a location or request information at **silversneakers.com** or by calling 1-866-584-7352, Monday – Friday, 8 a.m. to 8 p.m. TTY users call 711.

• Members can also choose one kit per year (four options to choose from). Each kit includes a quick start guide. The at-home kits available include: o Walking: includes a pedometer o Toning: includes a SilverSneakers ball o Strength: includes a resistance band o Yoga: includes a yoga strap	SilverSneakers is a registered trademark of Tivity Health, Inc. © 2026 Tivity Health, Inc. All rights reserved.
Vision services (Diagnostic services) Diagnosis and treatment of diseases and injuries of the eye	**Covered at 100% of the approved amount** If you receive other services during the visit, out-of-pocket costs may apply.
Well-woman visit / Gynecological exam • Gynecological exam, one per calendar year • Additional well-woman visits may be allowed based on medical necessity	**Covered at 100%** of the approved amount
Wigs (including stands and adhesive) for medically approved conditions[1]	**Covered at 100%** of the approved amount

Important Message About What You Pay for Part B Insulin – You won't pay more than $35 for a one-month supply of each insulin product covered by our plan.

Note: *Services with a [1] may require prior authorization.*

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 **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.

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Blue Care Network of Michigan

Medicare and more

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