2027

Resource Guide





A guide to understanding your coverage

READY TO HELP

BCN Advantage℠ HMO-POS Group

University of Michigan

www.bcbsm.com/umichmedicare/ma-plans

Welcome to your HMO-POS plan

We cover everything Original Medicare does, plus more, 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 finding an in-network specialist. BCN Advantage doesn't require a referral for you to see an in-network specialist, although some in-network specialists may confirm your care needs with your primary care provider.

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

Healthcare 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.

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.





Focus on your health and well-being in 2027

Whether you're new to BCN Advantage or an existing member, your choice to enroll in this plan is a good move. We value your participation and will do our best to serve you. Here's an easy guide to help you maximize your Blue Care Network benefits.

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Welcome! Get started

Wondering what to do to make the most of your coverage? These charts show you how to begin taking advantage of the benefits of Blue Care Network.

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 BCBSM 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 mobile app
Blue Care Network member ID card	✓				✓
Welcome call			✓		
Evidence of Coverage[2]				✓	✓
Explanation of Benefits statements	✓			✓	✓
Provider directory[2]				✓	✓
Special program information	✓	✓	✓		
Member surveys (Your opinion matters!)	✓	✓			

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

*[2]Available by calling BCN Advantage Customer Service at **1-800-658-8878**, from 8 a.m. to 5:30 p.m. Eastern time, Monday through Friday, April 1 through Sept. 30; and 8 a.m. to 8 p.m. Eastern time, seven days a week from Oct. 1 through March 31. 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 Care Network member ID card handy.

Download our BCBSM mobile app

Our mobile app helps you understand your healthcare 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 smart phone. 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 BCBSM 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.

Download on the App Store

GET IT ON Google Play

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, use them to 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 **1-800-658-8878**, from 8 a.m. to 5:30 p.m. Eastern time, Monday through Friday, April 1 through Sept. 30; and 8 a.m. to 8 p.m. Eastern time, from Oct. 1 through March 31.

Good to know: The Centers for Disease Control and Prevention recommends getting your flu vaccine before the flu season begins in October, as it takes about two weeks after the vaccination for the antibodies to develop and protect against the flu. Although, receiving the vaccine anytime during the flu season can still be beneficial.

Maintain 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, are supported through life's trials and engage in positive social interactions.

Behavioral health and care for substance use disorder is included in your plan. Call **1-888-803-4960** (TTY users, call **711**) to discuss your needs and make an appointment for routine services, 8 a.m. to 5 p.m. Eastern time Monday through Friday.

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

Medicare Diabetes Prevention Program

The Medicare Diabetes Prevention Program focuses on healthy lifestyle changes that aid in the prevention of Type 2 diabetes. This 12-month program, included with your plan, is for members with a body mass index, or BMI, greater than 25 (if Asian, greater than 23) who aren't diagnosed with Type 2 diabetes or end-stage renal disease.

To find out if you would benefit from this program, call Customer Service at **1-800-658-8878**, from 8 a.m. to 5:30 p.m. Eastern time, Monday through Friday, April 1 through Sept. 30; and 8 a.m. to 8 p.m. Eastern time, from Oct. 1 through March 31. TTY users, call **711**.

Quit tobacco for good

Become tobacco-free with our phone-based tobacco cessation coaching program by Personify Health®. This whole-person program uses holistic and clinically sound practices to address all factors surrounding tobacco use.

Make today the day you enroll and schedule your first contact. Call Personify Health at **1-888-573-3113** for enrollment assistance. TTY users, call **711**. Member services support by phone, chat and email is available 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 Virtual Well-Being℠ webinars and guided meditations

Focus on your overall well-being, preventive and senior health with Blue Cross Virtual Well-Being programs.

Visit **bluecrossvirtualwellbeing.com** for live and on-demand Webinars and Meditations, Senior Series and Asahi Exercise Classes.

Webinar topics include, mindfulness, resilience, social connectedness, emotional health, financial wellness and physical health.

Every Thursday at noon Eastern time enjoy:

- Short, high-energy, live webinars
- A different well-being topic each week
- Informational materials to download, save and share

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

Blue Cross Coordinated Care℠

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

If you've been diagnosed with a **serious illness**, take advantage of working with our dedicated nurse care managers 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'll help with your transition to 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 cope and help you feel in control. Your nurse will help you enroll in a care plan and set goals to improve your health.

This program is completely confidential and included with your plan.

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

Personify Health® is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing well-being services to select BCN Advantage HMO-POS members.

Smart choices for your care

You've got options when it comes to your healthcare — know where to get the treatment you need when you need it. Out-of-pocket costs vary for each option.

24-Hour Nurse Line

Talk to a nurse any time for answers about a minor illness or injury. Your plan includes 24/7 access to a registered nurse for help to assess your symptoms and discuss your treatment options. 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. To request an appointment, 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**. See Page 10 for more information about virtual care visits.

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 for conditions, such as:

- Mild allergy symptoms
- Sore throat and cough
- Colds and flu
- Low-grade fever
- Earache
- Eye irritation or redness
- Skin rash
- Minor burns, cuts and scrapes

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.





Save money on routine procedures

When you're planning to have a routine procedure performed, your plan offers the options of using a surgery center or hospital.

When the procedure is considered routine, non-invasive or low-invasive, your out-of-pocket costs will be less at a surgery center, compared to a hospital. Your healthcare provider can tell you which option is best suited for you.

Typical services performed at surgery centers:

- Cataract removal
- Colonoscopy and biopsy
- Upper gastrointestinal endoscopy and biopsy
- Hip or knee replacement

Finding care

It's easy:

1. Go to **bcbsm.com/umichmedicare/ma-plans**.
2. Log in to your Blue Cross member account or scroll to the bottom of the page and click *Find a Doctor*.
3. At the top of the page add the location where you're looking for care.
4. Next to location, click on the name of the plan showing. A box will open on the page, select *Find a Different Plan*.
5. Under available plans, scroll down to University of Michigan **Premier Care Advantage**.
6. Click on the plan name to select it and then click *Confirm selection* to be able to search for in-network care.

When logged into your secure Blue Care Network online member account your plan's network is automatically selected.

You can also call Customer Service at **1-800-658-8878**, from 8 a.m. to 5:30 p.m. Eastern time, Monday through Friday, April 1 through Sept. 30; and 8 a.m. to 8 p.m. Eastern time, from Oct. 1 through March 31. TTY users, call **711**.

You're the most valuable player on your healthcare team

Among the more than 20 preventive care-related services included in your plan are the flu and pneumonia vaccines, mammograms and colorectal cancer screenings.

If you're new to Medicare, schedule a Welcome to Medicare exam. Once you're with Medicare for more than a year, take advantage of your annual wellness visit. This visit is where you'll discuss a prevention plan with your primary care provider that typically involves addressing your specific health and wellness concerns.

The annual wellness visit can occur anytime throughout the calendar year, regardless of the date of your previous annual wellness visit.

Get more 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 are taking).
- Speak up if you have any health concerns.
- Be involved in your care decisions.

Remember, you're the most valuable player on your healthcare 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**	**Tetanus booster**
Annually	The number of shots per lifetime will depend on vaccine used and time between doses	Every 10 years

Diabetes 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

Talk to your healthcare 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 doctor right away if you've fallen or are having problems with balance or walking. 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.

*Find more information at **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

Fast and convenient

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 7 a.m. to 9 p.m. local time, seven days a week.

Teladoc Health® is an independent company that provides Virtual Care Solutions for Blue Cross Blue Shield of Michigan and Blue Care Network.

Other virtual care providers are available in our network.

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 **www.bcbsm.com/umichmedicare/ma-plans**.

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 cover 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.
- **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.

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 medical provider 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, 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 **1-800-658-8878**. TTY users, call **711**.

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.

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 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 healthcare 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 Care Network online member account at **bcbsm.com/medicare**. (See Page 3 for more information and easy ways to register.)

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:

ANNUAL LIMITS

These limits tell the **most** you'll have to pay in 2027 in out-of-pocket costs (copays and coinsurance) 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.

Please note this is an example

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

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

Coinsurance is a percentage of the costs you pay for healthcare services. The rest of the cost is paid by your healthcare 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 pays	Your share of the 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 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 completed at that visit, 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, copayment 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* 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 the service is considered outpatient, confirm with your doctor.

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

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



SilverSneakers GO™

Download the app today.

Download on the App Store

GET IT ON Google Play

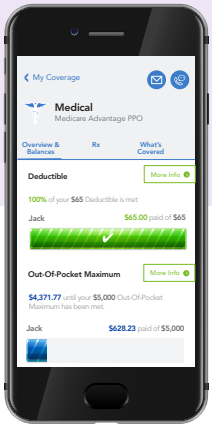
**Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2026 Tivity Health, Inc. All rights reserved.*

Manage your costs with confidence

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

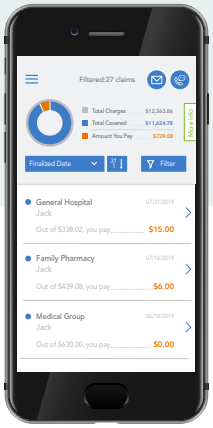
Keep track of your deductible and out-of-pocket maximum

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.



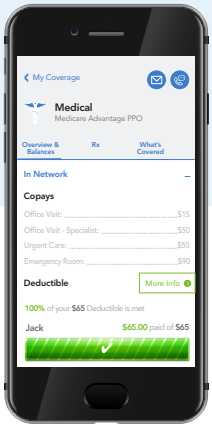
Review your claims and EOBs

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.







Customer Service

1-800-658-8878, TTY users, call **711**
8 a.m. to 5:30 p.m. Eastern time, Monday through Friday
Oct. 1 through March 31
8 a.m. to 8 p.m. Eastern time, seven days a week

Behavioral health and substance use care

1-800-431-1059, TTY users, call **711**
Routine concerns: 8 a.m. to 5 p.m. Eastern time, Monday through Friday

If you or someone you know is experiencing an immediate mental health crisis, seek help at your nearest emergency room or call the Suicide and Crisis Lifeline at **988**, 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

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

BCN Advantage℠ HMO
BCN Advantage℠ 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-POS plan with a Medicare contract.
Enrollment in Blue Care Network depends on contract renewal.