

Welcome

TO BLUE CARE NETWORK

Member Handbook

Confidence comes
with every card.®



bcbsm.com

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Your Primary Care Provider

Choose your PCP

Your **primary care provider**, or PCP, is the person you think of as your doctor. We need to have one on file for you and everyone on your contract, and each doctor has to be a PCP in your network. If we don't have a PCP on file for you, we'll assign one to you. We'll mail you a letter with details if we do.

When You Need Medical Care

This chart tells you what to do to get care. Remember to call your PCP first for all services from a routine checkup to an injury or symptoms that need prompt attention. You don't need a referral for emergency care.

Type of Care	Description	What You Need to Do
Regular and Routine Care Appointments — Get care within 30 business days	A health history and exam. This includes screenings and immunizations as required. For women, this includes an annual gynecological exam. Other preventive care.	Schedule an appointment. Provide the names of all prescriptions and over-the-counter medications you take. Provide immunization records if you have them. Make a list of questions to ask your doctor.

Type of Care	Description	What You Need to Do
Urgent Care — Get care within two days	Sudden but not life-threatening conditions, such as fevers greater than 101 degrees lasting more than 24 hours, vomiting that persists, mild diarrhea or a new skin rash.	Call your PCP. Your provider or an on-call doctor will provide care or direct you to an urgent care center near you. You can also find the closest urgent care center through your online member account.
Emergency Care — Get care immediately	A condition that causes symptoms severe enough that someone with average health knowledge would believe that immediate medical attention is needed.	Go to the nearest emergency room or call 911. Contact your PCP within 24 hours.
Hospital Care — Get care as needed	Conditions that require inpatient care.	Your PCP will arrange the hospital care you need and direct the care of any specialists who'll see you there.

Emergency Care Coverage

You're always covered for emergency care — in Michigan, across the country and around the world. Just show your member ID card. When traveling outside the U.S., you may be required to pay for services and then seek reimbursement. To speed reimbursement, bring back an itemized bill or prescription invoice and any medical records you can get.

Download the reimbursement form or call the number on the back of your member ID card to have a form mailed to you.

Your Behavioral Health Coverage

BCN members have behavioral health benefits for mental health and substance use

disorders. Behavioral health problems can range from the worries we all experience as part of everyday life to serious long-term conditions. Examples of these include depression, anxiety, isolation, young adult/college pressures, family or relationship issues, and alcohol or drug use. Behavioral health clinicians are available for routine assistance at 1-800-482-5982 (TTY users call 711). Hours are 8 a.m. to 5 p.m., Monday through Friday. You don't need a referral from your PCP. However, you must be seen by a contracted provider in your plan's network.

Type of Care	Description	What You Need to Do
<p>Routine Care</p> <p>Get care within 10 days for a first visit and 30 business days for subsequent visits</p>	<p>No danger is detected and your ability to cope is not at risk.</p>	<p>You may contact a behavioral health provider of your choice directly, but make sure they're a contracted provider in your plan's network.</p> <p>If you need help finding a provider, call the mental health number on the back of your member ID card for assistance, or 1-800-482-5982.</p>
<p>Urgent Care</p> <p>Get care within 48 hours</p>	<p>Conditions that aren't life threatening, but face-to-face contact is necessary within a short period of time, such as severe depression.</p>	<p>You may contact a behavioral health provider of your choice directly, but make sure they're a contracted provider in your plan's network.</p> <p>If you need help finding a provider, call the mental health number on the back of your member ID card for assistance, or 1-800-482-5982.</p>

Type of Care	Description	What You Need to Do
Emergency Care for conditions that are not life threatening Get care within six hours	Conditions that require rapid intervention to prevent the deterioration of your state of mind which, left untreated, could jeopardize your safety.	You may contact a behavioral health provider of your choice directly, but make sure they're a contracted provider in your plan's network. If you need help finding a provider, call the mental health number on the back of your member ID card for assistance, or 1-800-482-5982.
Emergency Care for life-threatening conditions Get care immediately	A condition that requires immediate intervention to prevent death or serious harm to you or others.	Seek help at the nearest emergency room or call 911. After the emergency, contact your PCP within 24 hours.

Prescription Drug Benefits

If you have prescription drug benefits through BCN, you can check your prescription drug benefit information by going to your prescription tab. There you can find pharmacies, see drug prices, order prescriptions online and see your pharmacy claims.

Additional Coverage Information

This is information you may need to know about your coverage. For a full list of your benefits, see your medical benefits tab.

Lab Services

BCN contracts with Joint Venture Hospital Laboratories* for clinical laboratory services throughout Michigan. This gives you access to more than 80 hospitals and 200 service centers that provide 24-hour access and a full range of laboratory services.

For information about lab services near you, call 1-800-445-4979.

If you aren't in Michigan and your coverage allows these services outside of Michigan, you must receive them from an out-of-state BlueCard Traditional provider. Learn more about the BlueCard program, or call the number on your member ID card.

*JVHL is an independent company that provides lab services for Blue Care Network of Michigan.

Durable Medical Equipment and Diabetic Supplies

Your PCP may order durable medical equipment, such as a wheelchair, a breast pump or an oxygen tank, to maintain your quality of life.

Your doctor will write a prescription. BCN only covers basic equipment that you can use at home. If the equipment you want has special features that aren't medically necessary or are considered a luxury, you can choose to pay the cost difference between the basic item and the one with special features. When you purchase medical equipment, you might have an out-of-pocket cost.

Northwood Inc.* partners with BCN to provide durable medical equipment as well as prosthetic and orthotic appliances for members.

To locate a Northwood provider near you, call Northwood at 1-800-667-8496 from 8:30 a.m. to 5 p.m. Monday through Friday. On-call associates are also available after business hours.

If you aren't in Michigan and your coverage allows these services outside of Michigan, you must receive them from an out-of-state BlueCard Traditional provider. Learn more about the BlueCard program, or call the number on your member ID card.

J&B Medical Supply Company** partners with BCN to provide diabetic materials, including insulin pumps and blood glucose meters. For more information, call J&B customer service at 1-888-896-6233.

If you aren't in Michigan and your coverage allows these services outside of Michigan, you must receive them from an out-of-state BlueCard Traditional provider. Learn more about the BlueCard program, or call the number on your member ID card.

Durable medical equipment and diabetic supplies must be prescribed by your PCP and must be supplied by Northwood or J&B. If you get these items through someone else, you'll be responsible for the cost.

*Northwood is an independent company that provides durable medical equipment for Blue Care Network of Michigan.

**J&B Medical Supply Company is an independent company that provides diabetic materials for Blue Care Network of Michigan.

Pain Management

We provide coverage for certain treatments to manage pain associated with a condition. Your doctor will coordinate the care you need.

To decline opioid prescriptions for medical treatment, fill out the form that you'll find here. Send or email a copy of the completed form to your primary care provider to include in your medical record.

Special Care for Women

We comply with all federal laws relating to the care of female members. These include:

Breast Reconstruction Following a Mastectomy

Our health coverage complies with the Women's Health and Cancer Rights Act of 1998. It includes the following important protection for breast cancer patients who elect breast reconstruction in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed for treatment of cancer
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and other care to alleviate physical complications of all stages of a mastectomy

Hospital Stays for Childbirth

The Newborns' and Mothers' Health Protection Act of 1996 prohibits health plans from restricting hospital stays for childbirth to less than 48 hours following a vaginal delivery or 96 hours following a

cesarean section.

A physician or other health provider doesn't need to obtain authorization for prescribing a hospital stay up to 48 hours following a vaginal delivery or 96 hours following a cesarean section. However, the attending physician or certified nurse midwife, in consultation with the mother, may discharge the mother or newborn earlier than 48 hours following a vaginal delivery or 96 hours following a cesarean section.

Blue Cross® Online VisitsSM

When you use Blue Cross Online Visits, you'll have access to online medical and behavioral health services anywhere in the United States. You and your covered family members can see and talk to:

- A doctor for minor illnesses such as a cold, flu or sore throat when your primary care provider isn't available. Medical visits are available 24/7.
- A behavioral health clinician or psychiatrist to help work through different challenges such as anxiety, depression and grief. Behavioral health visits are available by appointment only.

How to Get Started

Here's how to use online visits:

- Mobile: Download the BCBSM Online Visits app using the App Store® or Google Play™
- Web: Blue Cross Online Visits
- Phone: Call 1-844-606-1608

No service key is required.

If you're new to online visits, sign up and add your Blue Care Network health plan information.

For medical services, an online visit is based on your office visit cost share, or the amount selected in your plan documents. Costs for behavioral health services vary depending on the type of provider and service received. You'll be charged the appropriate cost share for the service using your existing outpatient behavioral health benefits.

Before your online visit, you'll be prompted to enter your payment information.

Learn more about your non-emergency choices for care on the Blue Cross Blue Shield of Michigan website.

Online medical care doesn't replace primary care provider relationships. Remember to coordinate all care through your PCP.

Finding Specialty Care

Know the Referral Process

Your PCP will either provide your care or refer you to a specialist. Your doctor needs to coordinate your care, or it may not be covered by your plan.

Coordinating Care with Your Doctor

Your PCP either provides your care or coordinates it through the BCN referral process. When your doctor decides that you need to see a specialist, they will provide a referral that allows you to see another health care provider. Some PCPs are affiliated with certain groups of doctors and hospitals and will generally refer you to them for care. This helps to coordinate your care.

- It's important to confirm that your PCP refers you to an in-network specialist to ensure you're covered for treatment. You may need special approval from BCN for certain services or for services from specialists who aren't in network.
- Your referral can range from 90 days to 365 days.
- Changing your PCP while a specialist is treating you may change your treatment referral. Check with your new PCP.
- Without a referral, you're responsible for the cost of the services.
- Your online account lists your referrals and authorizations. When a new or updated referral and authorization is posted to your account, you'll get an email notification. We'll also mail you an approval or denial letter. Not all approval and denial letters are handled by Blue Care Network. Only letters we send to you are available through your online account.

In-Network vs. Out-of-Network Care

A network is a group of providers, like doctors, hospitals and vendors, that have contracted with BCN.

In-network providers

In-network providers are part of your plan's network. Make sure your PCP refers you to an in-network provider so your care is covered.

Out-of-network providers

Out-of-network providers aren't part of your plan's network. Unless it's an emergency or your service is preauthorized, you're responsible for the entire cost.

If Your Doctor Is Out of Network

If your provider no longer participates in the BCN network, you may qualify to continue receiving care from the provider for 90 days, or until your course of treatment is finished. You may qualify as a continuing care patient with your named provider if any of these conditions apply:

- You're undergoing treatment for a serious or complex condition or terminal illness.
- You're undergoing a course of institutional or inpatient care.
- You're scheduled for a nonelective surgery (and postoperative care) with that provider or facility.
- You're pregnant and undergoing a course of treatment for the pregnancy.

If these conditions don't apply and you receive health care services from an out-of-network provider, you'll be responsible for the cost of those services.

To ask for continuity of care, call the number on the back of your member ID card.

Getting Care When You Travel

Using Your Benefits When You Travel

Blue Care Network covers only a limited amount of health care services when you're outside of your plan's network or outside of Michigan. Talk with your primary care provider before traveling to address any health concerns.

Where You Are	Type Of Care	What You Need to Do
In Michigan	Emergency Care — Symptoms are severe enough that immediate medical attention is needed.	Call 911 or go to the nearest hospital emergency room.
	Urgent Care — The condition requires a medical evaluation within 48 hours.	Go to the nearest urgent care center. To find an in-network urgent care center, call the number on the back of your member ID card or Find a Doctor online.
	Nonurgent Care	Call your PCP to coordinate services that don't require immediate attention.
Outside of Michigan but in the United States	Emergency Care	Call 911 or go to the nearest hospital emergency room.
	Urgent Care	Go to the nearest urgent care center. To locate an in-network urgent care center, call 1-800-810-BLUE (2583).

Where You Are	Type Of Care	What You Need to Do
	Nonurgent Care	Refer to your Certificate of Coverage and riders to see what's covered when you travel. Or call the number on the back of your member ID card for details on your health benefits and required authorizations. Call 1-800-810-BLUE (2583) to find a physician at your destination.
	Other Services — Such as elective surgeries, hospitalization, mental health or substance use disorder services	Refer to your Certificate of Coverage and riders to see what's covered when you travel. Or call the number on the back of your member ID card for details on your health benefits and required authorizations. Call 1-800-810-BLUE (2583) to find a physician at your destination.
Outside the United States	Emergency Care	Go to the nearest hospital emergency room. You may be required to pay for services and then seek reimbursement. Be sure to get an itemized bill and medical records to speed reimbursement.

Pharmacy Coverage When You Travel

If you have pharmacy coverage through BCN, you can fill prescriptions at any Blue Cross participating pharmacy when you travel. Your member ID card is accepted at thousands of pharmacies nationwide, including most major chains.

Emergency Care When You Travel

You're always covered for emergency care — in Michigan, across the country and around the world. Just show your member ID card. When traveling outside the U.S., you may be required to pay for services and then seek reimbursement. To speed up reimbursement, bring back an itemized bill or prescription invoice and any medical records you can get.

Download the reimbursement form or call the number on the back of your member ID card to have a form mailed to you.

Finding a BlueCard® Provider

If your plan includes the BlueCard program, visit doctors and hospitals that participate in BlueCard, our care program when you're away from home.

Learn more about the BlueCard program online or call the number on your member ID card.

Additional Information

Coordination of Benefits

When you have more than one health care or prescription drug policy, coordination of benefits, or COB, determines which plan pays your claims first. The one that pays first is your primary plan. If your primary plan doesn't pay the claim or pays only part, it's passed on to your secondary plan for payment review. Tell us if you or anyone in your family has other medical or prescription drug coverage, such as:

- Spousal coverage: You have additional medical or prescription coverage through your spouse's employer.
- Medicare: You or someone in your family has Medicare coverage.
- Dependent coverage: Your children have coverage with BCN and also through their other parent's plan.
- Accident coverage: If you're injured in an auto accident or at work, another insurer may be responsible for your coverage.

Address Changes and Life Events

Report address changes or life events to your group benefits representative within 31 days of when they happen. Life events include:

- Birth of a child
- Adoption or legal guardianship
- Marriage
- Divorce
- Death
- Name change
- New address or phone number
- Medicare eligibility

Advance Directives

If severely injured or too ill to make health care decisions on your own, who will make them for you?

Advance directives are legal documents that state your wishes.

The types of advance directives are:

- Durable power of attorney for health care — allows you to name someone to make your health care decisions if you are unable to do so.
- Do not resuscitate order — tells providers that you don't wish to receive CPR if your breathing or your heart stops.

Download the advance directive form, or call the number on the back of your member ID card to get the forms by mail.

Your Summary of Benefits and Coverage

You have access to a Summary of Benefits and Coverage, or SBC, customized for you as required by the Affordable Care Act.

For information about all your benefits and how your out-of-pocket costs work, refer to your Certificate of Coverage and riders. To request a paper copy of these documents, call the number on the back of your member ID card.

Blue Care Network
P.O. Box 5043, Mail Code C300
Southfield, MI 48086-5043

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**Blue Care
Network**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Customer Service

1-800-662-6667
711 (TTY users)

8 a.m. to 5:30 p.m.
Monday through Friday