

Welcome

TO BLUE CARE NETWORK

Member Handbook

Confidence comes
with every card.®



bcbsm.com

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How to Use Your Benefits

Your Primary Care Provider

Choose your PCP

Your **primary care provider**, or PCP, is the person you think of as your doctor. As a contract holder of our Virtual Primary Care plan, you must have a doctor who's associated with our designated virtual primary care vendor. For care to be covered, your virtual primary care provider must provide or coordinate your health care from preventive services to referrals for specialists. However, anyone on your contract under the age of 18 must select a PCP from our statewide network. If one isn't selected, we will assign a provider.

Note: Dependents who turn 18 while covered under the Virtual Primary Care plan will be assigned a BCN provider on their birthdate.

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. 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 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 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 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
<p>Emergency Care for conditions that are not life threatening</p> <p>Get care within six hours</p>	<p>Conditions that require rapid intervention to prevent the deterioration of your state of mind which, left untreated, could jeopardize your safety.</p>	<p>You may contact a behavioral health provider of your choice directly, but make sure they're a 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>Emergency Care for life-threatening conditions</p> <p>Get care immediately</p>	<p>A condition that requires immediate intervention to prevent death or serious harm to you or others.</p>	<p>Seek help at the nearest emergency room or call 911. After the emergency, contact your PCP within 24 hours.</p>

Keeping Your Out-Of-Pocket Costs Down

Your out-of-pocket costs will be lowest when either your PCP treats you or when you get care from an in-network doctor. Some services, like preventive care, are only covered from an in-network doctor. When you see a doctor who's not in our network, you and your doctor are responsible for getting prior approval for certain services to be covered. You may also have to pay charges that exceed our approved amount.

Prescription Drug Benefits

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**.

*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.* is your provider for diabetic supplies and durable medical equipment, including wheelchairs and oxygen tanks. To find a provider near you or order supplies to manage your condition, such as insulin pumps, glucose monitors, lancets and test strips, call Northwood at **1-800-667-8496** from 8:30 a.m. to 5 p.m. Monday through Friday.

Note: If you use J&B for your diabetic supplies, you can continue to use them as a supplier in the Northwood provider network.

Durable medical equipment and diabetic supplies must be prescribed by your PCP and must be supplied by Northwood. 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 and 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.

Special Care for Women

We comply with all federal laws relating to the care of our 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
- Prosthesis 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.

Virtual Care That's Always There

You and everyone on your health care plan can get virtual medical and mental health care on your

smartphone, tablet or computer. Virtual Care by Teladoc Health® is included with your health care plan.

24/7 care

Medical visits to attend to minor illnesses such as colds, sore throats, urinary tract infections and pink eye are available 24/7, anywhere in the U.S. Your virtual visit is with a U.S. board-certified doctor, and you don't need an appointment. Prescriptions, if needed, can be sent to your preferred pharmacy.

Mental health

Through the Mental Health option, you can connect with a licensed therapist or U.S. board-certified psychiatrist when you're dealing with stressful situations or issues such as grief, anxiety and depression. Mental health visits do require an appointment, but many therapists and psychiatrists have evening and weekend availability.

How to sign up

Visit bcbsm.com/virtualcare to download the Teladoc Health app.

You can also open the BCBSM® mobile app, select *Find a Doctor* and then *Virtual Care*. You'll need your Blue Cross member ID card. Remember to choose your health plan and enter your subscriber ID number when updating or creating your account so your coverage is applied correctly.

A Virtual Care account covers children, but family members ages 18 and older will need to create their own Virtual Care accounts. When updating or creating your account, choose your plan name and enter your subscriber ID so your coverage is applied correctly. Call **1-800-835-2362** with any questions about your account or to arrange a telephone visit.

Medical visits are \$65 or less. If you have a plan with a copay, it's generally equal to or less than what you pay for a primary care office visit. Costs for mental health visits vary depending on the type of provider and the services you receive. Your out-of-pocket costs are based on your existing outpatient behavioral health benefits. You'll see your cost before you start your visit. Be sure you've added your Blue Cross health plan information to your Virtual Care account.

Help is available 24/7

If you have questions or need help with your Virtual Care account or an online visit at any time, call **1-**

800-835-2362.

Teladoc Health provides Virtual Care Solutions for Blue Cross Blue Shield of Michigan and Blue Care Network. Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

Virtual First Online VisitsSM

When you use Blue Cross Preferred HMO Virtual Primary Care, you'll have access to online medical and behavioral health services from anywhere. The plan features comprehensive health benefits and value through Doctor On Demand® by Included Health.

- Greater convenience for individuals with prompt access to our virtual network of board-certified primary, urgent and behavioral health care providers with low copays
- Complete care continuity drives savings and prevents unnecessary medical spend
- Diverse provider options and 24/7 access to suit individuals' personal preferences
- Visit options include phone call, in-app messaging, video or in-person specialist visits when needed — it's the best of both worlds
- Dedicated Care Team guides individuals to in-network specialists and services
- Primary care kits for measuring vitals, and kits for asthma, diabetes, hypertension and chronic kidney disease
- 100% coverage of essential, preventive care health benefits
- Integrated prescription drug coverage
- Pediatric vision benefits

Anyone on your contract under the age of 18 must select a PCP from our statewide network. If one isn't selected, we will assign a provider.

Note: Dependents who turn 18 while covered under the Virtual Primary Care plan will be assigned a BCN provider on their birthdate.

Getting Specialty Care

Understand Your Options For Care

You can choose where you get care. You'll pay the least when you get care from doctors in the BCN network. You'll pay the most when you see a Michigan doctor who isn't in the BCN network, and you'll be responsible for getting any required approvals.

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 prior authorization 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 other professionals, who 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

To continue to see a doctor who's not in your plan's network, one of these situations must apply to you:

- You're receiving an ongoing course of treatment and changing doctors would interfere with recovery. Care may continue through the current course of treatment — up to 90 days.
- You're in the second or third trimester of pregnancy. Care may continue through delivery.
- You have a terminal illness. Care may continue for the remainder of your life.

This continuity of care may also apply when your doctor leaves the BCN network. Authorization from BCN is required.

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 PCP 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.
	Non-Urgent 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 urgent care center, call BlueCard at 1-800-810-BLUE (2583).
	Non-Urgent Care	Blue Cross 24/7 Medical Virtual Visits are covered nationwide.

Where You Are	Type Of Care	What You Need to Do
Outside the United States	Emergency Care	<p>Go to the nearest hospital emergency room.</p> <p>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.</p>

Pharmacy Coverage When You Travel

If you have pharmacy coverage, 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 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.

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 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

Important information about your health care coverage

Last Updated November 2023

Below are some important things you should know about your health care coverage and where to locate information in case you need it. From time to time, we get questions like these and wanted to let you know that you can visit our website to learn more about your benefits. If you require further assistance, call the toll-free customer service number on the back of your member identification card.

Topic	Information Location	Summary
Rights and Responsibilities	https://www.bcbsm.com/important-information/rights-responsibilities/	This information lets you know all the rights you have as a Blue Care Network member, including what you can expect from us and what you can do as a member.
Guaranteeing quality management	https://www.bcbsm.com/important-information/policies-practices/additional-information/	Blue Cross Blue Shield of Michigan conducts quality initiatives to improve health care for our members. Download the description of our HMO quality program (PDF).
My coverage	bcbsm.com, log in to your member account.	Your covered benefits, included and excluded

Topic	Information Location	Summary
Drug lists and pharmacy information	https://www.bcbsm.com/index/health-insurance-help/faqs/plan-types/pharmacy.html NOTE: Generic substitution may be required for Blue Cross members. If both generic and brand name are listed on our drug list, members are encouraged to receive the generic equivalent. Some members may be required to pay the difference between the brand name and generic drug, as well as applicable co-pay, depending on the member's plan. See the Pharmacy Services section of the website for more detail.	Prescription Drug Benefits (Covered pharmaceuticals; copayment information, including tiers; pharmaceuticals that require approval; limits on refills, doses or prescriptions; use of generic substitution, how formulary updates are communicated, and how often)
My Coverage / Copays	At bcbsm.com, log in to your member account.	Copayment and other charges you may be responsible for
What's the difference between in network and out of network?	https://www.bcbsm.com/index/health-insurance-help/faqs/topics/how-health-insurance-works/difference-between-in-network-out-of-network-benefits.html	How we pay for care, including out-of-network care
Getting translation help	https://www.bcbsm.com/important-information/policies-practices/language-assistance/	Language Assistance
Using Opioids Safely	bcbsm.com/opioids/index	Learn how to include a non-opioid directive in your medical records
How Agent Compensation Works	bcbsm.com/agentcompensation	Information regarding Agent commissions

Topic	Information Location	Summary
How do I submit a claim for a payment I made at the doctor, pharmacy or dentist?	https://www.bcbsm.com/index/health-insurance-help/documents-forms/topics/claims/claim-forms.html	Learn how to submit a claim
Find a doctor	https://www.bcbsm.com/individuals/find-care/	How to obtain primary, specialty, behavioral health and hospital services including afterhours care
Emergency Care	https://www.bcbsm.com/index/health-insurance-help/faqs/topics/getting-care/how-to-get-care-while-you-are-traveling/emergency-care.html	Emergency Care
How to get care while you're traveling	https://www.bcbsm.com/index/health-insurance-help/faqs/topics/getting-care/how-to-get-care-while-you-are-traveling.html	Out of Plan Service Area
Resolving Problems	https://www.bcbsm.com/important-information/resolving-problems/	Resolving Problems for HMO Members How to submit a complaint, appeal a decision that affects your benefits and coverage, including your right to external independent review.
Evaluating new medical technology	https://www.bcbsm.com/index/common/important-information/policies-and-practices/additional-information.html#Evaluating	How is new technology evaluated to determine potential new benefits
Determining coverage of care	https://www.bcbsm.com/index/common/important-information/policies-and-practices/additional-information.html#Determining	Affirmative statement about incentives

Topic	Information Location	Summary
Access to our Utilization Management staff	Blue Cross works with network providers to improve delivery of health care and to improve outcomes. We want to make sure you're getting the highest quality care and service and that you receive it promptly—this is called Utilization Management, which includes referral management, prior authorization, inpatient services management and behavioral health services. Our utilization management staff is available to discuss these activities at least eight hours a day for inbound collect or toll-free calls, during and after normal business hours. Our staff will identify themselves by name, title and organization when initiating or returning calls. If you have questions about this process and the approval of care, please call the customer service number on the back of your ID card. TTY users start by dialing 711. Upon request language assistance is available to members free of charge.	
Care Management	You may be eligible to receive help for your complex health issues. To self-refer and find out if you are eligible for care management, call the customer service number located on the back of your Blue Cross ID card.	

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.

We Speak Your Language

Blue Care Network
P.O. Box 5043
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bcbsm.com



**Blue Care
Network**
of Michigan

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

Customer Service

1-888-227-2345
711 (TTY users)

8 a.m to 8 p.m.
Monday through Friday