



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Confidence comes with every card.®

Individual Plan Member Handbook Preferred Provider Organization

Effective January 1, 2025
Revised October 1, 2024

Welcome

Thank you for choosing Blue Cross Blue Shield of Michigan. We're providing you and your family with this member handbook to help you get the most from your health care plan. Being well informed, you will have the confidence and security of knowing that health care coverage is available when you need it.

This handbook gives you an overview of your health care coverage. For more details about your coverage, log in to your member account at bcbsm.com. (First-time users will need to register for an account.)

If you have technical difficulties, please call Web Support at 1-888-417-3479.

If you don't have online access, please call the Customer Service number on the back of your Blue Cross ID card.

The information in this handbook is a summary of your health care benefits. It is not a contract. This summary may not reflect additional limitations or exclusions that apply to covered services or the most recent updates to Blue Cross certificates, riders or changes that you may be making to your coverage. Please call the Customer Service phone number on the back of your Blue Cross ID card if you have additional questions about your health care benefits.

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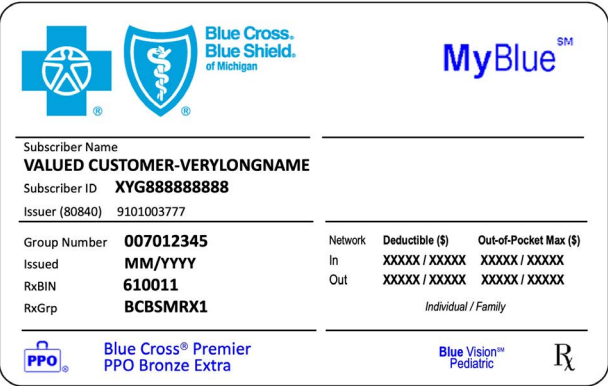
Once enrolled, you'll receive an ID card. All cards will show the contract holder's name, even those issued to dependents.

Subscriber name: This is the contract holder's name.

Subscriber ID: This is the subscriber's assigned contract number with Blue Cross.

Issuer: Identifies you as a Blue Cross Blue Shield of Michigan member to out-of-state providers.

Group number: This references your benefit plan.



ABOUT YOUR ID CARD

Only you and your eligible dependents may use the cards issued for your contract. Lending your card is illegal and subject to possible fraud investigation and termination of coverage.

Call us if your card is lost or stolen. Your health care provider can call us to verify coverage until you receive your new cards.

If you need additional ID cards:

- Visit bcbsm.com and log in as a member.
- Click *Get an ID card*.

You can also call the Customer Service number you find online.

Consolidated Appropriations Act (CAA) Mandate values:

- In and Out of Network
- Deductibles
- Out-of-Pocket Maximums
- Individual and Family
 - Family values will not appear for contracts with only one member
 - The Individual/Family label will also be removed for contracts with only one member
- Rx values will only appear if they are not embedded in the Medical

Agent compensation

Visit bcbsm.com/agentcompensation to see information related to agent commissions.

Discounts for members

Blue Cross Blue Shield of Michigan and Blue Care Network members are eligible for special savings through our member discount program, Blue365®.

BLUE365

As a member, you can get exclusive discounts on healthy products and services through Blue365. All you have to do is log in to your account at bcbsm.com to browse and redeem the discounts.

Here's some of what you'll find:

- Deals on products and services such as hearing aids, fitness gear and nutrition resources.
- Access to gym memberships through Fitness Your Way. There are more than 13,000 participating gyms including Life Time® and Snap Fitness®.
- Discounts on LASIK and eye care services.

BCBSM Mobile App

Your health information is secure when you 'pack the app'.

Protecting our members' information is our top priority. You can be sure that using the mobile app is a safe and secure way to access information about your health plan.

We protect all information through secured connections, and we regularly update our information systems to stay current and ensure the security of your data.

What you can do with the app:

- View deductible and other plan balances
- Check claims and explanation of benefits
- See medical, dental and vision coverage
- Research drug prices
- Access HealthEquity® spending account balances
- View and share member ID Card
- Find doctors and hospitals and compare costs for services

For more information, visit bcbsm.com/app.

Choosing your provider

LOOKING FOR A DOCTOR, HOSPITAL OR OTHER HEALTH CARE PROFESSIONAL?

You can choose any health care provider in your network for routine or general care. You don't need a referral for specialty or behavioral health care, and hospital services. To help narrow your options, visit bcbsm.com and click *Find a Doctor* to choose a health care provider who best matches your needs and maximize the value of your benefit plan. With this application you can:

- Enter your preferred location
- Easily compare providers
- Review specialty, board certification and education information
- Find contact information
- Read a review of a doctor
- Print your search results
- Find out-of-state doctors
- Get cost estimates to help you research and compare for certain procedures

You can also find a network provider for the following services on our site:

- Primary care services (routine exams or general health issues)
- Specialty care
- Behavioral healthcare services
- Evening or weekend services
- Services from a doctor who speaks another language
- Services located near you
- Virtual Care

WHAT IS A NETWORK PROVIDER?

A network provider is a physician, hospital or other health care specialist who provides services through our PPO network. PPO stands for preferred provider organization. PPO network providers have signed agreements with us to accept our approved amount as payment in full for services covered under your health care plan. Using PPO network providers limits your out-of-pocket costs for covered services to any in-network deductible, coinsurance and copayments that may be required by your plan.

Note for parents of students: Dependents who are away from home attending school still need to choose a PPO physician to have coverage out-of-network. (See the section about BlueCard®.)

LIMITED NETWORK

For certain providers, Blue Cross does not have a PPO network. If you receive services from a provider for which there is no PPO network, the service will be covered at the in-network level of benefits. If you are unsure whether or not there is a PPO network for a service or health care provider, please call the Customer Service number on the back of your Blue Cross ID card.

WHAT IS AN OUT-OF-NETWORK PROVIDER?

An out-of-network provider is a physician, hospital or other health care specialist who has not signed an agreement to provide services through our PPO network. You generally pay higher out-of-pocket costs like deductibles, copayments and coinsurance for services received outside the PPO network. In addition, some services may require prior authorization, for which you may be liable if services are rendered prior to obtaining that authorization. Please contact the number on the back of your card to inquire about prior authorization services.

Important: Outside of the PPO network, a provider can either be participating or nonparticipating. Participating providers have agreed to accept our approved amount, plus your out-of-network deductible, copayment or coinsurance as payment-in-full for covered services.

Nonparticipating providers have not signed an agreement and can bill you for any differences between their charges and our approved amount.

HOW PROVIDERS ARE PAID

How much you pay for the services you receive depends on whether you use a network or out-of-network provider. We explain the difference below.

Under your health care plan, the payment allowed for covered services is called the Blue Cross Blue Shield of Michigan approved amount. Our approved amount is the lesser of the provider's billed charge or the Blue Cross-maximum payment level for the covered service. Any deductible, coinsurance or copayments required by your health care plan are subtracted from the approved amount before we make our payment.

PPO network providers — Blue Cross sends payment directly to network providers. Because of their signed agreement with Blue Cross, network providers will accept this payment as payment in full for covered services. You are only responsible for any in-network deductible, coinsurance or copayments that may be required by your health care plan.

Out-of-network providers — If you choose to go to a provider who is not in our network, it is important to verify if the service is covered. Not all services outside the network are covered. Please call the Customer Service phone number on the back of your ID card to verify if a service is covered.

When using out-of-network providers, you also need to find out if the provider is participating or nonparticipating with Blue Cross. Here’s why this is important:

Participating providers — Blue Cross sends payment directly to participating providers. Because of their signed agreement with Blue Cross, participating providers will accept this payment as payment in full for covered services. You are responsible only for any out-of-network deductibles, coinsurance or copayments required by your health plan. However, these costs will be higher than what you would pay if you used a network provider.

Non-participating physicians and other professional providers — Blue Cross sends payment directly to you, and it is your responsibility to pay the provider. Because Blue Cross’s payment to you may be less than the provider’s charge, you may also have to pay the provider the difference between our payment and the provider’s charge. This would be in addition to any out-of-network deductible, coinsurance or copayments required by your health care plan.

Nonparticipating hospitals, facilities and alternatives to hospital care providers — Blue Cross’s payment for services received at nonparticipating hospitals is limited and covers only those services required to treat accidental injuries or medical emergencies. This means that you will need to pay most of the charges yourself, and your bill could be substantial. Please refer to your health care certificate for a complete explanation of your coverage when services are provided by a nonparticipating hospital or facility.

PREVENTING FRAUD

If your provider asks for another form of identification, don’t worry. Checking a cardholder’s identification is just one way our providers help us protect you against unauthorized use of your card.

You can also help prevent fraud by checking your explanation of benefits. If you see a discrepancy on your EOB, contact your health care provider first to see if it’s an error. If it’s not and you believe its fraudulent billing or use of your Blue Cross ID card, then let us know by calling our Anti-Fraud Hotline at 1-800-482-3787. You can also fill out our online anti-fraud form or write to:

Anti-Fraud Unit
Mail Code 1620
Blue Cross Blue Shield of Michigan
600 East Lafayette Blvd.
Detroit, MI 48226

When reporting fraud, all phone calls and correspondence are confidential.

WHAT YOU PAY OUT OF POCKET

For details of the amount of out-of-pocket expenses you pay for covered services:

- Visit [bcbsm.com](https://www.bcbsm.com) and log in.
- Click *My Coverage* and select either *Medical*, *Dental* or *Vision*.
- Click *What’s Covered*.

If you have to pay for covered services, we will reimburse you for our share of the cost. For more information and for a copy of the form:

- Visit [bcbsm.com](https://www.bcbsm.com) and log in.
- Click *Forms*.

Health resources

BLUE CROSS WELL-BEINGSM

Your health plan includes online well-being resources to help you make small, everyday changes to build health habits to improve your health. We work with Personify HealthTM to offer these digital resources.

DIGITAL HEALTH RESOURCES

The digital resources included with your health plan are now better than ever. They include:

- Guidance to programs and resources that address your interests and health goals
- An improved health assessment to help you get a picture of your current health and health risks
- A one-on-one tobacco cessation coaching program to help you stop smoking, vaping and using nicotine
- A checklist to help you keep track of well-visits, screenings and other care needs
- Self-guided digital well-being courses called Journeys[®] to help you build healthy habits that stick
- Seamless fitness tracking with more than 100 fitness devices and apps, such as Apple Health and Google Fit

Log in to your member account at bcbsm.com or our mobile app to get started.

WORKING TOGETHER

The answers you need are a phone call away. Our knowledgeable Engagement Center assistants can answer your questions about the well-being programs available to you. Just call 1-800-775-BLUE (2583) Monday through Friday from 8 a.m. to 5 p.m. Eastern time.

Engagement Center assistants can also:

- Help you find network doctors and hospitals
- Give you information about program discounts
- Assist with online well-being resources
- Direct you to a registered nurse for health information and symptom management, when necessary (for eligible participants)



Maternity and Menopause Support Program

Working together with **Maven**, this program provides full digital support during pregnancy plus three months of postpartum for **no extra cost**. Through the Maven app, you and family members on your plan get full access to:

- **A personal care advocate.** Each participant is matched to a care advocate based on personal preferences who provides personalized care navigation and support. They'll answer questions about the pregnancy and postpartum journey, and recommend coaches and high-quality, in-network providers.
- **24/7 video appointments with top-rated Maven coaches.*** Participants can schedule video appointments with more than 30 specialties, including OB-GYNs, mental health specialists, midwives, nutritionists, doulas, lactation consultants, and sleep and career coaches.
- **Personalized content.** Clinically based articles and provider-led classes are available on a variety of topics, such as prenatal health, postpartum depression and returning to work. Community forums are also available to engage with others on similar journeys.

The maternity program includes:

- Comprehensive care through prenatal and postpartum time periods
- High-risk pregnancy management
- Early risk detection to help reduce preterm births, low birth weight and C-sections
- Guidance for parents with an infant in the NICU
- Content and support tools, which are specific to each week of pregnancy

To get started, download the Maven app and register. Search *Maven Clinic*.

Maven is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing family building and maternity support services.

*Maven coaches don't replace in-person care or relationships with participants' established care teams and providers. They're additional resources to schedule appointments when their providers aren't available.

Teladoc Health Condition Management

This program combines advanced technology, coaching and support for mental health and chronic medical conditions to help people live happier, healthier lives.

AVAILABLE PERSONALIZED PLANS:

- Diabetes
- Hypertension
- Diabetes prevention

Learn more and join today at teladochealth.com/BCBSMI.

BY PARTICIPATING, YOU AND COVERED FAMILY MEMBERS GET ACCESS TO:

- **Connected devices:** Depending on your health goals, you could receive a free blood glucose meter, blood pressure monitor and smart scale; each sends readings to your private account on an easy-to-use app.
- **Coaching anytime and anywhere:** Ask expert coaches your questions on nutrition, medications or anything else related to your health. Together, you'll create a custom plan to meet your needs and focus on health areas that are important to you.
- **Digital behavioral health support:** Get 24/7 access to practical tips and techniques that help you better manage stress, sleep, anxiety, depression, weight and more.

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

BlueCard® program

When traveling outside of Michigan, your coverage travels with you. Through the BlueCard program, you have access to network and participating providers throughout the U.S. and around the world. Coverage for accidental injuries and emergent care will be covered with in-network cost-sharing. Virtual primary care, 24/7 medical urgent care and behavioral health visits with Teladoc as well as urgent care visits and prescriptions have in network cost sharing nationwide. Any scheduled services received outside of Michigan will be covered with out-of-network cost-sharing.

CARE INSIDE THE U.S.

Like network and participating providers in Michigan, you won't have to fill out any claim forms or pay up front for the cost of the service unless it's an out-of-pocket cost, such as a deductible, coinsurance or copayment, or a noncovered service.

Here are three steps to make the BlueCard program work for you:

1. In an emergency, go directly to the nearest hospital.
2. Call 1-800-810-BLUE (2583) or search for nearby doctors and hospitals when traveling.
3. When you arrive at the network or participating provider's office or hospital, present your Blue Cross ID card. The doctor or hospital will recognize the suitcase logo and know that you are receiving services under the BlueCard program. This means they will submit any claim forms and only bill you for the appropriate deductible, coinsurance or copayments that may be required by your health care plan.

CARE OUT OF THE U.S.

With our Blue Cross Blue Shield Global Core program, your coverage also travels with you to foreign countries. When you need care outside of the U.S., follow these six steps:

1. Check your certificate to make sure your international benefits are the same outside of the U. S.
2. If you need to find a health care provider, call the Blue Cross Blue Shield Global Core Service Center at 1-800-810-BLUE (2583) or call collect at 1-804-673-1177, 24 hours a day, seven days a week. An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization if necessary.
3. In an emergency, go directly to the nearest doctor or hospital, then call the Blue Cross Blue Shield Global Core Service Center if you are hospitalized. For non-emergency inpatient medical care, you must call the Global Core Service Center to arrange access to a Blue Cross Blue Shield Global Core hospital, to locate a doctor or hospital, or if you need medical assistance.

4. If you need to be hospitalized, call the Customer Service number on the back of your Blue Cross ID card for authorization. **Note:** This number is different from the phone number listed above.
5. If the Blue Cross Blue Shield Global Core Service Center arranged your hospitalization, the hospital will file the claim for you. You will need to pay the hospital for the deductible, coinsurance or copayment expenses you normally pay.
6. For outpatient and doctor care or inpatient care not arranged through the Blue Cross Blue Shield Global Core Service Center, you will need to pay the provider and submit a claim form with original bills to Blue Cross. Try to get all itemized receipts, preferably in English. We will pay the approved amount for covered services at the rate of exchange in effect on the date of service, minus any deductible, coinsurance or copayment that may be required by your plan.

Eligibility, enrollment and membership

Individual plan members: If you have individual coverage, visit bcbsm.com for information about eligibility, enrollment and membership.

You can also verify your Blue Cross membership records on our website when you log in to your account.

DEPENDENT COVERAGE

Coverage for your dependents is based on the certificates and riders included in your health care plan. For dependent eligibility criteria, refer to your certificates and riders, which are available online. Members without online access can call the Customer Service phone number on the backs of the Blue Cross ID cards.

SPECIAL ENROLLMENT PERIODS

A special enrollment period (SEP) allows a member to change plans on and off the Marketplace at any point during the calendar year. An SEP is triggered only if a member has a qualifying event. The SEP lasts 60 days from the date of the qualifying event. If you have a qualifying event and wish to change your plan, it's important you do so within 60 days of the event.

Examples of qualifying events include:

- Gaining or becoming a dependent because of marriage, birth, adoption or placement for in foster care
- Change in income that may affect your eligibility for a tax credit subsidy
- Access to new plans due to your moving to a new ZIP code or county
- Change in citizenship
- Loss of coverage due to:
 - Legal separation
 - Death
 - Divorce
 - Termination of employment or reduction of hours
 - Loss of dependent status
- Loss of Medicaid, CHIP or COBRA also known as the Consolidated Omnibus Budget Reconciliation Act.

Notes:

- If we cancel your coverage because we had cause (for example, you didn't pay your premiums or you committed health care fraud), you will not qualify for a special enrollment period. This does not qualify as a "loss of coverage" or a life event.
- If you decline enrollment because you had COBRA continuation coverage under another plan, you must exhaust that COBRA coverage before you qualify for a special enrollment period.

To request a special enrollment period or obtain more information, please contact Blue Cross Customer Service at the number on the back of your Blue Cross ID card.

Making membership changes

You may request a membership change for one of the following reasons:

- Name or address change
- Adding or removing
- Cancellation of your contract
- Medicare eligibility and enrollment

If you enrolled on the Marketplace, you will need to contact the Marketplace directly. You may log on to your Marketplace account or contact the Marketplace call center at 1-800-318-2596.

If you enrolled off the Marketplace, you may call customer service at the phone number on the back of your Blue Cross ID card.

To avoid delays in payments or potential coverage problems, please call customer service at the phone number on the back of your Blue Cross ID card within 60 days of when the event occurs. This is especially important when adding or removing a dependent from your contract because you can be liable for claims paid in error. For example, in the case of divorce, if you fail to give timely notice, you may be responsible for payments made by Blue Cross on behalf of your ex-spouse for services provided subsequent to your divorce date.

Claims information

With the Blue Cross’s extensive network of participating providers and our BlueCard program, the only time you may have to file your own claims is if you receive services from a nonparticipating or non-network provider.

FILING A CLAIM

If you receive services from a nonparticipating or non-network provider, first ask the provider if he or she will bill Blue Cross for the services. Most providers will submit claims to their patients' insurance companies when asked.

If your provider will not bill Blue Cross for you, then follow these steps:

- Ask the provider for an itemized statement or receipt with the following information:
 - Name and address of provider
 - Full name of patient
 - Date of service
 - Provider's charge
 - Diagnosis and type of service
- Make a copy of all items for your files and send the originals to us with the claim form. It is important that you file claims promptly because most services have claims filing limitations. To find the form:
 - Visit bcbsm.com and log in.
 - Click *Forms*.

Note: If you receive care out of the country, try to get all receipts itemized in English. Cash register receipts, canceled checks or money order stubs may accompany your itemized receipts, but may not substitute for an itemized statement.

When payment is made, it will be made directly to you or the person whose plan you’re on.

Your explanation of benefits

After we process claims for services you receive, we send you an electronic explanation of benefits, which we refer to as an EOB. The EOB is not a bill, but it can help you understand how your benefits were paid. Blue Cross will send you an email to notify you of a new EOB that’s been posted to your member account on bcbsm.com, where you can view, save or print your EOB statements. At the top of the EOB, you'll find Blue Cross Blue Shield of Michigan’s Customer Service numbers and an address to help get answers to your questions.

OPT OUT OF RECEIVING YOUR EXPLANATION OF BENEFITS ELECTRONICALLY

Instead of receiving your EOBs electronically, you can sign into Member Secured Services at bcbsm.com and request to opt out of receiving electronic EOBs. Visit bcbsm.com and log in as a member.

- Select *Account Overview*.
- Select *Communication Preferences*.
- Select *Paperless Options*.

READING YOUR EOB

Briefly, your explanation of benefits tells you:

- The person who received the services and the date services were provided
- Claim Summary summarizes claims by doctor, hospital and other health care providers, including the amount submitted to Blue Cross, what you saved by being a Blue Cross member, what we paid and what you pay.
- Summary of Deductibles and Out of Pocket Maximums shows the balances paid to date.
- Helpful information about your coverage, tips to lower health care costs and ways to improve overall health summarizes the Blue Cross payment and shows what you may owe your provider.
- Claim Detail shows information about each claim we processed, including types of cost-sharing applied to the claim, information your provider put on the claim to identify the medical service you received and the unique number Blue Cross assigned to the claim

If you see an error, contact your provider first. If your provider cannot correct the error, call the Customer Service number on the back of your member ID card.

WHAT IF MY CLAIM IS REJECTED OR DENIED?

Every effort is made to process your claims correctly. If we deny your claim for payment, you can appeal the denial. For more information on the appeal process:

- Visit bcbsm.com/importantinfo.
- Click *Resolving problems*.

Getting the care you need

Depending on the health care services you need, your provider might have to get approval before providing that service. For more information and a list of services that need approvals, visit bcbsm.com/importantinfo and click on *Services that need prior authorization*.

PRESCRIPTION DRUG COVERAGE

If you have prescription drug coverage, visit bcbsm.com/pharmacy for detailed information about what your plan covers and the best way to use your prescription benefits. You can also find information about:

- If your drug is covered under our pharmacy plans
- Mail order drug forms
- How to get approval for your medications (some drugs need approval, or prior authorization, or step therapy before your plan will cover them)
- Generic drug substitutions
- Quantity limits
- Preferred alternatives
- How to find a pharmacy
 - Most specialty drugs can be filled at a retail pharmacy or by mail order through Walgreens Specialty Pharmacy. Some specialty drugs can only be ordered by phone and delivered by mail from one pharmacy.
- Saving money on prescriptions
- How to request a review for coverage (if a drug isn't covered in your plan)
- Out-of-pocket expenses you pay for prescription drugs:
 - Visit bcbsm.com and log in.
 - Click *My Coverage* and select *Prescription Drugs*.
 - Click *What's covered* — prescription benefits

Any coupon, rebate or other credits received directly or indirectly from an assistance program or the drug manufacturer may not be applied to a consumer's deductible, cost-sharing or out of pocket maximum.

You can also call customer service at the number on the back of your ID card.

USING OPIOIDS SAFELY

To include a non-opioid directive in your medical records, please fill out the form available at bcbsm.com/opioids/index. Once completed, send or email a copy to your primary care provider.

SERVICES THAT NEED PRIOR AUTHORIZATION

Some services are eligible for coverage only when your provider gets approval beforehand. You'll find a list at bcbsm.com/importantinfo. Then click *Services that need prior authorization*.

ACCESS TO OUR STAFF

Blue Cross works with our network providers to make sure you're getting the highest quality care and service, and that you receive it promptly. This is called utilization management. If you have questions or want more information about this process, please call the Customer Service number on the back of your ID card. TDD/TTY users start by dialing 711 or call 1-800-696-8350. You must have a TTY/TDD device to use the TTY/TDD number.

EVALUATING MEDICAL TECHNOLOGY

Blue Cross Blue Shield of Michigan / Blue Care Network of Michigan evaluate new technologies and new applications of existing technologies to develop medical policies related to these technologies and make coverage recommendations. This process includes, but is not limited to, medical procedures and services, medical devices, surgical procedures, behavioral health procedures and pharmaceuticals.

EMERGENCY CARE

If you're not sure if your condition (such as high fever, sharp or unusual pain or minor injury) requires emergency care, but you think it needs prompt attention, it's best to call your doctor or your doctor's after hours phone number.

You can also visit an urgent care center in your plan's network for non-emergency conditions such as earaches, colds, flu, minor burns, fever, sprains, sore throats and headaches. Visit bcbsm.com for a list of urgent care centers.

If you have an emergency and taking the time to call your doctor may mean permanent damage to your health, seek treatment first. Go to the nearest emergency room or call 911.

After the emergency has passed, your doctor can arrange appropriate follow-up care.

SOME SERVICES ARE NOT COVERED

Experimental treatment: We do not pay for experimental treatment. Facility services and physician services, including diagnostic tests related to experimental procedures are also not covered. Please refer to your certificate for an explanation on how we determine experimental services. For a list of services not covered by your health care plan:

- Log in at bcbsm.com
- Click *My Coverage* and then *Medical*
- Click *What's Covered* and scroll down to see what's not covered

Coordination of benefits

If you have health care coverage with more than one carrier, we need to coordinate your benefits with that other carrier. We'll ask you to fill out a coordination of benefits form so we can work with your other health care plan to make sure you receive the maximum benefits available under both your plans. Your Blue Cross health care plan requires that your benefit payments be coordinated with those from another plan for services that may be payable under both plans.

Subrogation

Your contract with Blue Cross Blue Shield of Michigan includes a provision called "subrogation." If you file a lawsuit or an insurance claim, or if there is a settlement, subrogation allows Blue Cross Blue Shield of Michigan to hold a party that caused an injury or condition to be responsible for payment of the medical expenses related to the injury. For more information or for a copy of the form:

- Visit [bcbsm.com](https://www.bcbsm.com).
- Click *Help*.
- Click *Popular Health Topics*.
- Click *Other Topics*.

Send us the completed form.

Mailing:

Blue Cross Blue Shield of Michigan
Subrogation Department
232 S. Capitol Ave., L09A
Lansing, MI 48933-1504

Email: SubrogationUnit@bcbsm.com

Phone: 1-866-296-3975

Fax: 1-877-257-2012

If you hire an attorney to represent you in such a situation, have your attorney call Blue Cross at 1-866-296-3975.

Customer Service

To call us, please use the Customer Service phone number on the back of your Blue Cross ID card. You can also find this number on your explanation of benefits.

Our Customer Service hours are Monday through Friday from 8 a.m. to 5:30 p.m.

Our goal is to provide excellent service. When you call, please have your Blue Cross ID card with you. And if you're inquiring about a claim, we'll also need the following information, which can all be found on the explanation of benefits for the claim in question:

- Patient's name
- Provider's name (hospital, doctor, laboratory, other)
- Date of service and type of service (surgery, office call, X-ray, other)
- Provider's charges

Please remember: Blue Cross Blue Shield of Michigan follows strict privacy policies in accordance with state and federal law. You'll find our Notice of Privacy Practices at [bcbsm.com/importantinfo](https://www.bcbsm.com/importantinfo).

LANGUAGE TRANSLATION SERVICES

- When you call the Customer Service number on the back of your Blue Cross ID card, you can request language assistance. You can also go to [bcbsm.com/importantinfo](https://www.bcbsm.com/importantinfo), click on *Important notices about our plans* and select *Getting translation help*.

YOUR RIGHTS AND RESPONSIBILITIES

As a member, you have rights and responsibilities. A right is what you can expect from us.

A responsibility is what we expect from you.

ALL MEMBERS HAVE THE RIGHT TO...

- Receive considerate and courteous care with respect for their privacy and human dignity.
- Candidly discuss appropriate, medically necessary treatment options for their health conditions, regardless of cost or benefit coverage.
- Participate with practitioners in decision making regarding their health care.
- Voice concerns or complaints about their health care by contacting Customer Service or submitting a formal written grievance through the Member Grievance program.
- Receive clear and understandable written information about Blue Cross Blue Shield of Michigan, its services, its practitioners and providers and their rights and responsibilities.
- Make recommendations regarding members' rights and responsibilities policies.



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