

**READY
TO HELP**



2024

WELCOME.

You made the right choice.

PLAN AND BENEFIT HIGHLIGHTS

NEW

Menopause support program, Page 18

NEW

Introducing Virtual Primary Care for PPO members,
Pages 10-11

NEW

Blue Cross Virtual Care, formerly Blue Cross Online VisitsSM



Welcome to Blue Cross Blue Shield of Michigan and Blue Care Network.

We know health care can seem complicated. That's why we're committed to helping you understand your coverage. This guidebook will provide you with what you need to know about your health care plan as well as where to find information about your Blue Cross online member account at **bcbsm.com**.*

If you ever have questions, refer to your online member account for 24-hour access or call the Customer Service number on the back of your Blue Cross® or BCN member ID card. We have representatives ready to help you.

Thank you for your membership; you made the right choice.

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*In this guidebook, you'll be advised to check **bcbsm.com** or your member account for specific information about your health care plan. If you don't have internet access, you may request the information be sent to you in print. Call the Customer Service number on the back of your Blue Cross or BCN member ID card.





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**UNDERSTAND YOUR INDIVIDUAL
HEALTH CARE PLAN:**

HMO

What's an HMO?

HMO = Health Maintenance Organization

With an HMO plan from Blue Care Network, you pick one primary care provider. All your health care services go through that doctor. He or she needs to give you a referral before you can see any other health care professional, except in an emergency, urgent care visit or accidental injury.

For example, if you get a skin rash, you would first go to your provider for an exam. If the provider can't treat you, he or she will give you a referral to a trusted dermatologist in your network.

Coordinating all your health care through your provider means less paperwork and lower health care costs for everyone. Visits to health care professionals outside of your network typically aren't covered.

Your primary care provider

Your provider is the person you think of as "your doctor." We must have one on file for you and everyone on your contract. Each doctor must be labeled as a primary care provider in your plan's network. To make it easier, your member account won't allow you to submit your provider change if the doctor you select isn't categorized as a primary care provider.

For care to be covered or cost you the least, your provider must coordinate your health care from preventive services to referrals for specialists. If we don't have a primary care provider on file for you, we'll assign one to you. We'll mail you details if we do. When you have the provider you want, call his or her office to make an appointment for your annual physical or to discuss a medical condition.

How to view or change your primary care physician

To choose or change your doctor, log in to your member account at bcbsm.com.

After logging in, you'll see a carousel section where you can view your provider information. Click *View PCP* to see your doctor and, if applicable, your family's doctor displayed.

Or call the Customer Service number on the back of your BCN member ID card.

Each person covered under your contract must select a primary care provider from one of these categories:

- **Family medicine and general practice:** Practitioners who treat patients of all ages
- **Internal medicine:** Doctors trained to identify and treat adult and geriatric medical conditions
- **Internal medicine/pediatrics:** Doctors trained in internal medicine and pediatrics who treat infants, children and adolescents 18 and younger
- **Pediatrics:** Pediatricians who treat infants, children and adolescents 18 and younger



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In-network versus out-of-network providers

A network is a group of providers (doctors, hospitals and vendors) contracted with BCN to provide health care services. Note: You're always covered for emergency care.

In-network providers accept your health care plan. This means they're participating providers. Be sure your provider refers you to in-network providers to ensure your care is covered and you pay the least.

Out-of-network providers don't take your health care plan. You can choose to get care from an out-of-network provider, but you'll pay more and may be responsible for the entire cost of the service.

Your physician is required to meet our strong network affiliation standards. We screen our physicians to ensure they meet our quality requirements for professional training and medical practices. Verify the status of our health care providers at michigan.gov/healthlicense.^{*} Or call the Michigan Department of Consumer and Industry Services at **517-241-7849**.

Some services aren't covered

Here are a few examples of services your medical plan doesn't cover:

- Services obtained without following BCN procedures
- Cosmetic services or supplies
- Custodial care
- Experimental or investigational treatment
- Personal convenience items
- Rest cures
- Acupuncture
- Routine exams related to employment, insurance licensing, a court order or travel
- Self-help programs

For more details about health care services and benefits not covered, refer to your certificate and riders or *Summary of Benefits and Coverage* in your online member account. Click *My Coverage* in the navigation menu, then click *Plan Documents*.

Make an appointment

Get to know your provider — make an appointment for your annual physical or to discuss a medical condition. Your doctor can also write and renew your prescriptions.

Referrals and coordinating care with your doctor

Your primary care provider provides your care or coordinates it through BCN's referral process. If you need specialty care, your provider will provide a referral, which allows you to receive treatment or services from another health care provider. Referrals are submitted by the provider electronically, on paper or by phone. This process allows your provider to coordinate the care you receive. Your provider will refer you to a specialist who is affiliated with certain groups and hospitals. This helps them better coordinate your care.

- It's important to confirm that your provider refers you to an in-network specialist to ensure you receive coverage for treatment.
- You may need special approval from us for services from specialists who aren't part of your plan's network.
- Your referral for treatment with a specialist can range from 90 to 365 days.
- Changing your provider while a specialist is treating you may change your treatment referral. Check with your new doctor.
- If you don't receive a referral, you'll be responsible for the cost of the services.

You **don't** need a referral for:

- Emergency care
- Behavioral health care*
- Well-visits to a gynecologist or obstetrician*

*Must be seen by an in-network provider

Prior authorization

Prior authorization means you need approval from BCN for certain health care services and to see specialists who aren't part of your plan's network. In some cases, we require authorization to make sure the prescription drugs, medical tests, surgeries and other health care services are proper for your condition and medically necessary.

If you don't get authorization, a service may cost you more or we may not cover it. Your health care provider is responsible for the authorization request. Even though your doctor submits it, you should talk to him or her before receiving any health care services to see if authorization is required. Prior authorization is required for all in-patient stays, radiology services like MRIs, CT scans, elective surgeries and specialty drugs. This means your provider must contact us, and we must approve care before you receive it or you may be responsible for the cost of the service. You'll receive a letter confirming whether or not your authorization was approved.

Grievance process

Blue Care Network and your primary care provider are interested in your satisfaction with the services and care you receive. Discuss any problems relating to your care with your provider first. Often, he or she can correct the problem to your satisfaction. You're also welcome to call Customer Service.

If you're not able to resolve your issue through these methods, you can file a formal grievance. You have two years from the date of discovery of a problem to file a grievance about a decision made by BCN. There are no fees or costs.

For the grievance policy, which includes more detail about your grievance rights and how soon we must respond, go to [bcbnm.com/importantinfo](https://www.bcbnm.com/importantinfo) and click *Resolving problems*.

Or call Customer Service at **1-888-227-2345** from 8 a.m. to 8 p.m. Monday through Friday. TTY users, call 711.



Blue Cross Preferred HMO Virtual Primary Care

Affordable. Convenient.

We understand you have options when it comes to health insurance. That's why we developed the Blue Cross Preferred HMO Virtual Primary Care plan. With this innovative plan, you'll get the quality health care you expect — where and when you need it — with low copays.

Get comprehensive virtual access to primary, urgent and behavioral health care through BCN's partnership with Doctor On Demand by Included Health. You'll experience high-quality care from U.S. board-certified doctors that's convenient and affordable.

Visit bcbsm.com/virtualcaremember to learn more.

Exclusively for
HMO Members

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Doctor On Demand by Included Health is provided by Included Health, Inc., which is an independent company contracted by Blue Care Network to provide acute care, behavioral health care services and primary care services to BCN members.





Blue Cross Personalized Medicine

Finding the right medication just got personal.



Blue Cross Personalized Medicine was developed to help you avoid the risk and cost of adverse side effects and drug interactions. It's Michigan's first end-to-end precision medicine pharmacogenomics program.

BCN partnered with OneOme®, co-founded by Mayo Clinic, to combine genetic testing and analysis into one solution. Genetic testing helps health care professionals predict how a person's genes may affect certain medications to determine the right one that will work best for them early in treatment.

Visit myrightmed.com/bcbsm to learn more.



OneOme shares your test results only with you, the prescribing doctor and a PGx pharmacist through OneOme's secured website. Blue Care Network isn't involved in the test process and won't have access to the results. The test results won't affect your health care coverage. The PGx pharmacist, you and your prescribing health care provider will determine and agree on any recommended changes.

OneOme is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing services related to genetic testing.



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**UNDERSTAND YOUR INDIVIDUAL
HEALTH CARE PLAN:**

PPO

What's a PPO?

PPO = Preferred Provider Organization

A Blue Cross Blue Shield of Michigan PPO has a broad network of doctors and hospitals in the state. Here's what you can expect with your PPO:

- You can choose any doctor you want, both in and out of network. However, you'll pay less out of pocket by choosing an in-network doctor.
- You don't need referrals from a primary care physician to see a specialist or for any other services.
- **When you go out of network, you'll pay a higher fee along with a separate deductible and out-of-pocket maximum. You may also have to pay for services upfront, then file a claim for reimbursement.**

Choose a doctor

Log in to your member account at bcbsm.com, click on the Find a Doctor box to go to the Find Care page where you can log in to find a provider. You can also use our mobile app.

Make an appointment

Get to know your doctor — make an appointment for your annual physical or to discuss a medical condition. Your doctor can also write and renew your prescriptions.

In-network vs. out-of-network care

A network is a group of providers (doctors, hospitals and vendors) that have contracted with Blue Cross to provide health care services.

In-network providers are part of your plan's broad network. Out-of-state emergency and accidental injuries are covered in network.

Online visits and prescription drugs are covered nationwide.

Out-of-network providers aren't part of the network. You can get care from an out-of-network provider, but you'll pay more. Out-of-state scheduled services are covered at an out-of-network cost share.

Example	IN NETWORK	OUT OF NETWORK
Diagnostic testing original rate	\$250	\$250
Insurance negotiated (discounted) rate	\$175	\$175
Insurance pays	\$140	\$105
You pay the remainder	\$35	\$70



Introducing Virtual Primary Care

For our Blue Cross PPO members

A new option for primary care

ENJOY THE CONVENIENCE OF VIRTUAL PRIMARY CARE

A rural location and untraditional work hours are a couple of reasons visiting your primary care provider in person can be challenging. Now, you can choose a virtual primary care provider through your Blue Cross Blue Shield of Michigan health plan.

Through **Virtual Care by Teladoc Health[®]**, member ages 18 and older have access to:

- A U.S. board-certified Teladoc Health primary care provider
- A virtual care team that includes your primary care provider, a registered nurse and a certified medical assistant who will work with you to develop a personalized care plan. A summary of what benefits and services are covered with a description of your costs
- Unlimited messaging to your virtual care team through the Teladoc Health app, the same app you use for virtual urgent care and mental health

Appointments are available from 7 a.m. to 6 p.m. Monday through Friday, and 8 a.m. to 12 p.m. on Saturday.

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GET STARTED

Visit bcbsm.com/find-care/primary-doctor for a link to download the Teladoc Health app.





For all members

WELCOME.
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Learn more about your health care coverage at bcbsm.com

We encourage you to explore your health care plan within your member account at bcbsm.com. When you log in and click *My Coverage* in the navigation menu, you can check:

- Everyone who's covered under your health care plan
- Your copayments, deductible and out-of-pocket costs
- Information about your health savings account or health reimbursement arrangement, if applicable
- A summary of what benefits and services are covered with a description of your costs
- Your prescription drug coverage, if applicable
- Plan documents, including your certificate and riders, *Summary of Benefits and Coverage*, and a glossary of health coverage and medical terms



In addition to your member account, you can also locate other information about your health care coverage when you need it. See below.

INFORMATION	LOCATION	SECTION
Copayment and other charges you may be responsible for	Log in to your member account at bcbsm.com	My coverage/copays
Your covered benefits, included and excluded		My coverage
How to find a provider	Visit bcbsm.com	Find a Doctor
How to obtain primary, specialty, behavioral health and hospital services — including after-hours care		Find a Doctor
Affirmative statement about incentives	Visit bcbsm.com/importantinfo	Determining coverage of care
Description of quality program and outcomes		Guaranteeing quality management
How new technology is evaluated to determine potential new benefits		Evaluating new technology
How to submit a complaint		Submitting a complaint
View our privacy practices		Privacy practices
Language assistance		Getting translation help
What to do if you disagree with a claims decision, including your right to external independent review		Appealing a claims decision/external review
Your rights and responsibilities		Understanding member rights and responsibilities
Prescription drug benefits		Drug lists and pharmacy information
Using Opioids Safely	Visit bcbsm.com/opioids	Learn how to include a non-opioid directive in your medical records
Care Management and access to our Utilization Management staff	Call the Customer Service number on the back of your member ID card. TTY users, call 711.	
Emergency care	Go to bcbsm.com and type <i>Emergency care</i> in the search field.	<i>Should I go to the emergency room or urgent care?</i>
How we pay for care, including out-of-network care	Go to bcbsm.com and type <i>Network</i> in the search field.	<i>What's the difference between in network and out of network?</i>
Out-of-plan service area	Go to bcbsm.com and type <i>Traveling</i> in the search field.	<i>How to get care while you're traveling</i>
How to submit a claim	Go to bcbsm.com and type <i>Submitting a Claim</i> in the search field.	<i>How do I submit a claim for a payment I made at the doctor, pharmacy or dentist?</i>
Information related to agent commissions	Visit bcbsm.com/agentcompensation	Learn how agent compensation works



Member ID card:
The key to your
health plan

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Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd., Detroit, MI 48226-2998
A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Use of this card is subject to terms of
applicable contracts, conditions and user
agreements.

Dental, Vision, and Pharmacy providers
file claims according to your network
contract. All other providers: file claims
with the local BCBS plan. For Medicare
claims, bill Medicare.

Member coverage outside the state of
Michigan is out of network, except for
eligible urgent, emergency, or accidental
injury services.

bcbsm.com

Customer Service: **888-288-2738**

To locate participating
providers outside of Michigan: **800-810-2583**
Misuse may result in prosecution.
If you suspect fraud, call: **800-482-3787**

VSP - Pediatric Vision: **800-877-7195**

Mental Health/Substance
Abuse Preauthorization: **800-762-2382**

Providers: Rx Prior Authorization/
Rx Eligibility and Benefits: **800-437-3803**

Benefits Summary: bcbsm.com/sbc

Plan Details: bcbsm.com/myblue

BACK OF CARD



**Blue Cross.
Blue Shield.
of Michigan**

MyBlueSM

Subscriber Name

VALUED CUSTOMER

Subscriber ID **XYG888888888**

Issuer (80840) 9101003777

Group Number **007012345**

Issued **MM/YYYY**

RxBIN **610011**

RxGrp **BCBSMRX1**

Network Deductible (\$) Out-of-Pocket Max (\$)

In XXXXX / XXXXX XXXXX / XXXXX

Out XXXXX / XXXXX XXXXX / XXXXX

Individual / Family



**Blue Cross® Premier
PPO Bronze Extra**



FRONT OF CARD

Subscriber name:

The person who signs and
submits the application for
the health plan.

Subscriber ID:

This number identifies
you and your benefits
to any health care
professional you visit.

Issuer:

Identifies Blue Cross
Blue Shield of Michigan
to any health care
professional you visit.

Group number:

Identifies the plan
you're enrolled in to
any health care
professional you visit.

Suitcase icon:

This shows you can
receive coverage
throughout the country
and abroad.

PPO or HMO:

You're either part of the
Blue Cross Blue Shield of Michigan
preferred provider organization
or Blue Care Network health
maintenance organization.

Blue Vision Pediatric logo:

If applicable, this confirms your
Blue Vision Pediatric coverage
to any health care professional
you visit.

Rx logo:

Confirms your prescription
drug benefits to any health
care professional you visit.

Health care plan costs: The basics

When you understand how your costs work, you'll know when and how much you need to pay for care. Deductibles, coinsurance and copays are all part of the process. Here's a breakdown:

- **Premium:** The monthly amount you pay us to keep your coverage
- **Copayment or copay:** A set dollar amount you pay for a health care service, usually when you receive it
- **Deductible:** A set dollar amount (apart from your premiums) that you have to pay for health care services, before your health plan begins to pay
- **Coinsurance:** Your share of the cost of a health care service, a percentage of what we pay for the service. For example, a 20/80 coinsurance means you pay 20% and we pay 80%
- **Out-of-pocket maximum:** The most you'll pay in deductibles, copayments and coinsurance during the year. Once you reach the out-of-pocket maximum, we will typically cover 100% of the covered services



Register your online account

Go to bcbsm.com/register.

As a Blue Cross or BCN member, registering your online member account is one of the first things you should do. It's important because your online member account is where you get tools, information and support in one secure location. Your member account will help you understand how your plan works and what it covers, and help you make more informed choices about your care.

Here's what you can easily do using your online member account:

- Pay your bill.
- Select or change your primary care provider.
- Search for in-network doctors, hospitals and specialists.
- View your benefits and claims history.
- Check your out-of-pocket costs, such as deductible, copayments and coinsurance.
- See the status of authorizations and referrals.
- Look up cost estimates for health care services.
- Check drug prices, receive coverage warnings and look for lower-cost alternatives.*
- Visit the Blue Cross Health & Well-Being website, powered by WebMD®, and take a health assessment, set exercise or diet goals, track fitness activities and much more.
- Access your digital member ID card.

**For members that have Blue Cross or Blue Care Network pharmacy coverage.*

WebMD Health Services is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing health and wellness services.

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On the go — our mobile app keeps you connected

The BCBSM mobile app gives you access to your member account anywhere you go. You can:

- Set up Face ID or fingerprint login for the quickest, most secure access to your information.
- Find doctors, urgent care or hospitals nearby, and get there using GPS-enabled directions.
- Access your digital member ID card, or order more physicals cards for adult family members on your plan.
- Get quick answers to questions about your plan with MIBlue Virtual AssistantSM, an interactive, automated chat feature.
- Receive notifications on your phone when a new explanation of benefits statement is posted, and when your referral or authorization is approved.
- Recover a forgotten username or password with a simple account recovery process.

Visit bcbsm.com/app for more information about our mobile app.

Register your online member account in one of three ways.

1. Go online.

- Go to bcbsm.com/register and select **Register Now**.
- Enter the required information when prompted.
- Follow the instructions to verify your eligibility and identity.

2. Use our app.

- Download the app on the App Store[®] or Google Play[™] (search **BCBSM**).
- Tap the app and then **Register**.

3. Text us.

- Text **REGISTER** to **222764** to start setting up your Blue Cross member account.*

**Message and data rates may apply. Visit bcbsm.com for our Terms and Conditions of Use and Privacy Practices.*



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Google Play and the Google Play logo are trademarks of Google LLC.



Maternity and menopause programs

Take advantage of 24/7 digital support through Maven

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Maven: Supporting two important life stages

If or when these life stages apply to you or others on your health plan, these programs are ready to help. When you enroll in these programs, you'll get personalized care navigation, on-demand support and education. Best of all, these programs are available to you at no cost.



Maternity program	Menopause program
<ul style="list-style-type: none">• Pregnancy and postpartum support• Spouse or partner support• Infant sleep support• Return-to-work guidance• Support for a loss• Mental health support	<ul style="list-style-type: none">• Perimenopause, menopause and postmenopause support• Early intervention• Symptom management• Mental health support• Wellness coaching

Support that's always there

- **A care advocate** who will provide one-on-one personal guidance throughout the whole journey
- **24/7 video appointments** with top-rated coaches* from more than 35 clinical specialties, including OB-GYNs, lactation consultants, mental health specialists, career coaches and more
- Trustworthy **articles**, **live classes** and **community forums**

Learn more and get started at

- bcbsm.com/mavenfamily
- bcbsm.com/mavenmenopause

**Maven coaches don't replace in-person care or relationships with your care teams and providers.*

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



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

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 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.

Learn more and join today at
teladochealth.com/BCBSMI



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Your explanation of benefits

Your explanation of benefits statement shows the costs associated with the medical care you've received. When a claim is filed under your benefit plan, you'll receive an EOB showing what was billed, any Blue Cross discounts, what we paid and what you pay.

Visit bcbsm.com/guide for more information about how to read your EOB statements.



Pay your bill

Simple steps. The overall experience is seamless — especially setting up recurring premium payments and paying bills for multiple plans.

No uncertainty. You can see clear snapshots of the current bill and recent payments.

Multiple ways to pay. Blue Cross offers individual members a variety of ways to pay premium bills — by phone, in person, by mail or online at bcbsm.com/paybill.

Paperless billing

Go paperless and help protect the environment. Log in to your member account at bcbsm.com/paperless to update your preferences.



Keep your coverage active

Set up recurring payments to make sure your account stays active throughout the life of your plan.

Get started by registering your online member account at bcbsm.com/register. Already registered? Log in to your account and set up recurring payments. It's easy.



Pharmacy basics

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You made the right choice.

To find out what your prescription drug plan covers, log in to your account at bcbsm.com or through our mobile app. Your member account also offers tools that can help you find out how much a medication costs, find a less expensive alternative, if one is available, or find a nearby pharmacy. You can also get details about prescription drug coverage at bcbsm.com/pharmacy.

AllianceRx Walgreens Pharmacy is Blue Cross' exclusive provider of specialty drugs under your plan. If you take a specialty medication, you'll send your doctor's prescription to AllianceRx Walgreens Pharmacy. They can deliver your medicine to a nearby Walgreens pharmacy, your doctor's office or right to your home. If you have questions about your medicine, you can talk to a pharmacist over the phone 24/7.

To find out more, visit the AllianceRx Walgreens Pharmacy website at allianceroxwp.com or call their care team at **1-866-515-1355**.

Brand-name versus generic drugs

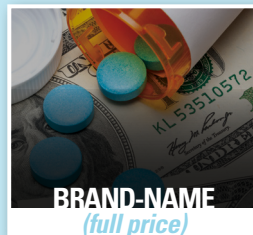
Generic drugs cost, on average, 40% to 60% less than brand-name drugs. For information about generic alternatives, visit theunadvertisedbrand.com.

If you have a BCN health care plan, check to see if you have prescription drug coverage. To get information on this benefit:

- Log in to your member account at bcbsm.com or through our mobile app.
- Click *My Coverage* in the navigation menu.
- Click *Prescription*.

On this page, you can:

- See what's covered (you'll be redirected to view your certificate and prescription drug rider).
- Price a drug.
- Pay for prescriptions.
- See your prescription drug history.
- Find a pharmacy.
- Learn about mail orders.



Brand name:
*Coumadin[®]
Lipitor[®]
Cozaar[®]
Plavix[®]
Flomax[®]
Prozac[®]*

VS.
VS.
VS.

Generic name:
*warfarin
atorvastatin
losartan
clopidogrel
tamsulosin
fluoxetine*



Blue Cross Behavioral HealthSM

A broken spirit is just as real as a broken bone.

Emotions are part of the human experience, but feelings or mood changes can be difficult to manage. Ask yourself a few questions. Do you have trouble focusing on daily tasks? Have you experienced a loss of interest in activities you used to like? Do you drink or smoke when you feel down? You may need support.

We're ready to help.

When it comes to care, you're covered for behavioral health services, which include treatment for mental health challenges and substance use disorders. You don't need a referral from your primary care provider to see a behavioral health specialist. However, you must be seen by a provider in your plan's network. Use the Find a Doctor tool at [bcbsm.com](https://www.bcbsm.com) to find a behavioral health specialist in your area.

Help is available 24 hours a day, seven days a week

PPO members — for emergencies, call **1-800-762-2382**.

HMO members — for emergencies, call **1-800-482-5982**.

Guide to getting behavioral health services



TYPE OF CARE	DESCRIPTION	WHAT YOU NEED TO DO
Routine care Get care within 10 days for a first visit and 30 business days for subsequent visits	Where no danger is detected and your ability to cope isn't at risk	Tell the behavioral care manager of any special needs to ensure appropriate referral.
Urgent care Get care within 48 hours	Conditions that aren't life-threatening, but face-to-face contact is necessary within a short period of time <i>Example: Severe depression</i>	Call the mental health help number on the back of your member ID card.
Emergency care for conditions that aren't life-threatening Get care within 6 hours	Conditions that require rapid intervention to prevent deterioration of your state of mind, which left untreated, could jeopardize your safety	Call the mental health help number on the back of your member ID card.
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 primary care provider within 24 hours.



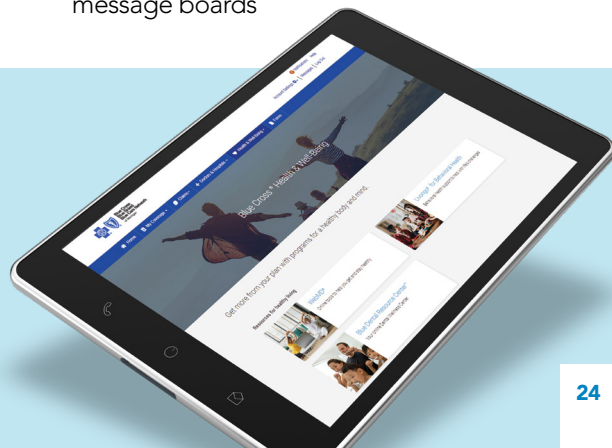
Health and Well-Being

WELCOME.

You made the right choice.

Blue Cross offers online health and wellness resources through our Blue Cross Health & Well-Being website, powered by WebMD®. Click on the *Health & Well-Being* tab in your member account at bcbsm.com to find:

- An interactive health assessment that helps you identify your personal health risks
- Digital Health Assistant programs that help you set small, achievable goals related to diet, stress, smoking and more
- Health trackers that let you chart your health measurements over time
- A Device and App Connection Center that lets you sync your favorite fitness and medical devices and apps with the Blue Cross Health & Well-Being site
- Interactive tools and online resources, including videos, calculators, quizzes, articles, slide shows and more
- Message board exchanges that let you ask questions on professionally monitored message boards



Choices for care

Care that's always there



When it's not an emergency, you have choices for when and where to get health care.

PRIMARY CARE PROVIDER	24-HOUR NURSE LINE	VIRTUAL CARE BY TELADOC HEALTH® PREVIOUSLY BLUE CROSS ONLINE VISITS SM	WALK-IN CLINICS	
			RETAIL HEALTH CLINIC	URGENT CARE CENTERS
\$	\$0	\$0	\$-\$	
AVERAGE TIME FOR CARE 30 minutes	AVERAGE TIME FOR CARE 1 minute	AVERAGE TIME FOR CARE 10 minutes	AVERAGE TIME FOR CARE 30 to 60 minutes	AVERAGE TIME FOR CARE 30 to 60 minutes
APPOINTMENT REQUIRED? Yes	APPOINTMENT REQUIRED? No	APPOINTMENT REQUIRED? No	APPOINTMENT REQUIRED? No	APPOINTMENT REQUIRED? No
TREATMENT Start here when you want to talk with a doctor you know and trust	TREATMENT When you have questions about an illness or injury, anytime day or night	TREATMENT Start here when you want to talk with the doctor you know and trust either in person or virtually.	TREATMENT For a quick, in-person evaluation to get minor health care and a prescription at one location	TREATMENT When your symptoms are a little more complicated and you need convenient, in-person care
<ul style="list-style-type: none"> • High-quality, comprehensive care • Knows you and your medical history and coordinates all your care • Many primary care offices offer virtual care, same-day appointments, extended hours and other services • Receive fast and convenient access to see your doctor virtually on your computer, tablet, or mobile device with Virtual Primary Care. 	<ul style="list-style-type: none"> • No cost • Available by phone anytime, anywhere in the U.S. • Care provided by a registered nurse 	<ul style="list-style-type: none"> • Video chat 24/7 with a provider or therapist anywhere in the U.S. • Send a visit summary to your primary doctor • Care provided by U.S. board-certified doctors, or licensed therapists • Prescriptions, if needed, can be sent to a pharmacy you prefer 	<ul style="list-style-type: none"> • Evening and weekend hours • Convenient locations • Care provided by physician assistants and certified nurse practitioners, overseen by a U.S. board-certified doctor 	<ul style="list-style-type: none"> • Evening and weekend hours • Convenient locations • May offer labs and X-rays • Care provided by U.S. board-certified doctors, nurses and nurse practitioners, depending on severity of symptoms

Not all services are covered by all plans. Log in to your member account to see what your plan covers.
For language assistance, visit bcbsm.com/language. To view our nondiscrimination policy, visit bcbsm.com/nondiscrimination.



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International
insurance
made easy

WELCOME.
You made the right choice.

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association.

Plan your vacation now with GeoBlue.

GeoBlue is an independent licensee of the Blue Cross and Blue Shield Association that offers a variety of coverage options beyond our borders. Whether your travel is for work, study or leisure, you can be confident that you'll have the same comprehensive care you're used to at home when you travel internationally.

Go to [bcbsm.com/travel](https://www.bcbsm.com/travel) or call **1-855-481-6647** to get a quote or learn more.

Take advantage of savings with



Blue365

Because health is a big deal™

You can score big savings on a variety of health products and services with our member discount program, Blue365®. Get exclusive discounts on things like:

- **Fitness and wellness:** Health magazines, fitness gear and gym memberships
- **Healthy eating:** Cookbooks, cooking classes and weight-loss programs
- **Lifestyle:** Travel and recreation
- **Personal care:** Lasik and eye care services, dental care and hearing aids

Log in to your member account or visit bcbsm.com/discounts to learn more.



Discounts and exclusive offers

**Discount partner relationships are reviewed regularly. Total number of offers are subject to change.*

Blue365® is brought to you by the Blue Cross and Blue Shield Association, an association of independent, locally operated Blue Cross and Blue Shield plans. Value-added items and services are not a part of your insurance benefits and are not covered under contracts with Medicare or any other applicable federal health care program.

For complete terms and conditions see blue365deals.com/terms-use.



Additional resources

WELCOME.

You made the right choice.

If you need more information about your plan, call the number on the back of your member ID card. Below are additional health resources you may find useful:

Documents that detail plan coverage, such as certificates and riders:
bcbsm.com/forms

Payment options:
bcbsm.com/payments

Online bill pay:
bcbsm.com/paybill

Summary of benefits and coverage:
bcbsm.com/sbc

Find a doctor in your network:
bcbsm.com/find-a-doctor

Health care plan options:
bcbsm.com/myblue



If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta, o 877-469-2583, TTY: 711 si usted todavía no es un miembro.

إذا كنت أنت أو شخص آخر تساعد بحاجة لمساعدة، فليدك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك، أو برقم 711 TTY: 2583-469-877، إذا لم تكن مشتركاً بالفعل.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話；如果您還不是會員，請撥電話 877-469-2583, TTY: 711。

۱۔ سہ ماہی کے لیے فیکٹوری کے ڈسٹرکٹ، حیدرآباد، سندھ، پاکستان
 ۲۔ سہ ماہی کے ڈسٹرکٹ، سندھ، پاکستان
 ۳۔ سہ ماہی کے ڈسٹرکٹ، سندھ، پاکستان
 ۴۔ سہ ماہی کے ڈسٹرکٹ، سندھ، پاکستان
 ۵۔ سہ ماہی کے ڈسٹرکٹ، سندھ، پاکستان
 ۶۔ سہ ماہی کے ڈسٹرکٹ، سندھ، پاکستان
 ۷۔ سہ ماہی کے ڈسٹرکٹ، سندھ، پاکستان
 ۸۔ سہ ماہی کے ڈسٹرکٹ، سندھ، پاکستان
 ۹۔ سہ ماہی کے ڈسٹرکٹ، سندھ، پاکستان
 ۱۰۔ سہ ماہی کے ڈسٹرکٹ، سندھ، پاکستان

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị, hoặc 877-469-2583, TTY: 711 nếu quý vị chưa phải là một thành viên.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përfaqësues, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj, ose 877-469-2583, TTY: 711 nëse nuk jeni ende një anëtar.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역가와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하거나, 이미 회원이 아닌 경우 877-469-2583, TTY: 711로 전화하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। গ্রাহক একজন দোভাষীর সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া ক্রান্তি সহায়তা নম্বরে কল করুন বা 877-469-2583, TTY: 711 যদি ইতোমধ্যে আপনি সদস্য বা হয়ে থাকেন।

Jeśli Ty lub osoba, której pomagasz, potrzebujecie pomocy, macz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty lub pod numer 877-469-2583, TTY: 711, jeżeli jeszcze nie macz członkostwa.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an oder 877-469-2583, TTY: 711, wenn Sie noch kein Mitglied sind.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda o chiama il 877-469-2583, TTY: 711 se non sei ancora membro.

ご本人様、またはお客様の方の回りの方で支援を必要とされる方が質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号（メンバーでない方は877-469-2583, TTY: 711）までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по номеру телефона отдела обслуживания клиентов, указанному на обратной стороне вашей карты, или по номеру 877-469-2583, ТТУ: 711, если у вас нет членства.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na svom jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice ili 877-469-2583, TTY: 711 ako već niste član.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta, o 877-469-2583, TTY: 711 kung ikaw ay hindi pa isang miyembro.

Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: CivilRights@bcbsm.com. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: OCRComplaint@hhs.gov. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

We speak your language



You made the right choice.

