

Healthy Blue ChoicesSM POS

Provider reference card

Keep this with your Blue Care Network member ID card, and show it to your doctors and other health care providers when you get care. It tells providers that you're covered by BCN's Healthy Blue Choices point of service health care product and how they can get information about your coverage.

For more information and to explore the many benefits your plan offers, log in to your member account at bcbsm.com. Or check it all out from your mobile device. Search for **BCBSM** at the Apple App Store[®] or Google Play[™] and download the Blue Cross app.

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Show this card to your health care provider.

All other providers within the U.S. not identified as in network are considered out-of-network providers.

Whether a doctor is in network or not, some services require prior approval by BCN to be covered. Examples are hospitalization, certain radiology services, outpatient therapy and other health care services.

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You can receive covered health care services in or out of network without a referral. However, some services, including most preventive care, are only covered when received from an in-network provider.

In Michigan, in-network providers are BCN contracted providers.

Outside of Michigan within the United States, in-network providers are BlueCard[®] Traditional participating providers.



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Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.



bcbsm.com

When you receive health care services

- You can see any doctor, without a referral from your primary care provider. But you'll pay the least when you see an in-network doctor.
- Doctors who aren't in network may bill you for the difference between our payment and the doctor's charges, and you'll be responsible for that amount. Some out-of-network providers may require you to pay for covered services in full; then, you'll need to seek reimbursement for BCN's share of the cost.
- Some services, including most preventive care and office visits, are only covered when received from an in-network provider.
- Whether the doctor you see is in network or not, some services require prior approval by BCN to be covered. Examples are hospitalization, certain radiology services, outpatient therapy and other services.
- Confirm coverage. To be sure the treatment you seek on your own will be covered, call the Customer Service number on the back of your BCN member ID card.

If you have questions about your coverage, call the Customer Service number on the back of your BCN member ID card. Customer Service representatives are available 8 a.m. to 5:30 p.m. Monday through Friday.

Show this card to your health care provider.

To check eligibility and authorization:

BCN contracted providers:

- **Provider portal:** For benefits, select *Patient Registration, Eligibility and Benefits Inquiry*. To check authorization requirements: select *Patient Registration, Authorizations & Referrals, Authorization Request*.
- **By phone**, call Provider Inquiry
- **To send BCN electronic claims**, call **1-800-542-0945**.
- **To send paper claims**, mail to: BCN Claims, P.O. Box 68710, Grand Rapids, MI 49516-8710.

Blue providers outside Michigan:

- Call Provider Inquiry for eligibility, authorization and to file claims.

Out of network providers:

- **Eligibility**, call Provider Inquiry.
- **Medical authorization:** 1-800-392-2512
- **Prior authorization for drugs covered under the medical benefit:** 1-800-437-3803
- **Process claims** through your local Blue Cross Blue Shield plan.

All providers:

- **ereferrals.bcbsm.com:** For referral and authorization requirements, select *BCN* and then *Healthy Blue Choices POS*.

Provider Inquiry

Physicians/professionals: **1-800-344-8525**

Hospitals/facilities: **1-800-249-5103**



Thank you for being a member.