



**READY
TO HELP**



Blue Elect PlusSM point-of-service plans

HMO value + flexible provider choice

Blue Elect PlusSM POS | Blue Elect Plus HSASM POS | Blue Elect Plus HRASM POS

Our point-of-service health plans offer the affordability and managed care benefits of an HMO without the need for a referral. Our members have access to Blue Care Network's large network and the flexibility of choosing a provider in or out of network.

How our point-of-service plans work

A member with a Michigan address must first choose a BCN primary care provider. With that done, they have the freedom to seek medical and behavioral health care in or out of network without a referral.

A member who lives outside Michigan doesn't need an assigned primary care provider; they also don't need a referral. For in-network benefits, they just need to see a BlueCard® Traditional participating provider who's based outside Michigan.

What members pay depends on where they go for care

In-network providers are BCN-participating providers in Michigan and providers outside Michigan who participate in a BlueCard Traditional plan.* Members pay less out of pocket when they're seen by these providers. They should show their plastic BCN member ID card at their doctor's office as proof of coverage.

Out-of-network providers in Michigan don't participate with BCN. Providers outside Michigan who don't participate with a BlueCard Traditional plan are also out of network. Members may get care for services from these providers, but they'll pay more.

Health care providers who aren't in network may bill a member for the difference between our payment and their charges for benefits under the members plan. The member will be responsible for this amount, which doesn't apply to the deductible (if applicable) or out-of-pocket maximum. Some out-of-network health care providers require members to pay for services in full and then seek reimbursement for BCN's share of the cost.

The member is responsible for checking that the provider they see is participating in their plan's network. They need to call the provider's office before receiving care to confirm they're an in-network provider.

*Members should refer to their *Certificate of Coverage* and riders to see what BCN will pay for when traveling or call Customer Service for details.

To see if a doctor is in network:

- Members can use their member account at bcbsm.com or our mobile app.
- If an employee isn't a member yet, doesn't have our app or hasn't registered for their account, they can visit bcbsm.com/find-a-doctor and:
 - > Click *Search without logging in* and enter their location.
 - > Click *I don't know my network*, then *Find a different plan* from the menu.
 - > Select *Blue Care Network (HMO and POS plans)*.
- Members can call Customer Service using the number on the back of their BCN member ID card.
- To locate a BlueCard Traditional provider, members can call **1-800-810-BLUE (2583)**.

Understanding the language of out-of-pocket costs

Copayment (or copay)

This is what members pay for a health care service or prescription, when they receive it (for example, \$20 for a primary care provider visit or \$35 for an urgent care visit).

Deductible

This is what members pay for most health care services, before their plan pays. The deductible may not apply to all services.

Coinsurance

This is a member's share of the cost of a health care service, as a percentage of what BCN pays for the service. Members typically start paying coinsurance after they've met their health plan's deductible (for example, they pay 20% of the BCN allowed amount and BCN pays 80%).

Out-of-pocket maximum

This is the most members have to pay during a plan year for health care services they receive. Out-of-pocket maximums include their deductible, copay and coinsurance.



Blue Care Network pays for certain in-network services

Some services are only included when received from an in-network provider (see the A list below). But there are also preventive services members can receive in or out of network (see the B list below).

A. Examples of in-network-only services

- Most preventive services as defined by the Affordable Care Act (see List B for exceptions)
- Infertility counseling and treatment
- Adult sterilization
- Durable medical equipment
- Prosthetics and orthotics
- Diabetic supplies
- Weight reduction procedures
- Chiropractic services

B. Examples of preventive services that can be received both in and out of network

- Flu vaccine
- Routine colonoscopy
- Mammography screening
- Routine maternity prenatal and postnatal care

Whether a doctor is in network or not, certain services require prior authorization for BCN to pay its share. Examples are hospitalization, certain radiology services and outpatient therapy.

- For certain services provided by an in-network doctor, the doctor coordinates the approval process.
- For certain services provided by an out-of-network doctor, the member is responsible for making sure the out-of-network provider calls BCN to request approval. The provider number is on the back of their BCN member ID card.

New: Health reimbursement arrangement

Blue Elect PlusSM HRA POS combines our BCN-administered HRA with a Blue Elect Plus POS plan.

- Small groups can choose from two HRA POS menu plan options.
- Large groups can combine our HRA with any POS menu plan.

HRA advantages

- Cost savings through lower premiums
- No startup or administrative fees*
- Exemption from federal payroll taxes for HRA account contributions and reimbursement of qualified medical expenses
- Employees use tax-free money to pay for qualified medical expenses
- Pay-as-you-go HRA funding and convenient use of your own financial institution
- Seamless, integrated medical and HRA claims processing
- Provider-pay model eliminates reimbursement hassles

*An additional administrative fee applies to ASC groups.

Health savings account

Blue Elect PlusSM HSA POS, combines an HSA-qualified, high-deductible health plan and a Blue Elect Plus POS plan.

The HSA is administered through HealthEquity[®] Inc.

HSA advantages

- Allows you, a member or both of you to contribute pretax dollars to a member-owned HSA. Members use money in their accounts to pay for qualified medical expenses.
- Contributions, investment earnings and withdrawals for qualified medical expenses are all tax advantaged.
- Contributions that aren't spent roll over from year to year.
- Once the account reaches \$2,000 for HealthEquity, employees can invest their money.
- Allows members to conveniently access money in their accounts with an HSA Visa[®] card.



The value of Blue Care Network

Rooted in the HMO managed-care model, Blue Care Network controls costs, closes gaps and improves outcomes through coordinated, preventive care delivered to members in partnership with our strong network of providers.

BCN plans are available in all 83 Michigan counties with access to more than 6,400 primary care providers, 29,150 specialists and most of our state's leading hospitals.

A primary care provider is the member's health care partner who's responsible for providing and coordinating their care. Having a primary care provider means a member is more likely to get preventive health care on time.

At no added benefit cost, our medical plans include solutions designed to address the total cost of care while focusing on the whole health of your employees.

BlueCard® for point-of-service members who live or travel outside Michigan

BlueCard, a program through the Blue Cross and Blue Shield Association, provides seamless national access to BlueCard Traditional providers outside Michigan. Point-of-service members who live or travel outside Michigan but in the United States can see BlueCard Traditional providers and receive in-network benefits.

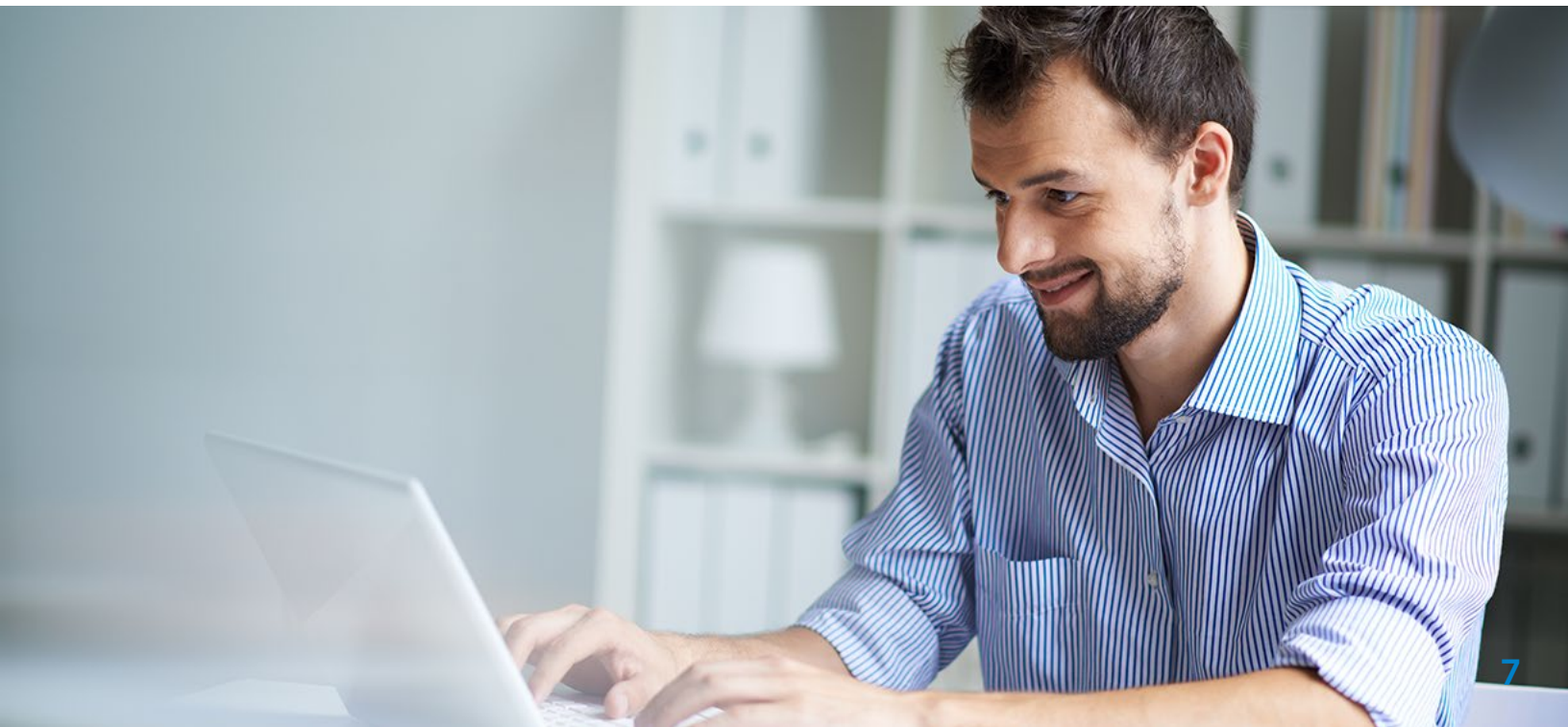
Point-of-service members who live outside Michigan don't have an assigned primary care provider, so they'll need to see a BlueCard Traditional provider who's based outside Michigan for in-network benefits. If they don't, they'll pay more out of pocket for health care services.

Point-of-service members can always receive emergency care — in Michigan, across the country and around the world. Because some BCN plans only pay urgent and emergent services outside Michigan, members who are traveling should refer to their *Certificate of Coverage* and riders to see what we pay, or call Customer Service for details.



Member account

Registering for their member account gives members the tools, information and support to understand their coverage and make more informed and cost-effective choices for care. Once they log in to their account at bcbsm.com or the mobile app, members have their coverage details, out-of-pocket balances, claims and explanation of benefits statements at their fingertips. If they're unable to find what they need, they can connect with MIBlue Virtual AssistantSM, an interactive, automated chat feature available in their account for 24/7 support.



Frequently asked questions

Q: My group is headquartered in Michigan and has another location out of state. Can the out-of-state location enroll their employees in a point-of-service plan?

A: A point-of-service plan may only be offered to out-of-state locations if it's also offered in the Michigan locations.

Q: Can my group offer a BCN HMOSM plan to our Michigan employees and a point-of-service plan to our out-of-state location?

A: No. A point-of-service plan may only be offered to out-of-state locations if it's also offered in the Michigan locations.

Q: Can my group offer a Blue Cross plan to our Michigan employees and a point-of-service plan to our out-of-state location?

A: No. Point-of-service plans may only be offered to out-of-state locations if it's also offered in the Michigan locations.

Q: My group is headquartered in Michigan, and we have employees on our Michigan payroll working remotely from another state. Are those employees eligible for a point-of-service plan?

A: Yes, as long as the point-of-service plan is also offered to the Michigan employees.

We know your business is unique. Talk with your BCN sales representative or contracted agent for your group's specific scenario and eligibility for out-of-state employees.





**For more information on point-of-service plans,
contact your contracted agent or BCN sales representative.**

Find us online:

**bcbsm.com | news.bcbsm.com | facebook.com/MiBCN
ahealthiermichigan.org | x.com/bcbsm | youtube.com/bcbsmnews**

