



Blue Care
Network
of Michigan

Confidence comes with every card.®

BlueElectPlusSM

Self-referral option

The value of an HMO + **flexibility**

Blue Elect Plus offers you the value of managed care with choices that your employees will appreciate. Once members select a Blue Care Network primary care physician, they can seek care from other doctors, including specialists, without a referral.

Value + flexibility

Blue Elect Plus is one of Blue Care Network's innovative health plans. It continues our tradition of exceptional care management and cost containment, and it adds outstanding flexibility in choosing doctors. When members need to, they can self-refer to any doctor.

More access to doctors

Members must first choose a BCN primary care physician, or PCP. With that done, a member has the freedom to seek care in or out of network.

Choice

Members pay the least when a doctor in network provides their care. Members pay the most when the doctor providing their care doesn't participate with BCN.

To see if a doctor is in network, members can visit **bcbsm.com/find-a-doctor** or call the Customer Service number on the back of their BCN ID card.



What the member pays depends on where they go for care.

If the doctor is:	Out of pocket costs		
	Copayment	Coinsurance*	Deductible*
A Blue Care Network PCP	PCP office visit copay	Lowest	Lowest
A doctor in the PCP's practice	PCP office visit copay	Lowest	Lowest
A PCP in network but not in the PCP's practice	Specialist office visit copay	Lowest	Lowest
A specialist in network	Specialist office visit copay	Lowest	Lowest
A health care provider who's not in network	Not applicable	Highest	Highest

*Coinsurance and a deductible may apply to certain services performed in the PCP's or in-network specialist's office.

Doctors in network accept our fees as payment in full. Doctors who aren't in network may bill members for the difference between our payment and the doctor's charges. 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.

Understanding the language of out-of-pocket costs

Copayment

A fixed amount members pay for a covered health care service, usually when received.

Deductible

The amount members must pay for covered health care services before we begin to pay.

Coinsurance

The member's share of the costs of a covered health care service, usually a percentage (for example, 20 percent) of the allowance for the service.

Comprehensive coverage is the foundation of the Blue Elect Plus plan

Some services are only covered in network

Some services are only covered when received from a BCN provider (see the A list). But there are also preventive services that members can receive in or out of network (see the B list).

A. Services covered in network only

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

B. Preventive services covered in and out of network

- Flu vaccine
- Colonoscopy
- Mammography
- Routine prenatal care

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

- For certain services in network, the doctor coordinates the approval process.
- For certain services out of network, it's the member's responsibility to get advance approval from us.

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Peace of mind at home and away

Whether heading for a resort a few hours away or cruising to Alaska, members can count on their Blue Care Network coverage.

BlueCard®, a Blue Cross and Blue Shield Association program, gives members access to urgent and emergency care anywhere in the U.S. where a Blue plan is offered. Thousands of hospitals and doctors across the U.S. participate with Blue plans.

No other card is as recognized and accepted as the one that carries the Cross® and Shield®. With BlueCard, members have no claim forms. They pay no up-front health care expenses, except for the usual out-of-pocket expenses such as copays.

Emergency care is covered anywhere in the world. Members may be required to pay for these services, but then they can seek reimbursement from us.



Wellness and care management programs

Blue Cross® Health & Wellness is an umbrella of programs designed to help members stay healthy, get better or improve their quality of life while living with a chronic illness. Our programs provide a wealth of information, tools and assistance to help chart the course toward a healthier lifestyle. Included are an online health assessment, a telephone-based Tobacco Cessation Coaching program, case management services and chronic condition management programs that address everything from depression to diabetes.

Valuable online resources

Your employees can create a member account at **bcbsm.com** that gives them access to tools, information and support to help them better understand and use their coverage. Once they log in to their account through their computer or the Blue Cross mobile app, your employees can check their coverage, deductible and claims, compare estimated costs for health care services, select a primary care physician and manage their prescriptions. These tools can help them make more informed and cost-effective choices for care.

Member savings

Your employees can save on a variety of healthy products and services with our Blue365® savings program.



Reputation and recognition

Blue Care Network is the state's largest managed care organization. It's also the only one backed by the reputation and security of Blue Cross Blue Shield of Michigan.

Our long-standing accreditation from the National Committee for Quality Assurance reinforces our success in providing quality health care products.

**For more information on Blue Elect Plus Self-Referral Option,
please contact your agent or Blue Cross sales representative.**



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