



# BCN Advantage<sup>SM</sup> HMO MyChoice Wellness

2019

## Summary of Benefits

January 1, 2019 — December 31, 2019

This is a summary document, to get a complete list of services we cover, call Customer Service and ask for the *Evidence of Coverage* (phone numbers are printed on the back cover of this booklet).

BCN Advantage is a Health Maintenance Organization (HMO). To join **BCN Advantage HMO MyChoice Wellness**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area for **BCN Advantage HMO MyChoice Wellness** includes these counties in Michigan: Kent, Muskegon, Oceana and Ottawa.

This information is not a complete description of benefits. Call 1-800-450-3680 for more information. TTY users call 711.

**BCN Advantage HMO MyChoice Wellness** has a network of doctors, hospitals, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. For some services you can use providers that are not in our network. You can see our plan's provider directory at our website at [www.bcbsm.com/providersmedicare](http://www.bcbsm.com/providersmedicare), or call us and we will send you a copy of the provider directory.

*BCN Advantage is an HMO plan with a Medicare contract.  
Enrollment in BCN Advantage depends on contract renewal.*

[www.bcbsm.com/medicare](http://www.bcbsm.com/medicare)



# Premium/Cost-sharing Table for BCN Advantage HMO MyChoice Wellness

Premiums vary by county in which you permanently reside (rates are based on the use and cost of health care services in each regional segment). You must continue to pay your Medicare Part B premium.

- 1) Find the county and region that you live in.
- 2) Look across the plan option columns to find your monthly premium rate.

<b>BCN Advantage HMO MyChoice Wellness Monthly Premium</b>	
<b>Kent</b>	\$36
<b>Muskegon, Oceana, Ottawa</b>	\$41
<b>Optional Supplemental Dental, Hearing and Vision Package 1</b>	\$13.50
<b>Optional Supplemental Dental, Hearing and Vision Package 2</b>	\$25.50

<b>Deductible and limits on how much you pay for covered services</b>		
<b>Deductible</b>	You pay nothing	
<b>Deductible – Optional supplemental Dental, Hearing and Vision Package 1</b>	There is no deductible.	
<b>Deductible – Optional supplemental Dental, Hearing and Vision Package 2</b>	There is no deductible.	
<b>Maximum Out-of-Pocket Responsibility</b> <i>(does not include prescription drugs)</i>	\$3,800 annually	<p>The most you pay for copays, coinsurance and other costs for medical services for the year.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>You will still need to pay your monthly plan premiums, Medicare Part B premiums, and cost sharing for your Part D drugs.</p>

Benefits	BCN Advantage HMO MyChoice Wellness	What you should know
<b>Note:</b> Services with * may require prior authorization.		
<b>Inpatient Hospital Coverage*</b>	\$225 copay per day for days 1 through 6  You pay nothing per day for days 7 through 90	The copays are based on benefit periods.  A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care for 60 days in a row.  Our plan covers an unlimited number of days for an inpatient hospital stay.  If you go to out-of-network providers you pay the full cost.
<b>Outpatient Surgery*</b> <ul style="list-style-type: none"> <li>• Ambulatory surgical center</li> <li>• Outpatient hospital</li> </ul>	\$100 copay  \$175 copay	Services may require prior authorization.
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>• Primary</li> <li>• Specialists</li> </ul>	You pay nothing  \$40 copay	If you go to out-of-network providers you pay the full cost.  Specialist services require referral.
<b>Preventive Care</b> You pay nothing.  Our plan covers many preventive services, including: <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse screening and counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (Colonoscopy, Flexible sigmoidoscopy, Guaiac-based fecal occult blood test, Fecal immunochemical test, DNA based colorectal screening every 3 years)</li> </ul>		Any additional preventive services approved by Medicare during the contract year will be covered.

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<b>Note:</b> Services with * may require prior authorization.		
<ul style="list-style-type: none"> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• Glaucoma screening</li> <li>• HIV screening</li> <li>• Intensive behavioral therapy for obesity</li> <li>• Medical nutrition therapy services</li> <li>• Medicare Diabetes Prevention Program</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Screening for lung cancer with low dose computed tomography</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including flu shots, hepatitis B shots, pneumococcal shots</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> <li>• Yearly “Wellness” visit</li> </ul>		
<b>Emergency Care</b>	\$90 copay	<p>You may go to any emergency room if you reasonably believe you need emergency care.</p> <p>If you are admitted to the hospital within 1 day, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
<b>Urgently Needed Services</b>	\$45 copay	
<b>Diagnostic Services/ Labs/Imaging*</b> <ul style="list-style-type: none"> <li>• Diagnostic tests and procedures</li> <li>• Lab services</li> <li>• Diagnostic radiology service (e.g., MRI)</li> <li>• Outpatient X-rays</li> <li>• Therapeutic radiology services</li> </ul>	<ul style="list-style-type: none"> <li>\$20 copay</li> <li>You pay nothing</li> <li>\$20 – \$100 copay</li> <li>\$20 – \$100 copay</li> <li>\$25 copay</li> </ul>	<p>Prior authorization is required for some services by your doctor or other network provider. Please contact the plan for more information.</p> <p>If you go to out-of-network providers you pay the full cost.</p>

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<b>Note:</b> Services with * may require prior authorization.		
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>Hearing exam to diagnose and treat hearing and balance issues</li> </ul>	\$0 – \$40 copay, depending on the service	If you go to out-of-network providers you pay the full cost.
<b>Hearing – Optional Supplemental Benefit – Package 1</b>	<i>\$0 cost-share for one hearing aid exam every year.</i>  <i>Hearing Aid Fitting Exams: 0% coinsurance, every three years</i>  <i>Hearing Aids: 50% coinsurance up to a \$1,200 (\$600 per ear) allowance, every 3 years.</i>	
<b>Hearing – Optional Supplemental Benefit – Package 2</b>	<i>\$0 cost-share for one hearing aid exam every year.</i>  <i>Hearing Aid Fitting Exams: 0% coinsurance, every three years</i>  <i>Hearing Aids: 50% coinsurance up to a \$2,500 (\$1,250 per ear) allowance, every 3 years.</i>	
<b>Dental Services</b>  <b>Limited dental services</b> (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)	You pay \$0 – \$175 for Medicare covered services	If you go to out-of-network providers you pay the full cost.  For preventive dental services, you must obtain services from a participating dentist. Please visit <b>www.mibluedentist.com</b> and search for PPO dentists in the BCN Advantage network or contact Customer Service

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<b>Note:</b> Services with * may require prior authorization.		
<p><b>Preventive dental services</b></p> <ul style="list-style-type: none"> <li>• Cleaning (for up to 2 every year)</li> <li>• Dental X-rays (one set of up to four bitewing X-rays, or one set of up to six periapical films every two years)</li> <li>• Oral exam (for up to 2 every year)</li> </ul>	You pay nothing	
<p><b>Dental – Optional Supplemental Benefit – Package 1</b></p> <p>In addition to preventive dental, we cover:</p> <ul style="list-style-type: none"> <li>• Fluoride treatments</li> <li>• Brush biopsies</li> <li>• Resin and amalgam fillings</li> <li>• Crowns</li> <li>• Crown repairs</li> <li>• Root canals</li> <li>• Simple extractions</li> </ul>	Comprehensive Dental: \$1,500 allowance every year.	
<p><b>Dental – Optional Supplemental Benefit – Package 2</b></p> <p>In addition to preventive dental, we cover:</p> <ul style="list-style-type: none"> <li>• Fluoride treatments</li> <li>• Brush biopsies</li> <li>• Resin and amalgam fillings</li> <li>• Dentures</li> <li>• Crowns</li> <li>• Crown repairs</li> <li>• Root canals</li> <li>• Simple extractions</li> <li>• Endodontics and periodontics</li> <li>• Oral surgery</li> <li>• Consultation exams</li> <li>• Anesthesia</li> </ul>	Comprehensive Dental: \$2,500 allowance every year.	

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<b>Note:</b> Services with * may require prior authorization.		
<b>Vision Services*</b> <ul style="list-style-type: none"> <li>• Exam to diagnose and treat diseases and conditions of the eye</li> <li>• Eyeglasses or contact lenses after cataract surgery</li> <li>• Routine Eye exam</li> </ul>	<p>\$40 copay</p> <p>You pay nothing</p> <p>You pay nothing</p>	<p>If you go to out-of-network providers you pay the full cost.</p> <p>Routine vision care must be from a VSP Choice Network provider. To locate a VSP Choice Network provider, call the Customer Service number on the back of this booklet or visit <a href="http://www.vsp.com">www.vsp.com</a>.</p> <p>Authorization rules may apply.</p>
<b>Vision – Optional Supplemental Benefit – Package 1</b> Every 24 months we cover: <ul style="list-style-type: none"> <li>• Contact lenses</li> <li>• Eyeglasses</li> <li>• Frames</li> <li>• Lenses</li> </ul>	<p>\$300 allowance every 24 months.</p>	
<b>Vision – Optional Supplemental Benefit – Package 2</b> Every 24 months we cover: <ul style="list-style-type: none"> <li>• Contact lenses</li> <li>• Eyeglasses</li> <li>• Frames</li> <li>• Lenses</li> <li>• Lasik discount</li> </ul>	<p>\$400 allowance every 24 months.</p>	



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<p><b>Mental Health Services*</b></p> <ul style="list-style-type: none"> <li>• Inpatient visit</li> <li>• Outpatient group therapy visit</li> <li>• Outpatient individual therapy visit</li> </ul>	<p>\$225 copay per day for days 1 through 6</p> <p>You pay nothing per day for days 7 through 90</p> <p>You pay \$40 copay for outpatient group/individual therapy visit</p>	<p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care for 60 days in a row. If you go into a hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>Authorization rules may apply.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p><b>Skilled Nursing Facility* (SNF)</b></p>	<p>You pay nothing per day for days 1 through 20</p> <p>\$150 copay per day for days 21 through 100</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>Services require prior authorization.</p>

Benefits	BCN Advantage HMO MyChoice Wellness	What you should know
<b>Note:</b> Services with * may require prior authorization.		
<b>Physical Therapy*</b> <ul style="list-style-type: none"> <li>• Physical therapy, occupational therapy, and speech and language therapy visit</li> </ul>	\$30 copay	Authorization rules may apply.
<b>Ambulance</b>	\$200 copay	Copay is for each one-way trip for Medicare covered services.
<b>Transportation</b>	Not Offered	
<b>Medicare Part B Drugs*</b> <ul style="list-style-type: none"> <li>• Part B drugs such as chemotherapy drugs</li> <li>• Other Part B drugs</li> <li>• Home infusion drugs</li> </ul>	0% – 20% of the cost depending on the drug	Services may require prior authorization and/or step therapy.
<b>Medical Equipment/Supplies*</b> <ul style="list-style-type: none"> <li>• Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</li> <li>• Prosthetics (braces, artificial limbs, etc.)</li> <li>• Diabetes supplies (monitoring, shoes or inserts)</li> </ul>	<p>You pay 20% of cost</p> <p>You pay 20% of cost</p> <p>You pay nothing</p>	<p>Services require prior authorization.</p> <p>Member must obtain diabetic supplies (except diabetic shoes) from BCN's supplier, J&amp;B Medical Supply Company at 1-888-896-6233 from 8 a.m. to 5 p.m., Monday through Friday. TTY users call 711.</p> <p>Member must obtain diabetic shoes and inserts from BCN's DME supplier, Northwood at 1-800-667-4896, 8:30 a.m. to 5 p.m., Monday through Friday. TTY users call 711.</p> <p>When outside of the plan's service area, members must contact the appropriate vendor listed above.</p> <p>Prosthetics must be obtained from a preferred vendor. Contact us for a list of preferred vendors.</p>

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<b>Wellness Programs (e.g., fitness)</b>	You pay nothing	<p>All members can join the SilverSneakers® Fitness program at no cost. SilverSneakers is a leading fitness program for people with Medicare.</p> <ul style="list-style-type: none"> <li>• Locations nationwide</li> <li>• Low-impact classes to improve strength and balance</li> <li>• Health education events</li> </ul> <p>You must use network facilities to obtain this benefit. Tivity Health is an independent corporation retained by Blue Care Network to provide health and fitness services to its BCN Advantage members. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc. and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2017 Tivity Health, Inc. All rights reserved.</p>
<b>Chiropractic Care</b> <ul style="list-style-type: none"> <li>• Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)</li> <li>• Routine care/other</li> </ul>	<p>\$20 copay</p> <p>\$20 – \$40 copay depending on the service</p>	<p>Routine chiropractic visits give members coverage for one set of X-rays (up to 3 views) per year performed by a chiropractor. Cost share is the same as diagnostic X-rays.</p> <p>One routine office visit per year.</p>
<b>Home Health Care*</b>	You pay nothing	<p>Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc. Custodial care is not a benefit.</p> <p>Authorization rules may apply.</p>

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<b>Online visits (remote access technology)</b>	\$0 copay for medical or \$40 copay for behavioral health.	Online visits give you the opportunity to meet with a health care provider through electronic forms of communication. This does not replace an in-person visit, but allows you to meet with a health care provider when it is not possible for you to meet with your doctor in the office.
<b>Outpatient Substance Abuse*</b>  • Individual or Group therapy visit	\$40 copay each visit	Authorization rules may apply.
<b>Renal dialysis</b>	\$30 copay	

## BCN Advantage HMO MyChoice Wellness

### Phase 1: The Deductible Stage

You pay nothing.

### Phase 2: The Initial Coverage Stage

You begin in this stage when you fill your first prescription of the year. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total \$3,820.

**Your share of the cost when you get a *one-month* (31-day) supply of a covered Part D prescription drug:**

	<b>Standard retail and standard mail-order cost sharing (in-network)</b>	<b>Preferred retail and preferred mail-order cost sharing (in-network)</b>
Tier 1: Preferred Generic	\$7	\$1
Tier 2: Generic	\$18	\$10
Tier 3: Preferred Brand	\$47	\$42
Tier 4: Non-Preferred Drug	48%	48%
Tier 5: Specialty	33%	33%
Tier 6: Select Care Drugs	\$5	\$0

**Your share of the cost when you get a *long-term* (90-day) supply of a covered Part D prescription drug:**

	<b>Standard retail and standard mail-order cost sharing (in-network)</b>	<b>Preferred retail and preferred mail-order cost sharing (in-network)</b>
Tier 1: Preferred Generic	\$21	\$3
Tier 2: Generic	\$54	\$30
Tier 3: Preferred Brand	\$141	\$126
Tier 4: Non-Preferred Drug	48%	48%
Tier 5: Specialty	Not offered	Not offered
Tier 6: Select Care Drugs	\$15	\$0

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at [www.bcbsm.com/medicare-evidence-of-coverage](http://www.bcbsm.com/medicare-evidence-of-coverage).

## Phase 3 & 4: The Coverage Gap & The Catastrophic Stages

Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage* online at [www.bcbsm.com/medicare-evidence-of-coverage](http://www.bcbsm.com/medicare-evidence-of-coverage).

*Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations. You can see the most complete and current information about which drugs are covered on our website ([www.bcbsm.com/formularymedicare](http://www.bcbsm.com/formularymedicare)).*

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's pharmacy directory at our website ([www.bcbsm.com/pharmaciesmedicare](http://www.bcbsm.com/pharmaciesmedicare)).

## For more information

A complete list of services is found in the Evidence of Coverage. For a copy of the Evidence of Coverage, go to [www.bcbsm.com/medicare-evidence-of-coverage](http://www.bcbsm.com/medicare-evidence-of-coverage), or contact customer service at 1-800-450-3680 for more information. TTY users call 711.

You can order a copy of the “Medicare & You” handbook at [www.medicare.gov](http://www.medicare.gov), or you can call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

For more information, please call us at the phone number below or visit us at [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare).

If you are not a member of this plan, call toll-free 1-888-563-3307. TTY users should call 711. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 9 p.m. Eastern time. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 9 p.m. Eastern time.

If you are a member of this plan, call toll-free 1-800-450-3680. TTY users should call 711. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. Eastern time. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as audio CD and large print. This document may be available in a non-English language. For additional information, call us at 1-800-450-3680.

## **BCN Advantage<sup>SM</sup> HMO**



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### **Medicare and more**

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

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