Know when to add

New and current members can add an optional supplemental package Oct. 15 through Jan. 31 during Medicare’s annual election period.

IMPORTANT: Your enrollment form must be received by Jan. 31. For forms received by Dec. 31, coverage will be effective Jan. 1. For forms received by Jan. 31, coverage will be effective Feb. 1.

If you’re new to Medicare, you can enroll during your initial enrollment period or within the first 30 days following your enrollment effective date.

IMPORTANT: For forms received within the first 30 days of your coverage effective date, coverage will be effective the first of the month following receipt.

The cost of the package you choose will be added to your BCN Advantage HMO-POS monthly plan premium. Simply check the box on the enrollment form for the package you want to select.

Looking for answers?

Stop by a walk-in center. The list of walk-in centers can be found at: bcbsm.com/medicare/help/contact-us.html. Contact your independent licensed agent.

Have questions?

Call customer service at 1-800-450-3680 from 8 a.m. to 8 p.m. Eastern, Monday through Friday, with weekend hours October 1 through March 31. TTY users, call 711.

It’s gonna be a bright, shiny day with extra coverage

The choice is yours

Add richer benefits to your BCN Advantage HMO-POS plan and get generous coverage to:

- Improve your smile.
- Enhance your vision.
- Fine-tune your hearing.
Select a package to fit your needs and your budget.

### Optional supplemental benefit
- **Package 1**: $21.40 per month plus your monthly plan and Medicare Part B premiums
- **Package 2**: $32.40 per month plus your monthly plan and Medicare Part B premiums

### Dental
- **Package 1**: $0 deductible combined in- and out-of-network, $1,500 combined in- and out-of-network annual maximum, 0% coinsurance in-network and 50% coinsurance out-of-network fluoride treatments and brush biopsies, 50% coinsurance in-network and 50% coinsurance out-of-network fillings, root canals, simple extractions, crowns and crown repairs
- **Package 2**: $0 deductible combined in- and out-of-network, $2,500 combined in- and out-of-network annual maximum, 0% coinsurance in-network and 50% coinsurance out-of-network fluoride treatments and brush biopsies, 25% coinsurance in-network and 50% coinsurance for out-of-network for fillings, crowns and crown repairs, root canals, other endodontics, periodontics, simple extractions, oral surgery, anesthesia, consult exams, bridges, onlays and dentures

No waiting period

Out-of-network preventive: two routine exams, two cleanings, one X-ray every two calendar years, either one set of up to four bitewing or six periapical (not both)

You may save money by using an in-network provider for your dental care. Visit www.mibluedentist.com to find an in-network dentist. Click on the BCN Advantage pull-down and search for PPO plan dentists. Frequency limitations apply.

### Hearing
- **Package 1**: 100% coverage for annual routine hearing exam annually and/or fitting exam every three years, hearing aids 50% coinsurance up to $1,200 ($600 per ear) every three years
- **Package 2**: 100% coverage for annual routine hearing exam annually and/or fitting exam every three years, hearing aids 50% coinsurance up to $2,500 ($1,250 per ear) every three years

Hearing services must be from a network provider. Visit www.bcbsm.com/providersmedicare to find a participating provider.

You must pay the difference between the benefit and the cost of the hearing aid (excludes hearing aid repairs, adjustments or reconfigurations).

*Check with your provider for specific covered dental codes.

**Coinsurance is based on Blue Cross Blue Shield of Michigan approved amount.

### vision

#### In network
- **Package 1**: $300 combined in- and out-of-network benefit maximum that can be used for elective contact lenses or frames but not both, every 24 months
- **Package 2**: $400 combined in- and out-of-network benefit maximum that can be used for elective contact lenses or frames but not both, every 24 months

#### Classic | Prestige
- **Package 1**: $300 (in addition to the standard benefit) combined in- and out-of-network benefit maximum for elective contact lenses or frames but not both, every 24 months
- **Package 2**: $400 (in addition to the standard benefit) combined in- and out-of-network benefit maximum for elective contact lenses or frames but not both, every 24 months

Lenses for glasses covered in full every 24 months for all plans

Exams are reimbursed up to allowed amounts

Vision benefit covers one of the following every 24 months:
- Elective contact lenses
- One pair of lenses
- One frame
- One complete pair of eyeglasses (lenses and frames)

You can save money when you use our contracted VSP Choice Network providers for your care. Visit www.vsp.com to find a VSP network eye doctor or to see if your eye doctor participates.

Supplemental vision benefit frequency limits are coordinated with the standard vision benefit. Supplemental benefits do not count toward your maximum out-of-pocket.

### Out of network
- **Basic | Elements**: Elective contact lenses or frames reimbursed at 50% coinsurance up to $300 combined in- and out-of-network benefit maximum every 24 months
- **Classic | Prestige**: Elective contact lenses or frames reimbursed at 50% coinsurance up to $400 (in addition to the standard benefit) combined in- and out-of-network benefit maximum every 24 months

Lenses for glasses reimbursed at 50% coinsurance up to allowed amounts

Exams are reimbursed up to allowed amounts

Vision benefit covers one of the following every 24 months:
- Elective contact lenses
- One pair of lenses
- One frame
- One complete pair of eyeglasses (lenses and frames)

Visit www.vsp.com/providers to find a VSP provider, or to see if your provider participates.

Supplemental vision benefit frequency limits are coordinated with the standard vision benefit. Supplemental benefits do not count toward your maximum out-of-pocket.

You may choose one of the following:

**Basic | Elements**: Elective contact lenses or frames reimbursed at 50% coinsurance up to $300 combined in- and out-of-network benefit maximum every 24 months

**Classic | Prestige**: Elective contact lenses or frames reimbursed at 50% coinsurance up to $400 (in addition to the standard benefit) combined in- and out-of-network benefit maximum every 24 months

Lenses for glasses reimbursed at 50% coinsurance up to allowed amounts

Exams are reimbursed up to allowed amounts

Vision benefit covers one of the following every 24 months:
- Elective contact lenses
- One pair of lenses
- One frame
- One complete pair of eyeglasses (lenses and frames)

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**Classic | Prestige**: Elective contact lenses or frames reimbursed at 50% coinsurance up to $400 (in addition to the standard benefit) combined in- and out-of-network benefit maximum every 24 months

Lenses for glasses reimbursed at 50% coinsurance up to allowed amounts

Exams are reimbursed up to allowed amounts

Vision benefit covers one of the following every 24 months:
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**Basic | Elements**: Elective contact lenses or frames reimbursed at 50% coinsurance up to $300 combined in- and out-of-network benefit maximum every 24 months

**Classic | Prestige**: Elective contact lenses or frames reimbursed at 50% coinsurance up to $400 (in addition to the standard benefit) combined in- and out-of-network benefit maximum every 24 months

Lenses for glasses reimbursed at 50% coinsurance up to allowed amounts

Exams are reimbursed up to allowed amounts

Vision benefit covers one of the following every 24 months:
- Elective contact lenses
- One pair of lenses
- One frame
- One complete pair of eyeglasses (lenses and frames)