2020

BCN Advantage℠ HMO
ConnectedCare

Summary of Benefits

January 1, 2020 — December 31, 2020

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 ConnectedCare**, 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 ConnectedCare** includes these counties in Michigan: Arenac, Genesee, Iosco, Kalamazoo, Livingston, Macomb, Oakland, Saginaw, St. Clair, Washtenaw and Wayne.

BCN Advantage HMO ConnectedCare 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**, 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

Medicare Advantage Plans

Premium/Cost-sharing Table for BCN Advantage HMO ConnectedCare

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 that you live in.

2) Look across the plan option column to find your monthly premium rate.

Counties	BCN Advantage HMO ConnectedCare Monthly Premium
Arenac, Genesee, Iosco, Kalamazoo, Livingston, Macomb, Oakland, Saginaw, St. Clair, Washtenaw and Wayne	$56
Optional Supplemental Dental, Hearing and Vision Package 1	$13.50
Optional Supplemental Dental, Hearing and Vision Package 2	$25.50

Deductible and limits on how much you pay for covered services		
Deductible	$0 annually This plan does not have a deductible for Part D prescription drugs.	
Deductible – Optional Supplemental Dental, Hearing and Vision Package 1	There is no deductible.	
Deductible – Optional Supplemental Dental, Hearing and Vision Package 2	There is no deductible.	
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	$3,800 annually	The most you pay for copays, coinsurance and other costs for medical services for the year. 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. You will still need to pay your monthly plan premiums, Medicare Part B premiums, and cost sharing for your Part D drugs.

Benefits	BCN Advantage HMO ConnectedCare	What you should know
Note: Services with * may require prior authorization.		
Inpatient Hospital Coverage*	$225 copay per day for days 1 through 6 $0 copay per day for days 7 through 90 $0 copay per day for days 91 and beyond	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.
Outpatient Hospital Coverage* • Ambulatory surgical center • Outpatient hospital	 $100 copay $225 copay	Services may require prior authorization. If you go to out-of-network providers you pay the full cost.
Doctor Visits • Primary • Specialists	 $0 copay $40 copay	If you go to out-of-network providers you pay the full cost. Specialist services may require referral.
Preventive Care Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Alcohol misuse screening and counseling • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Flexible sigmoidoscopy, Guaiac-based fecal occult blood test, Fecal immunochemical test, DNA based colorectal screening every 3 years) • Depression screening • Diabetes screenings • Glaucoma screening • HIV screening • Immunizations, including flu shots, hepatitis B shots, pneumococcal shots • Intensive behavioral therapy for obesity	You pay nothing.	Any additional preventive services approved by Medicare during the contract year will be covered.

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• Medical nutrition therapy services • Medicare Diabetes Prevention Program • Prostate cancer screenings (PSA) • Screening for lung cancer with low dose computed tomography • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • "Welcome to Medicare" preventive visit (one-time)		
Emergency Care	$90 copay	You may go to any emergency room if you reasonably believe you need emergency care. If you are admitted to the hospital within one 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. There is a combined $50,000 lifetime plan coverage limit for emergency and urgent care services outside the U.S. and its territories.
Urgently Needed Services	$45 copay	There is a combined $50,000 lifetime plan coverage limit for emergency and urgent care services outside the U.S. and its territories.
Diagnostic Services/Labs/ Imaging*		Prior authorization is required for some services by your doctor or other network provider. Please contact the plan for more information. If you go to out-of-network providers you pay the full cost.
• Diagnostic tests and procedures	$20 copay	
• Lab services	$0 copay	
• Diagnostic radiology service *(e.g., MRI)*	$20 – $100 copay	
• Outpatient X-rays	$20 – $100 copay	
• Therapeutic radiology services	$25 copay	

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Hearing Services • Hearing exam to diagnose and treat hearing and balance issues	$0 – $40 copay, depending on the service	If you go to out-of-network providers you pay the full cost.
Hearing – Optional Supplemental Benefit – Package 1	*$0 cost share for one hearing exam every year* *$0 cost share for one hearing aid fitting evaluation every three years* *Hearing Aids: 50% coinsurance up to a $1,200 ($600 per ear) allowance, every three years*	
Hearing – Optional Supplemental Benefit – Package 2	*$0 cost share for one hearing exam every year* *$0 cost share for one hearing aid fitting evaluation every three years* *Hearing Aids: 50% coinsurance up to a $2,500 ($1,250 per ear) allowance, every three years*	

Benefits	BCN Advantage HMO ConnectedCare	What you should know
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Dental Services **Limited dental services** (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth) **Preventive dental services** • Cleaning (for up to two every year) • Dental X-rays (one set of up to four bitewing X-rays, or one set of up to six periapical films every two years) • Oral exam (up to two every year)	$0 – $225 copay for Medicare-covered services $0 copay	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 **www.mibluedentist.com** and search for PPO dentists in the BCN Advantage network or contact Customer Service.
Dental – Optional Supplemental Benefit – Package 1 In addition to preventive dental, we cover:	Comprehensive Dental: $1,500 maximum dental benefit every year. **In Network** $0 cost-share for fluoride treatments and brush biopsies **50% coinsurance for:** • Resin and amalgam fillings • Crowns • Crown repairs • Root canals • Simple extractions	For in-network benefits, you must receive optional supplemental dental services from a participating provider.

Benefits	BCN Advantage HMO ConnectedCare	What you should know
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Dental – Optional Supplemental Benefit – Package 2 In addition to preventive dental, we cover:	Comprehensive Dental: $2,500 maximum dental benefit every year. **In Network** $0 cost-share for fluoride treatments and brush biopsies **25% coinsurance for:** • Resin and amalgam fillings • Dentures • Bridges • Onlays • Crowns • Crown repairs • Root canals • Simple extractions • Endodontics and periodontics • Oral surgery • Consultation exams • Anesthesia	For in-network benefits, you must receive optional supplemental dental services from a participating provider.
Vision Services* • Exam to diagnose and treat diseases and conditions of the eye • Eyeglasses or contact lenses after Medicare-covered cataract surgery • Routine eye exam	$0 - $40 copay, depending on the service $0 copay $0 copay for up to one routine eye exam every 12 months	If you go to out-of-network providers you pay the full cost. 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 **www.vsp.com.** Services may require prior authorization.

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Vision – Optional Supplemental Benefit – Package 1 Every 24 months, we cover **one** of the following: • Elective contacts • One pair of lenses • One frame • One complete pair of eyeglasses (lenses and frames) If elective contact lenses are chosen, they are unlimited up to the maximum vision benefit.	The optional eye wear benefit provides a $300 maximum vision benefit every 24 months and may be used for either (a) elective contact lenses or (b) frames. Lenses are covered in full every 24 months.	Supplemental vision benefits are provided in conjunction with standard vision benefit. Frequency limits apply.
Vision – Optional Supplemental Benefit – Package 2 Every 24 months, we cover **one** of the following: • Elective contacts • One pair of lenses • One frame • One complete pair of eyeglasses (lenses and frames) If elective contact lenses are chosen, they are unlimited up to the maximum vision benefit.	The optional eye wear benefit provides a $400 maximum vision benefit every 24 months and may be used for either (a) elective contact lenses or (b) frames. Lenses are covered in full every 24 months.	Supplemental vision benefits are provided in conjunction with standard vision benefit. Frequency limits apply.

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Mental Health Services* • Inpatient visit • Outpatient group therapy visit • Outpatient individual therapy visit	$225 copay per day for days 1 through 6 $0 copay per day for days 7 through 90 $40 copay for outpatient group/individual therapy visit	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. 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. Our plan covers 90 days for an inpatient hospital stay. 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. Services may require prior authorization. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
Skilled Nursing Facility* (SNF)	$0 copay per day for days 1 through 20 $178 copay per day for days 21 through 100	Our plan covers up to 100 days in a SNF. Services may require prior authorization.

Benefits	BCN Advantage HMO ConnectedCare	What you should know
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Physical Therapy* • Physical therapy, occupational therapy, and speech and language therapy visit	$30 copay	Services may require prior authorization.
Ambulance	$230 copay	Copay is for each one-way trip for Medicare-covered services.
Transportation	Not offered	
Medicare Part B Drugs* • Part B drugs such as chemotherapy drugs • Other Part B drugs • Home infusion drugs	0% – 20% of the cost depending on the drug	Services may require prior authorization and/or step therapy.
Medical Equipment/ Supplies* • Durable Medical Equipment (includes wheelchairs, oxygen, etc.) • Prosthetics (braces, artificial limbs, etc.) • Diabetes supplies (monitoring, shoes or inserts)	20% coinsurance of the cost for Medicare-covered items 20% coinsurance of the cost for Medicare-covered items $0 copay	Services may require prior authorization. Member must obtain diabetic supplies (except diabetic shoes) from BCN's supplier, J&B Medical Supply Company at 1-888-896-6233 from 8 a.m. to 5 p.m. Monday through Friday, Eastern time. TTY users call 711. Member must obtain diabetic shoes and inserts from BCN's DME supplier, Northwood at 1-800-667-8496, 8:30 a.m. to 5 p.m. Monday through Friday, Eastern time. TTY users call 711. When outside of the plan's service area, members must contact the appropriate vendor listed above. Prosthetics must be obtained from a preferred vendor. Contact us for a list of preferred vendors.

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Health Fitness Programs	All members can join the SilverSneakers® Fitness program at no cost. SilverSneakers is a leading fitness program for people with Medicare. • Locations nationwide • Low-impact classes to improve strength and balance • Health education events 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.	
Chiropractic Care • Manipulation of the spine to correct a subluxation (when one or more bones in your spine moves out of position) • Routine care/other Routine chiropractic visits give members coverage for one set of X-rays (up to three views) per year performed by a chiropractor. Cost share is the same as diagnostic X-rays.	$20 copay $20 – $40 copay depending on the service	One routine office visit per year.
Home Health Care*	You pay nothing.	Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc. Custodial care is not a benefit. Services may require prior authorization.

Benefits	BCN Advantage HMO ConnectedCare	What you should know
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Online Visits • Remote access technologies give you the opportunity to meet with a health care provider through electronic forms of communication (such as online). • 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.	**Medical:** $0 copay **Mental Health:** $40 copay	You must use an authorized vendor to get services. The copays listed are valid for services you get from an authorized vendor. You may pay more when you go outside of the authorized vendor.
Outpatient Substance Abuse* • Individual or Group therapy visit	$40 copay each visit	Services may require prior authorization.
Renal dialysis	20% coinsurance	

BCN Advantage HMO ConnectedCare

Phase 1: The Deductible Stage

Because there is no deductible for the plan, this stage does not apply to you.

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 $4,020.

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

	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
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:

	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
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**.

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

You have additional coverage in the Coverage Gap stage for Tier 6 drugs. For generic drugs, you pay a $0 copayment for Tier 6 drugs at a preferred pharmacy or 25% of the costs, whichever is lower, for up to a 31-day supply. You pay 25% of the cost for all other generic drugs. For brand-name drugs, you pay 25% of the price (plus a portion of the dispensing fee). 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**.

*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**).*

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**).

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**, or contact Customer Service at 1-800-450-3680 from 8 a.m. to 8 p.m., Eastern time, seven days a week from October 1 through March 31; 8 a.m. to 8 p.m., Eastern time, Monday through Friday from April 1 through September 30, for more information. TTY users call 711.

You can order a copy of the “Medicare & You” handbook at **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**.

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** 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. TTY users should call 711.

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BCN Advantage SM ***HMO***

Medicare and more

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