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BCN AdvantageSM HMO
HealthySaver

BCN AdvantageSM HMO
HealthyValue

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 HealthySaver** or **BCN Advantage HMO HealthyValue**, 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 HealthySaver** and **BCN Advantage HMO HealthyValue** includes these counties in Michigan: Arenac, Genesee, Iosco, Kalamazoo, Kent, Livingston, Macomb, Muskegon, Oakland, Oceana, Ottawa, Saginaw, St. Clair, Washtenaw and Wayne.

BCN Advantage HMO HealthySaver and **BCN Advantage HMO HealthyValue** have 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 HealthySaver and BCN Advantage HMO HealthyValue

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 columns to find your monthly premium rate.

Counties	Monthly Premium	
	BCN Advantage HMO HealthyValue	BCN Advantage HMO HealthySaver
Arenac, Genesee, Iosco, Kalamazoo, Livingston, Macomb, Oakland, Saginaw, St. Clair, Washtenaw and Wayne	\$0	\$23
Kent	\$0	\$13
Muskegon, Oceana, Ottawa	\$0	\$16
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	\$240 annually <u>Prescription drugs:</u> \$250 annually for Part D prescription drugs in Tiers 3, 4 and 5.	\$0 annually <u>Prescription drugs:</u> \$100 annually for Part D prescription drugs in Tiers 3, 4 and 5.
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.	

	BCN Advantage HMO HealthyValue	BCN Advantage HMO HealthySaver	What you should know
Deductible and limits on how much you pay for covered services			
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	\$4,500 annually	\$4,500 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 HealthyValue	BCN Advantage HMO HealthySaver	What you should know
Note: Services with * may require prior authorization.			
Inpatient Hospital Coverage*	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.		Services may require prior authorization. HealthyValue: Deductible applies If you go to out-of-network providers you pay the full cost.
	\$285 copay per day for days 1 through 7 \$0 copay per day for days 8 through 90	\$280 copay per day for days 1 through 7 \$0 copay per day for days 8 through 90	
Outpatient Hospital Coverage* <ul style="list-style-type: none"> o Ambulatory surgical center o Outpatient hospital 	\$125 copay \$250 copay	\$125 copay \$250 copay	Services may require prior authorization. HealthyValue: Deductible applies If you go to out-of-network providers you pay the full cost.
Doctor Visits <ul style="list-style-type: none"> o Primary o Specialists 	\$3 copay \$50 copay	\$5 copay \$50 copay	HealthyValue: Deductible applies If you go to out-of-network providers you pay the full cost. Specialist services may require a referral.
Preventive Care	You pay nothing. Our plan covers many preventive services, including: <ul style="list-style-type: none"> • 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 		Any additional preventive services approved by Medicare during the contract year will be covered.

Benefits	BCN Advantage HMO HealthyValue	BCN Advantage HMO HealthySaver	What you should know
Note: Services with * may require prior authorization.			
	<ul style="list-style-type: none"> • 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 shot, Hepatitis B shots, Pneumococcal shots • Intensive behavioral therapy for obesity • 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 • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • “Welcome to Medicare” preventive visit (one-time) 		
Emergency Care	\$90 copay		<p>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.</p> <p>There is a combined \$50,000 lifetime plan coverage limit for emergency and urgent care services outside the U.S. and its territories.</p>

Benefits	BCN Advantage HMO HealthyValue	BCN Advantage HMO HealthySaver	What you should know
Note: Services with * may require prior authorization.			
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* <ul style="list-style-type: none"> o Diagnostic tests and procedures o Lab services o Diagnostic radiology service (e.g., MRI) o Outpatient X-rays o Therapeutic radiology services 	<ul style="list-style-type: none"> \$20 copay \$0 copay \$20 – \$100 copay \$20 – \$100 copay \$25 copay 	<ul style="list-style-type: none"> \$20 copay \$0 copay \$20 – \$100 copay \$20 – \$100 copay \$25 copay 	<p>Prior authorization is required for some services by your doctor or other network provider. Please contact the plan for more information.</p> <p>HealthyValue: Deductible applies</p> <p>If you go to out-of-network providers you pay the full cost.</p>
Hearing Services <ul style="list-style-type: none"> o Hearing exam to diagnose and treat hearing and balance issues 	\$3 – \$50 copay, depending on the service	\$5 – \$50 copay, depending on the service	<p>HealthyValue: Deductible applies</p> <p>If you go to out-of-network providers you pay the full cost.</p>
Hearing - Optional Supplemental Benefit - Package 1	<p><i>\$0 cost share for one hearing exam every year</i></p> <p><i>\$0 cost share for one hearing aid fitting evaluation every three years</i></p> <p><i>Hearing Aids: 50% coinsurance up to a \$1,200 (\$600 per ear) allowance every three years.</i></p>		

Benefits	BCN Advantage HMO HealthyValue	BCN Advantage HMO HealthySaver	What you should know
Note: Services with * may require prior authorization.			
Hearing - Optional Supplemental Benefit - Package 2	<p>\$0 cost share for one hearing exam every year</p> <p>\$0 cost share for one hearing aid fitting evaluation every three years</p> <p><i>Hearing Aids: 50% coinsurance up to a \$2,500 (\$1,250 per ear) allowance every three years.</i></p>		
Dental Services			
<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)</p> <p>Preventive dental services</p> <ul style="list-style-type: none"> o Cleaning (for up to 2 every year) o Dental X-rays (one set of up to four bitewing X-rays, or one set of up to six periapical films every two years) o Oral exam (for up to 2 every year) 	<p>\$3 – \$250 copay for Medicare-covered services</p> <p>\$0 copay</p>	<p>\$5 – \$250 copay for Medicare-covered services</p> <p>\$0 copay</p>	<p>If you go to out-of-network providers you pay the full cost.</p> <p>HealthyValue: Deductible applies for Medicare-covered services</p> <p>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.</p>

Benefits	BCN Advantage HMO HealthyValue	BCN Advantage HMO HealthySaver	What you should know
Note: Services with * may require prior authorization.			
<p>Dental - Optional Supplemental Benefit - Package 1</p> <p>In addition to preventive dental, we cover:</p>	<p>Comprehensive Dental: \$1,500 maximum dental benefit every year.</p> <p>In Network</p> <p>\$0 cost-share for fluoride treatments and brush biopsies</p> <p>50% coinsurance for:</p> <ul style="list-style-type: none"> • Resin and amalgam fillings • Crowns • Crown repairs • Root canals • Simple extractions 		<p>For in-network benefits, you must receive optional supplemental dental services from a participating provider.</p>
<p>Dental - Optional Supplemental Benefit - Package 2</p> <p>In addition to preventive dental, we cover:</p>	<p>Comprehensive Dental: \$2,500 maximum dental benefit every year.</p> <p>In Network</p> <p>\$0 cost-share for fluoride treatments and brush biopsies</p> <p>25% coinsurance for:</p> <ul style="list-style-type: none"> • Resin and amalgam fillings • Dentures • Bridges • Onlays • Crowns • Crown repairs • Root canals • Simple extractions • Endodontics and periodontics • Oral surgery • Consultation exams • Anesthesia 		<p>For in-network benefits, you must receive optional supplemental dental services from a participating provider.</p>

Benefits	BCN Advantage HMO HealthyValue	BCN Advantage HMO HealthySaver	What you should know
Note: Services with * may require prior authorization.			
<p>Vision Services*</p> <ul style="list-style-type: none"> o Exam to diagnose and treat diseases and conditions of the eye o Eyeglasses or contact lenses after cataract surgery o Routine eye exam 	<p>\$0 – \$50 copay</p> <p>\$0 copay</p> <p>\$0 copay for up to one routine eye exam every 12 months.</p>	<p>\$0 – \$50 copay</p> <p>\$0 copay</p> <p>\$0 copay for up to one routine eye exam every 12 months.</p>	<p>If you go to out-of-network providers you pay the full cost.</p> <p>HealthyValue: Deductible applies for Medicare-covered services</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 www.vsp.com.</p> <p>Services may require prior authorization.</p>

Benefits	BCN Advantage HMO HealthyValue	BCN Advantage HMO HealthySaver	What you should know
Note: Services with * may require prior authorization.			
<p>Vision - Optional Supplemental Benefit - Package 1</p> <p>Every 24 months, we cover one of the following:</p> <ul style="list-style-type: none"> o Elective contacts o One pair of lenses o One frame o One complete pair of eyeglasses (lenses and frames) <p>If elective contact lenses are chosen, they are unlimited up to the maximum vision benefit</p>	<p>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.</p> <p>Lenses are covered in full every 24 months.</p>		<p>Supplemental vision benefits are provided in conjunction with standard vision benefit. Frequency limits apply.</p>

Benefits	BCN Advantage HMO HealthyValue	BCN Advantage HMO HealthySaver	What you should know
Note: Services with * may require prior authorization.			
<p>Vision - Optional Supplemental Benefit - Package 2</p> <p>Every 24 months, we cover one of the following:</p> <ul style="list-style-type: none"> o Elective contacts o One pair of lenses o One frame o One complete pair of eyeglasses (lenses and frames) <p>If elective contact lenses are chosen, they are unlimited up to the maximum vision benefit</p>	<p>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.</p> <p>Lenses are covered in full every 24 months.</p>		<p>Supplemental vision benefits are provided in conjunction with standard vision benefit. Frequency limits apply.</p>

Benefits	BCN Advantage HMO HealthyValue	BCN Advantage HMO HealthySaver	What you should know
Note: Services with * may require prior authorization.			
<p>Mental Health Services*</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>Services may require prior authorization.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<ul style="list-style-type: none"> o Inpatient visit o Outpatient therapy visit 	<p>\$250 copay per day for days 1 through 7</p> <p>\$0 copay per day for days 8 through 90</p> <p>\$40 copay for outpatient group/individual therapy visit</p>	<p>\$250 copay per day for days 1 through 7</p> <p>\$0 copay per day for days 8 through 90</p> <p>\$40 copay for outpatient group/individual therapy visit</p>	
<p>Skilled Nursing Facility (SNF)*</p>	<p>\$0 copay per day for days 1 through 20</p> <p>\$178 copay per day for days 21 through 100</p>	<p>\$0 copay per day for days 1 through 20</p> <p>\$178 copay per day for days 21 through 100</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>HealthyValue: Deductible applies for Medicare-covered services</p> <p>Services may require prior authorization.</p>

Benefits	BCN Advantage HMO HealthyValue	BCN Advantage HMO HealthySaver	What you should know
Note: Services with * may require prior authorization.			
Physical Therapy* <ul style="list-style-type: none"> o Physical therapy, occupational therapy, and speech and language therapy visit 	\$30 copay		Services may require prior authorization. HealthyValue: Deductible applies for Medicare-covered services
Ambulance	\$230 copay		Copay is for each one-way trip for Medicare covered services. HealthyValue: Deductible applies for Medicare-covered services
Transportation	Not Offered		
Medicare Part B Drugs* <ul style="list-style-type: none"> o Part B drugs such as chemotherapy drugs o Other Part B drugs o Home infusion drugs 	0% – 20% of the cost, depending on the drug		Services may require prior authorization and/or step therapy. HealthyValue: Deductible applies for Medicare-covered services

Benefits	BCN Advantage HMO HealthyValue	BCN Advantage HMO HealthySaver	What you should know
Note: Services with * may require prior authorization.			
<p>Medical Equipment/Supplies*</p> <ul style="list-style-type: none"> o Durable Medical Equipment (e.g., wheelchairs, oxygen) o Prosthetics (e.g., braces, artificial limbs) o Diabetes supplies (e.g., monitoring, shoes or inserts) 	<p>20% coinsurance of the cost for Medicare-covered items</p> <p>20% coinsurance of the cost for Medicare-covered items</p> <p>\$0 copay</p>		<p>Services may require prior authorization.</p> <p>HealthyValue: Deductible may apply for Medicare-covered services</p> <p>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.</p> <p>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.</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>

Benefits	BCN Advantage HMO HealthyValue	BCN Advantage HMO HealthySaver	What you should know
Note: Services with * may require prior authorization.			
Health Fitness Programs	<p>All members can join the SilverSneakers® Fitness program at no additional cost. SilverSneakers is a leading fitness program for people with Medicare.</p> <ul style="list-style-type: none"> • Locations nationwide • Low-impact classes to improve strength and balance • Health education events <p>You must use network facilities to obtain this benefit. 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>		
Chiropractic Care <ul style="list-style-type: none"> o Manipulation of the spine to correct a subluxation (when one or more bones in your spine moves out of position) o Routine care/ other 	<p>\$20 copay</p> <p>\$20 – \$50 copay, depending on the service</p>		<p>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.</p> <p>One routine office visit per year.</p>
Home Health Care	<p>You pay nothing</p>		<p>Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc. Custodial care is not a benefit.</p>

Benefits	BCN Advantage HMO HealthyValue	BCN Advantage HMO HealthySaver	What you should know
Note: Services with * may require prior authorization.			
<p>Online Visits</p> <ul style="list-style-type: none"> o Remote access technologies give you the opportunity to meet with a health care provider through electronic forms of communication (such as online). o 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. 	<p>Medical: \$3 copay</p> <p>Mental Health: \$40 copay</p>	<p>Medical: \$5 copay</p> <p>Mental Health: \$40 copay</p>	<p>HealthyValue: Deductible may apply for Medicare-covered services</p> <p>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.</p>
<p>Outpatient Substance Abuse*</p> <ul style="list-style-type: none"> o Individual or Group therapy visit 	<p>\$50 copay each visit</p>	<p>\$50 copay each visit</p>	<p>Services may require prior authorization.</p> <p>HealthyValue: Deductible may apply for Medicare-covered services</p>
<p>Renal dialysis</p>	<p>20% coinsurance</p>	<p>20% coinsurance</p>	

BCN Advantage HMO HealthyValue

Phase 1: The Deductible Stage

You pay \$0 for Tiers 1, 2 and 6. You pay \$200 per year for Tiers 3, 4 and 5.

Phase 2: The Initial Coverage Stage

After you pay your deductible, 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	\$8	\$2
Tier 2: Generic	\$20	\$11
Tier 3: Preferred Brand	\$47	\$42
Tier 4: Non-Preferred Drug	50%	50%
Tier 5: Specialty	28%	28%
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	\$24	\$6
Tier 2: Generic	\$60	\$33
Tier 3: Preferred Brand	\$141	\$126
Tier 4: Non-Preferred Drug	50%	50%
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).

BCN Advantage HMO HealthySaver

Phase 1: The Deductible Stage

You pay \$0 for Tiers 1, 2 and 6. You pay \$200 per year for Tiers 3, 4 and 5.

Phase 2: The Initial Coverage Stage

After you pay your deductible, 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	\$8	\$2
Tier 2: Generic	\$20	\$11
Tier 3: Preferred Brand	\$47	\$42
Tier 4: Non-Preferred Drug	50%	50%
Tier 5: Specialty	31%	31%
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	\$24	\$6
Tier 2: Generic	\$60	\$33
Tier 3: Preferred Brand	\$141	\$126
Tier 4: Non-Preferred Drug	50%	50%
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

After you pay your deductible, 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. 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.

Confidence
comes with every card.

BCN AdvantageSM HMO



Medicare and more

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