Make your coverage work for you

You’ve made a smart choice by enrolling in this plan. Whether you’re new to Blue Cross or an existing member, we value you as a customer and strive to do our best to serve you. You might be wondering what you should do to make the most out of your coverage this year. Here’s an easy guide to get you up to speed so you can start taking advantage of the benefits of Blue Cross.

What’s new for 2019?

- We lowered premiums on many of our plans.
- Learn how we’re keeping you safe and keeping health care costs in check with prior authorizations. (See page 15.)
- We’re adding a $0 cost-sharing pharmacy tier to save you money on Part D drugs. (See page 11.)
- We’re now offering online visits for when you need to see a doctor, but can’t get in to see your provider. (See page 17.)
- We’re continually improving our electronic communications. (See page 12.)
- We’re adding Optional Supplemental benefit offerings, so you can upgrade your dental, vision and hearing benefits. (See page 17.)

What you can expect ........................................................................................................................................... 2
In sickness and in health: We’ve got you covered .............................................................................................................................. 4
Use SilverSneakers® fitness program at no extra cost ....................................................................................................................... 6
Know where to go for care ................................................................................................................................................................. 7
Take an active role in your care ................................................................................................................................................................ 8
Talk to your doctor ............................................................................................................................................................................. 8
Are you up to date? ............................................................................................................................................................................. 9
Reach your health goals ..................................................................................................................................................................... 9
Part D prescription drug coverage tips ............................................................................................................................................... 10
What can you do online? .................................................................................................................................................................... 12
Understand your costs ....................................................................................................................................................................... 13
Terms to know .................................................................................................................................................................................. 14
A closer look at prior authorizations .................................................................................................................................................... 15
A guide to your Evidence of Coverage ........................................................................................................................................... 16
Other ways to seek medical help ....................................................................................................................................................... 17
Protect your vision, hearing and smile with optional coverage ...................................................................................................... 17
Contact us ....................................................................................................................................................................................... Back cover
You’re a member of an HMO-POS or HMO plan

We cover everything that Original Medicare does, plus more, all in one plan. Health maintenance organizations provide personalized care coordinated by a primary care provider, whom you select from our network of providers.

Your primary care provider is the best resource for coordinating your care and can help you find an in-network specialist. However, BCN Advantage doesn’t require a referral for you to make an appointment with an in-network specialist. Some in-network specialists may still need to confirm with your primary care provider that you need specialty care.

Our plan gives you access to a network of thousands of primary care doctors and specialists.* These providers accept our payment and the share of the costs that you pay as payment in full.

Preventive care is the foundation of our coverage because it’s easier to stay healthy than it is to get healthy. Of course, we also help manage sudden and ongoing medical conditions to help you feel your best.

In most cases, care you receive from an out-of-network provider will not be covered. The only exceptions are emergencies and urgently needed services when the network is not available.

**HMO-only members:** The BCN Advantage ConnectedCare, HealthySaver, HealthyValue and MyChoice Wellness plans feature a specific network of doctors and hospitals that you must use. If you see a provider who is not part of your plan’s network, you are seeing an out-of-network provider and your services will not be covered. You can find the most up-to-date source of network providers by using the online provider search tool at [www.bcbsm.com/providersmedicare](http://www.bcbsm.com/providersmedicare).

**HMO-POS members only:** You can access BlueCard® for care when you’re traveling outside of Michigan and in the U.S. To locate participating providers outside of Michigan, call 1-800-810-2583, 24 hours a day 7 days a week. TTY users call 711. If traveling outside the U.S. and its territories, you can receive urgent or emergency care through Blue Cross Blue Shield Global Core™. Go to [www.bcbsglobalcore.com](http://www.bcbsglobalcore.com) to find doctors and hospitals that participate with Blue Cross.

*Source: BCN Medical Informatics Statewide Provider Counts report, August 2018.*
What you can expect

Part of our commitment to you is to help you make the best possible use of your plan. You’ll hear from us throughout the year as we keep you informed about your plan and your health.

<table>
<thead>
<tr>
<th>Membership ID card</th>
<th>Start using your ID card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Show your doctor and other providers this card every time you need care. You can use the BCBSM mobile app to show your electronic ID card. (See page 12.)</td>
<td></td>
</tr>
<tr>
<td><strong>New members:</strong> We sent you a new BCN Advantage membership ID card. You can put your red, white and blue Medicare card away in a safe place and use your BCN Advantage membership ID card instead.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your bill</th>
<th>You’ll receive a bill each month for the next month’s premium, if you have a plan with a premium.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>You won’t receive a bill if:</strong></td>
<td></td>
</tr>
<tr>
<td>• You’re a member of a group, employer or union plan</td>
<td></td>
</tr>
<tr>
<td>• You have your premium deducted from your Social Security payment</td>
<td></td>
</tr>
<tr>
<td>• You have your premium automatically paid from your checking or savings account</td>
<td></td>
</tr>
<tr>
<td>• You prepaid your premium or have a credit on your account</td>
<td></td>
</tr>
<tr>
<td>You can learn how to sign up for automatic bill pay via Social Security or your bank account by visiting <a href="http://www.bcbsm.com/medicare">www.bcbsm.com/medicare</a> going to the Help tab and clicking on the Forms page then select Payment Forms.</td>
<td></td>
</tr>
</tbody>
</table>

| Welcome call | When you are a new member, we call you to make sure you received your welcome kit and membership ID card, help answer any questions about your coverage and tell you about programs we offer to help you stay healthy. |

<table>
<thead>
<tr>
<th>Guide to your costs</th>
<th>Every year, we send you a wallet-sized card that lists the out-of-pocket costs for the medical services you use most.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Download our mobile app or visit the Member Portal to access this information anytime wherever you go. (See page 12.)</td>
<td></td>
</tr>
</tbody>
</table>

| Medicare Advantage health assessment | If you complete a brief health survey, we’ll give you a personalized health status report you can share with your doctor. It’s secure, completely confidential and your responses don’t affect your coverage. Look for the assessment in the mail. You can return the paper copy or complete it online using the code provided with assessment. |
Make an appointment for your Annual Wellness Visit and Annual Routine Physical with your provider so you can begin taking advantage of your preventive benefits.

If you don’t have one, pick a primary care provider. See page 4 for how to find a provider online. You can also look in your copy of our Provider Directory or call Customer Service at the number on the back cover of this booklet (this number is also on your BCN Advantage membership ID card).

When you use your medical coverage, we’ll send you a detailed statement. It is not a bill. Instead, it lists the services you received, what your provider billed, what your plan paid, and how much you may owe. This is the source of truth on your cost share. You’ll receive an Explanation of Benefits the month after the claim is processed. For fast access to this information, sign up for electronic Explanation of Benefits. Our mobile app provides instant access as well.

We do our best to combine helpful information, useful reminders and healthy tips to help you get more out of your plan in Your Health Advantage, our member news publication.

There may be events during the year that we want you to be aware of, so we’ll send you notices.

If you need help with a chronic illness, such as heart disease or diabetes, we may send you materials or call you about a specific program.

You may receive surveys asking for your opinion of our plan, our network providers and the care you receive. This is an important feedback channel that helps us respond to your needs.

We’re always looking for ways to provide better coverage and service.

Your answers are confidential. They don’t affect your coverage or costs. We appreciate your honest feedback.
In sickness and in health:  
*We’ve got you covered*

Our commitment to you includes coverage that works for you at every stage. Your benefits aren’t just for when you’re feeling sick or coping with a chronic condition. They can help you take charge of your health.

**Flu and pneumonia vaccines**
You can get your flu and pneumonia vaccines at your participating network pharmacy or your primary care provider’s office. However, your provider may charge an office visit copay, even if this is the only service provided at your visit.

You can learn more online at [www.bcbsm.com/vaccines-medicare](http://www.bcbsm.com/vaccines-medicare)

**Complex and serious conditions**
Our care management programs help members with complex conditions. We may assign a nurse to work with you, your family, your doctor and other health professionals. Your nurse will counsel you and teach you about your condition. He or she will follow your treatment and make sure your care is well coordinated.

Among others, we have programs available to assist with:

- Asthma
- Bone marrow and solid organ transplants
- Oncology
- Chronic obstructive pulmonary disease
- Congestive heart failure
- Heart disease
- Kidney health management
- Diabetes

**Chronic conditions**
We offer educational materials, reminders and other support for members with depression, diabetes, chronic obstructive pulmonary disease, heart disease, heart failure and kidney health management. You’ll automatically be signed up for these special programs after we receive a diagnosis from your provider.

1-800-775-BLUE (2583), TTY users call 711
8 a.m. to 6 p.m., Monday through Friday

**Care management support**
Some health decisions aren’t easy. Our Blue Cross Health & Wellness care management programs can assist you whether you’re coping with a life-changing illness, unsure about your medications or need help as you leave the hospital. Our specialists can connect you to Blue Cross Health & Wellness care management programs.

Review all our health and wellness programs online at [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare)
- Log in to your secure member account.
- Click on Health & Wellness in the right-hand column

1-800-775-BLUE (2583), TTY users call 711
8 a.m. to 6 p.m., Monday through Friday
Emotional and mental wellness
Your health is not just determined by your physical fitness, but by your overall wellness. Your physical health improves when you get enough sleep, eat healthy and exercise. Likewise, your emotional wellbeing improves when you have support through life’s trials, manage stress and have positive social interactions. We offer behavioral health care benefits to help you transition through difficult times. This benefit also helps those struggling with substance abuse. When you call, we’ll discuss your needs and arrange for services.

1-800-775-BLUE (2583),
TTY users call 711
8 a.m. to 6 p.m.,
Monday through Friday

Quit tobacco for good
Increase your chances for successfully quitting in the next 30 days with support and resources through a phone-based health coach program from WebMD®. WebMD Health Services is an independent company supporting Blue Cross Blue Shield of Michigan by providing health and wellness services.

www.bcbsm.com/medicare/help/faqs/other/quit-smoking
1-855-326-5102, TTY users call 711.
Monday through Thursday from 9 a.m. to 11:30 p.m., Friday from 9 a.m. to 8 p.m., Saturday from 9:30 a.m. to 6 p.m. and Sunday from 1 p.m. to 11:30 p.m.

Medicare Diabetes Prevention Program
Your risk of developing Type 2 diabetes can be radically decreased through this 12-month Type 2 diabetes prevention benefit. It’s focused on healthy lifestyle changes for qualified members and covered under your plan at no additional cost. Participants report 5 to 7 percent weight loss, increased energy and better sleep.

Do you qualify? Take a 1-minute online quiz at www.solera4me.com.

Follow-up care when you leave a hospital
A nurse may contact you while you’re in the hospital and after you’ve left the hospital to answer questions and help with the transition home. He or she may:

- Help you understand how to take your medications and what you need to do to stay healthy when you return home
- Assist in arranging prescribed services or equipment after discharge
- Provide information about available community resources that may be helpful
Use SilverSneakers® fitness program at no extra cost

SilverSneakers Fitness program is an exercise and wellness program offered by Tivity Health that helps you live a healthy, active lifestyle through exercise and fitness communities nationwide. Access more than 15,000 facilities nationwide.

Find a participating fitness center:

- **www.silversneakers.com.**
- **1-866-584-7352,** 8 a.m. to 8 p.m., Monday through Friday. TTY users call **711.**

*Tivity Health is an independent company that has a contract with Blue Cross Blue Shield of Michigan to offer fitness services.*
Know where to go for care

When it’s not an emergency, you have smart choices for when and where to get health care. Know your options so you can get the treatment you need, right when you need it. Costs vary for each care option, so it’s important to think about what kind of care you really need:

**Primary care provider**
Call your primary care provider first when you’re not feeling well. He or she knows you best and understands your health history.

**Blue Cross Online Visits**
Connect online with a doctor or therapist using a smartphone, tablet or computer. Visit [www.bcbsmonlinevisits.com](http://www.bcbsmonlinevisits.com) or call 1-844-606-1608.

**24-Hour Nurse Line**
Talk to a registered nurse at no additional cost, anytime day or night, when you have questions about an illness or injury. Call 1-855-624-5214.

**Retail health clinics**
Get treatment for minor illnesses and injuries on a walk-in basis at select drug store chains near your home or workplace.

**Urgent care centers**
Get non-emergency, in-person care conveniently, after hours or on weekends.

**Emergency room**
For serious or life-threatening illnesses or injuries.

Emergency rooms cost more because they are equipped to handle trauma and life-threatening situations. You can save money by seeing your doctor or going to a convenient retail clinic or urgent care for minor illnesses and injuries, such as:

- Mild allergy symptoms
- Sore throat and cough
- Colds and flu
- Low-grade fever
- Earache
- Eye irritation or redness
- Skin rash
- Minor burns, cuts and scrapes
- Painful urination
- Sprains and strains
Take an active role in your care

Your plan offers more than 20 preventive services covered at 100 percent, including flu and pneumonia vaccines, mammograms and colorectal cancer screenings. Ask your doctor which preventive services are right for you. If you are new to Medicare, schedule a Welcome to Medicare Exam. If you’ve been enrolled in Medicare for more than a year, you can take advantage of your Annual Wellness Visit, which includes a personalized prevention plan, screening schedules, referrals and education based on your specific health situation.

Get more out of your doctor visits by:
- Writing down questions you want to ask as well as symptoms you want your doctor to be aware of
- Taking notes as the doctor answers your questions
- Reviewing your medications (dose, side effects and over-the-counter supplements)
- Speaking up if you have any health concerns
- Being involved in your care decisions

You are a key player on your health care team.

Talk to your doctor

<table>
<thead>
<tr>
<th>Don’t hide it.</th>
<th>Good to know</th>
<th>Ask your doctor</th>
<th>Going in-depth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical activity</td>
<td>Discuss issues that limit your physical activity.</td>
<td>If pain limits your physical activity, there are ways to address it.</td>
<td>Should you start, increase or maintain your level of exercise?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>What types of exercise are right for you?</td>
</tr>
<tr>
<td>Bladder control</td>
<td>Discuss if you accidentally leak urine.</td>
<td>It's a common problem.</td>
<td>What are your treatment options?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If receiving treatment, discuss the effectiveness.</td>
</tr>
<tr>
<td>Risk of falling</td>
<td>If you’ve fallen make sure to call your doctor. Don’t wait until your next appointment.</td>
<td>There may be simple solutions, such as a medication dosage change.</td>
<td>Could you benefit from a cane or walker or physical therapy?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Discuss any balance or walking problems.</td>
</tr>
</tbody>
</table>
Get the most from your next doctor visit

Write down your main concerns and take them with you the next time you see your doctor. By focusing on your concerns, you’ll get quality time with your doctor.

Here’s some space to get you started. Cut out this page and take it with you to your appointment.

Doctor: ____________________________________________________________

Appointment date:____________________________________________________

Appointment time:_____________________________________________________  

My first health concern is:______________________________________________

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

My second health concern is:____________________________________________

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

For each health issue, ask your doctor:  
“*What do I need to do?*” and “*Why?*”
Go green with less mail

You can reduce the number of documents we send by going paperless!

It’s quick and easy to sign up. Here’s how:

2. If you haven’t already done so, register for the member website by clicking on the LOGIN tab at the top of the page. Once registered, go to Account Settings at the top, right column to sign up for paperless documents.

These are the documents that are available electronically on our secure member website:

- Annual Notice of Change
- Explanation of Benefits
- Evidence of Coverage
- Drug List (not applicable to all plans)
- Resource Guide

Remember, you can change your delivery method back to paper (mail) at any time using the same directions. While you are on the Member Portal, be sure to click on Account Overview to sign up for text messages or to change your email address.

It’s that easy to go paperless.

Why are you sending me and my spouse the same document?

That’s a question we hear often. The Centers for Medicare and Medicaid Services require us to send you some documents through the mail. When we can, we send just one copy to a household if there’s more than one Blue Cross member living there. Sometimes we’re required by law to send a letter or document to each person in separate envelopes.
Which topics would you like to learn more about?

☐ Getting help with the mobile app (Call 1-888-417-3479)

☐ Your plan’s cost structure (premiums, deductibles and copays)

☐ Going paperless

☐ Accessing information online

☐ Medicare Advantage Health Assessment

☐ Prior authorizations

☐ Preventive services built into your plan

☐ Prescription drug savings (not applicable to all plans)

☐ Optional supplemental benefits (not applicable to all plans)
Are you up to date?

Ask your doctor if you need to schedule any of these regular screenings.

<table>
<thead>
<tr>
<th>Preventive screenings</th>
<th>Breast cancer screening</th>
<th>Colorectal cancer screening</th>
<th>Bone density screening for osteoporosis</th>
<th>Cholesterol</th>
</tr>
</thead>
<tbody>
<tr>
<td>every 2 years</td>
<td>1 to 10 years</td>
<td>every 2 years</td>
<td>ask your doctor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>depending on test</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Flu shot</th>
<th>Pneumonia vaccine</th>
<th>Shingles vaccine</th>
<th>Tetanus booster</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>every year</td>
<td>2 to 3 shots per lifetime, depending on vaccine used</td>
<td>two doses*</td>
<td>every 10 years*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diabetic testing (if applicable)</th>
<th>A1c test</th>
<th>Diabetic retinal eye exam</th>
<th>Urine protein screening</th>
<th>Treatment for urine protein</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2 to 4 times a year</td>
<td>every year</td>
<td>every year</td>
<td>as applicable</td>
</tr>
</tbody>
</table>

*This is a Medicare Part D pharmacy benefit that should be received at a pharmacy.

Reach your health goals

The Blue Cross® Health & Wellness website, powered by WebMD®, can help you start making the healthy lifestyle changes you’d like to see.

We offer six Digital Health Assistant programs available at no additional cost to you focusing on a variety of health goals, including eating better, conquering stress, feeling happier, enjoying exercise and more. All tips come straight from WebMD’s expert health coaches.

Set your goal, choose your level (easy, moderate or challenging) then choose from more than 400 activities that appeal to your lifestyle, interests and schedule.

To learn more or to start working on a Digital Health Assistant program, log in to or register for the members-only website at www.bcbsm.com/medicare, or open the Blue Cross mobile app, then click on Health & Wellness. From there, click on My Health Assistant under the Healthy Living tab.

WebMD Health Services is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing health and wellness services.
Part D prescription drug coverage tips

Check our list of covered drugs (called a formulary)

Our plans with Part D prescription drug coverage use a drug list that promotes the use of safe, effective and less expensive medications. Check your plan’s drug list to see if your medication is covered and to see if there are any restrictions or limits on how your medication is covered, such as prior authorization. You can also refer to the formulary found at www.bcbsm.com/formularymedicare or call Customer Service with questions.

Our drug list changes from year to year and during the current year as new drugs are approved, restricted or recalled by the government. Some changes are made to keep you safe or to keep the cost of your coverage down. We’ll let you know if a drug you are prescribed is affected with a notice in your Explanation of Benefits or a letter.

Save money with our pharmacy network

For your convenience, most chain pharmacies as well as many independent pharmacies are in our network. With few exceptions, your prescriptions must be filled at our network pharmacies for your medications to be covered. Refer to your pharmacy directory for locations near you. Check out www.bcbsm.com/pharmaciesmedicare.

Get more for your money from our preferred pharmacy network

Preferred pharmacies offer the best cost savings. Another way to save is to ask your doctor, “Are there alternative drugs at a lower cost that will work for me?”

Preferred chain pharmacies in Michigan

- Costco Pharmacy
- D & W Pharmacy
- Family Fare Pharmacy
- Felpausch Pharmacy
- Glen’s Pharmacy
- Kmart Pharmacy
- Kroger Pharmacy
- Meijer Pharmacy
- Rite Aid Pharmacy
- Sam’s Club Pharmacy
- Shopko Pharmacy
- VG’s Pharmacy
- Walgreens Pharmacy
- Walmart Pharmacy

Independent pharmacies may also be in our preferred pharmacy network, be sure and check if you use one. To transfer prescriptions, contact your new preferred pharmacy. They’ll ask you for some prescription information, so have your prescription bottles handy to reference. Your new preferred pharmacy will handle the transfer.

Remember to allow seven to 10 days for delivery from our mail-order pharmacies. If your mail order is late and you did not receive a call from your mail-order provider, call your mail-order service provider or Customer Service right away.

ExpressScripts — Preferred cost share

www.express-scripts.com
1-800-903-8346, 24 hours a day, seven days a week. TTY users call 1-800-716-3231.

Walgreens — Standard cost share

www.Walgreens.com/mailservice
1-866-877-2392, 24 hours a day, seven days a week. TTY users call 1-800-573-1833.

Express Scripts® is an independent company that manages Medicare Part D prescription-drug benefits for select Blue Cross Medicare Advantage plans.

Walgreens is an independent company that provides mail-order pharmacy services for Blue Cross Medicare Advantage plans.
How are my medications covered?

Great news! We added a $0 copay tier on many drugs that are in high demand for our members. Medications included in the drug lists now fall into one of six cost-sharing tiers. We strive to provide you high quality coverage while keeping your costs as low as possible. One way we do this is by encouraging the use of generics since they are covered at a lower cost to you, and contain the same active ingredients as brand-name drugs.

| 1. Preferred generic drugs | • Generic drugs  
|                            | • Low copay  
|                            | • Great cost-effective option | $ |
| 2. Generic drugs           | • Additional generic drugs  
|                            | • Good cost-effective option | $ |
| 3. Preferred brand drugs   | • Brand-name drugs | $$ |
| 4. Non-preferred drugs     | • Additional generics and brand-name drugs | $$ – $$$ |
| 5. Specialty drugs         | • High-cost generic and brand-name drugs | $$$ – $$$$$ |
| 6. Select care drugs       | • Lowest copay  
|                            | • Most cost-effective option | $0 at preferred pharmacies |

Take these items with you to your doctor’s appointment:

- A list of the medications you are currently taking
- A copy of your plan’s list of covered drugs (called a formulary)
- Name, address and phone number of the preferred pharmacy you have selected.
What can you do online?

Use the BCBSM Mobile App on your smart phone or tablet to:

- Find doctors that participate in your plan
- View what's covered with your plan
- View balances for your deductibles and out-of-pocket max
- Check claims and benefit statements
- Estimate costs for prescription drugs with details on any coverage requirements
- Find preferred pharmacies to get the best cost
- Access your Virtual ID Card in case you don’t have your physical card

There are two ways to create and access an online member account

**ONE:** Register for an online member account from your PC or tablet. Your Blue Cross ID card has the information you need to register.

1. Go to [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare)
2. Click the LOGIN tab at the upper right side of the page.
3. Click Register Now at the bottom of the pop-up window.

**TWO:** Download the Blue Cross mobile app:

1. Go to the Apple® App Store or the Google Play™ store.
2. Search for BCBSM.
3. Choose and install the application.
4. Create an account by tapping the Register icon.

To get help installing or using the mobile app visit [www.bcbsm.com/app](http://www.bcbsm.com/app) or call 1-888-417-3479, 8 a.m. to 8 p.m., Monday through Friday. TTY users call 711.

Find a doctor

1. Go to [www.bcbsm.com/providersmedicare](http://www.bcbsm.com/providersmedicare)
2. Click on the blue Find a Doctor box

Once on the provider locator page:

- Type your ZIP code in the Your Location field
- Under Your Plan, click on All Plans and then select the Medicare (65 and over) category and click on the appropriate BCN Advantage plan name and type (HMO-POS or HMO)
- You can select a category or search for a doctor, hospitals and clinics by name or specialty
- Click on the Search icon (magnifying glass).
Understand your costs

**Coinsurance** — A fixed percentage of the costs you pay for health care services, (or prescriptions, if applicable).

**Copayment** — A fixed amount you pay for health care services or supplies, usually at the time of service (office visits, emergency room, urgent care).

**Deductible** — A fixed dollar amount you must pay for health care services (or prescriptions, if applicable) before we begin to pay.

**Out-of-pocket maximum** — The maximum dollar amount you will pay in deductibles, copayments and coinsurance during one plan year. After you reach your out-of-pocket maximum, your plan covers 100 percent of the cost for covered services you receive the rest of the year.
Terms to know

**Hospital-based practice** — Many provider offices, health centers or hospital-based outpatient clinics owned and operated by hospitals may charge an additional hospital usage fee or facility charge when you see any provider in the office, health center or clinic. These offices may cost you more. Additionally, your services may cost a different amount based on where they’re performed (in office, outpatient in an ambulatory surgical center, outpatient hospital facility or hospital-owned doctor office).

**Inpatient versus outpatient** — If you are having a service in a hospital, you should check with your provider beforehand to see if the service is inpatient or outpatient as this will impact your cost sharing. Unless the provider writes an order to admit you as an inpatient to the hospital and your plan authorizes admission, the service will be outpatient and you will pay the cost-sharing amounts for outpatient services. Even if you stay in the hospital overnight, the service might still be considered outpatient. If you are not sure if the service is considered outpatient, you should ask the hospital staff.

**Preventive screening versus diagnostic exam** — A preventive screening checks to see that you are healthy (no sign, symptom or disease present). A **diagnostic exam** is performed to diagnose and, consequently, start treatment if you are unhealthy (there is a sign, symptom or disease present). Diagnostic exams are prescribed when there are health concerns, such as certain symptoms or medical history. When a sign or symptom is discovered during a preventive exam, all further testing and exams scheduled on a separate day from the initial screening are considered diagnostic procedures and diagnostic cost sharing will apply.
A closer look at prior authorizations

Before getting certain treatments or prescriptions, your doctor will request prior authorization from our plan on your behalf. This helps ensure that the recommended treatment is safe, appropriate for your condition and follows guidelines based on the latest medical research.

How can you help the process?

- **Collaborate** with your doctor during your care. Be sure to tell your doctor about all earlier treatment because prior authorization requests require the provider to list other treatment you’ve had.
- **Ask your doctor** if the treatment requires prior authorization or call us before you get treatment. Services that need prior authorization are noted in the medical benefits chart included with your Evidence of Coverage booklet available online at www.bcbsm.com/medicare-evidence-of-coverage.

Here’s how the process works:

First, a doctor sends a written request detailing the diagnosis and recommended treatment. Then, we review the request and either:

- **Approve the request**, which means your plan will cover the treatment. Your out-of-pocket cost is determined by your plan benefits.
- **Approve the request on a trial basis**. We will cover part of the initial treatment to see if it produces the desired outcome. Additional medically necessary treatment may be covered once it is established the initial treatment is producing positive results. Your out-of-pocket cost is determined by your plan benefits.
- **Ask for more information** from your doctor to document medical necessity based on Medicare-approved clinical guidelines
- **Deny the request**, which means your plan will not cover the treatment. We’ll explain the reason for the denial to the provider, and mail you a denial letter that explains your options, including how to appeal the denial. If a doctor provides a service requiring approval without a prior authorization, they are usually held responsible for the cost. If your provider has told you a service wasn’t approved, your provider may ask you to pay the full cost.
A guide to your Evidence of Coverage

Your Evidence of Coverage is an important legal document that explains your coverage. You can always find the current Evidence of Coverage online at www.bcbsm.com/medicare-evidence-of-coverage.

Every fall, renewing members get an Annual Notice of Changes outlining the most important updates that have been made to your plan since the previous plan year, including any cost sharing changes. Therefore, we are no longer sending renewing members the larger Evidence of Coverage.

You can request a copy of your plan’s Evidence of Coverage by calling Customer Service at the number on the back cover of this booklet (this number is also on your BCN Advantage membership ID card).

Tip: If you go online to look something up in your Evidence of Coverage, an easy way to find key words and phrases is to press “Ctrl + F” on your keyboard at the same time. Type in a keyword or phrase and select Next to search for it.

How much do I pay for …

- Monthly premiums? ................................................................. Chapter 1, Section 4.1
- Annual deductible? ................................................................. Chapter 4, Section 1.2
- Doctor office copayments? ......................................................... Chapter 4, Section 2
- Part D prescription drugs costs? (for plans with Part D coverage) .................. Chapter 6, Section 5

Tell me about my plan.

- Helpful contact information ..................................................... Chapter 2
- How do I use my coverage? ......................................................... Chapter 3
- How do I coordinate my coverage with other insurance? .................. Chapter 2, Section 9
- How do I appeal a medical coverage decision .......................... Chapter 9 (or Chapter 7 in plans with no Part D coverage).

What am I covered for?

- Medical benefits chart with cost-sharing information .................. Chapter 4, Section 2
- Services that we don’t cover ..................................................... Chapter 4, Section 3
- You may ask for reimbursement for a bill for covered services .......... Chapter 7 (or Chapter 5 in plans with no Part D coverage).

If your plan includes Part D prescription drug coverage…

Most of your prescription drug coverage information—including network information and limitations—is covered in Chapters 5 and 6 of the EOC. If you want to appeal a Part D prescription drug coverage decision, see Chapter 9, Section 6.
Other ways to seek medical help

Blue Cross Online VisitsSM: Convenient online care for body and mind
It’s as simple as using your smartphone, tablet or computer anywhere in the U.S. to meet with:

• A doctor for minor illnesses such as a cold, flu or sore throat when their primary care provider isn’t available.
• A behavioral health professional or psychiatrist to help work through different challenges such as anxiety or grief.

Fast and convenient

Visit www.bcbsmonlinevisits.com

Call 1-844-606-1608, 24 hours a day, seven days a week.

Remember to coordinate all care through your primary care provider. Blue Cross Online VisitsSM uses the American Well® technology platform and provider network, and is powered by American Well®. American Well® is an independent company that provides online visits for Blue Cross and BCN members.

Protect your vision, hearing and smile with optional coverage

Your plan includes basic coverage for dental and vision care. We now offer two package choices to give you extra coverage that includes:

• A vision allowance for contact lenses or glasses
• Periodic fluoride treatments and brush biopsies at no additional cost
• Dental allowance to help with the cost of fillings, root canals, simple extractions, crowns and crown repairs
• Additional coverage for hearing aid exams and hearing aids

If you need more information call Blue Cross at 1-888-563-3307, from 8 a.m. to 9 p.m., weekdays and weekend hours starting Oct. 1 through March 31. TTY users should call 711.
8 a.m. to 8 p.m., Monday through Friday. Weekend hours Oct. 1 through March 31

Behavioral health and substance abuse care:
1-800-431-1059. TTY users call 711.
Routine issues: 8 a.m. to 5 p.m., Monday through Friday
Emergencies: 24-hours a day, seven days a week

Dental care providers: Customer Service above or www.mibluedentist.com†

Diabetes supplies provider, J & B Medical Supply Co.:
1-888-896-6233. TTY users call 711. 8 a.m. to 5 p.m. seven days a week

Durable medical equipment, prosthetics and orthotics provider, Northwood: 1-800-667-8496. TTY users call 1-800-611-0735. 8 a.m. to 5 p.m., Monday through Friday

If your doctor prescribes bathroom safety items — grab bars and benches, commode rails and an elevated toilet seat — you must get this equipment from Northwood.

Vision care provider, VSP:
Routine vision care must be from a VSP Vision Care Network provider.
1-800-877-7195. TTY users call 1-800-428-4833. 8 a.m. to 6 p.m., Monday through Friday
Or visit www.vsp.com.*

24-Hour Nurse Line:
1-855-624-5214, TTY users call 711. 24 hours a day, seven days a week.

†Does not apply to all plans. Check Chapter 4 of your EOC to see if your plan includes this benefit.

*VSP is an independent company that has a contract with Blue Cross Blue Shield of Michigan to offer vision services.

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

Blue Cross Blue Shield of Michigan and Blue Care Network of Michigan are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

BCN Advantage℠ is an HMO-POS and HMO plan with a Medicare contract. Enrollment in BCN Advantage depends on contract renewal.