

Healthy *Blue* Living HMO BasicSM



Blue Care
Network
of Michigan

Confidence comes with every card.®

Member Guide

Inside: How to keep your health care costs lower

Thank you for being a Healthy *Blue* Living HMO Basic member. This wellness plan helps you take charge of improving your health. You'll have a better understanding of your current health status and what you can do to receive lower out-of-pocket costs for the whole benefit year.



Understand the differences between benefit levels

Healthy *Blue* Living has two benefit levels — enhanced and standard.

The **enhanced level** has lower out-of-pocket costs, such as copayments, deductible and coinsurance.

The **standard level** has higher out-of-pocket costs, such as copayments, deductible and coinsurance.

How it all works

If you're **new to Healthy *Blue* Living HMO Basic**, you start at the enhanced level. To stay here, you must complete the tasks on your to-do list found on Page 3.

If in your previous plan year you were at:

- **The enhanced level:** You'll be mailed additional details about tasks you need to complete to remain at this benefit level.
- **The standard level:** Complete the tasks for this year to earn back the enhanced benefit level. See Page 6 to understand how the enhanced level saves you money.

Steps to take for the enhanced level

Healthy *Blue* Living to-do items only apply to you as the subscriber of the plan. Spouses and dependents on your plan don't need to complete the tasks; they're assigned to the same benefit level as you.

Be sure to complete each step below by the deadlines that are posted to your to-do list in your online member account at **bcbsm.com**.

You have the first **90 days** of your plan year to do **steps 1 and 2**.

STEP 01

See your primary care provider. Schedule an appointment for a health evaluation to have your doctor check these six health measures:

- a. Tobacco use (cotinine test not required)
- b. Body mass index
- c. Blood pressure
- d. Blood sugar
- e. Cholesterol
- f. Depression

After your evaluation, tell your doctor to submit your results electronically on a *Blue Care Network Qualification Form*. You'll want to make your appointment with your primary care provider in enough time to submit your qualification form. Qualification forms will be accepted for an office visit that occurred up to 180 days before your plan year began.

STEP 02

Complete an online health assessment. It takes about 10 minutes.

To take your health assessment:

1. Log in to your online member account at **bcbsm.com** using your computer or the web browser on your mobile device or tablet.
2. Click *Health & Well-Being* in the navigation menu, then *WebMD*®.
3. Click *Go to WebMD*.
4. Click *Health Assessment* from the navigation drop-down menu.

Understand your *Blue Care Network Qualification Form*

The qualification form has six important health measures. During your appointment, your primary care provider will check and score each one:

A = You've met the recommended target.

B = You didn't meet the recommended target, but you've agreed to take the right steps to improve the health measure.

C = You didn't meet the recommended target, and you won't commit to your doctor's treatment plan.

The scores you receive on your qualification form won't determine whether you're at the enhanced or standard benefit level. However, you don't need to complete the items on your to-do list each year if you score all As.

Health measure	Target to score an "A"
Tobacco	No tobacco use (cotinine test not required)
Weight	BMI under 30
Blood pressure	Below 140/90
Blood sugar	Fasting blood sugar or A1C at or below target
Cholesterol	LDL-C is below target (based on risk factors: <100, <130 or <160)
Depression	Any symptoms of depression are well-controlled

Your doctor's office must electronically submit your qualification form

The paper qualification form you received with your guide serves only as an example.

They might not submit your qualification form right after your appointment. Log in to your account at bcbsm.com to check your to-do list a week after your appointment to confirm it's been submitted. If not, call your doctor's office to remind them you're a Blue Care Network member with the Healthy *Blue Living* HMO Basic plan, and they need to submit the form to us before your deadline.

Your personal to-do list

Your online Healthy *Blue Living* HMO Basic to-do list is available through your account at bcbsm.com.

Use your computer or the web browser on your mobile device to log into your account. (It isn't available on our mobile app.) After you've logged in to your account:

1. Click *My Coverage* in the navigation menu.
2. Click *Medical* from the drop-down menu.
3. Click *To-do List*.

Your to-do list will show:

- If your contract is at the enhanced or standard level
- The tasks you've already completed and the date you did each one
- Your remaining tasks and the dates they're due
- Your qualification form results and how your doctor scored you on your health measures

Activate your online member account at bcbsm.com/register

Log in to your account:

- View your *Member Handbook*, claims and explanation of benefit statements.
- Select or change your primary care provider.
- Check the status of your authorizations and referrals, and see when they expire.



What the enhanced level can mean for you

The example below can help you understand how the enhanced level works for your plan. These sample costs are meant to illustrate examples of the types of savings you could see; they're not specific to your plan. Other costs may apply in this scenario if other tests occurred and health issues were present. Log in to your account at **bcbsm.com** to view your plan documents. Your account also displays costs that are based on whether you're at the enhanced or standard level.

Meet Jennifer



Jennifer has Healthy Blue Living HMO Basic. She did her health assessment online and saw her doctor a month after her plan started. After Jennifer's visit, her doctor submitted her qualification form electronically to make sure we received it within the first 90 days of her plan year.

A trip to the emergency room

Jennifer tripped on her stairs at home. She was in severe pain after the fall and thought her ankle was broken, so she went to the emergency room.

By doing the items on her to-do list, Jennifer was at the enhanced level and **saved \$550 on her out-of-pocket costs**.

	Enhanced-level situation (completed to-do items)	Standard-level situation (incomplete to-do items)
Total cost for emergency room trip	\$3,000	\$3,000
Jennifer pays:		
Deductible	\$500	\$1,000
Copayment	\$100	\$150
Her plan pays	\$2,400	\$1,850
Jennifer's total cost	\$600	\$1,150

Your savings apply to all health care services

You don't just save on emergency room visits. Your out-of-pocket cost savings apply for trips to your doctor and urgent care, as well as prescriptions and other services that are part of your benefits, such as physical therapy.

We speak your language

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta.

إذا كنت أنت أو شخص آخر تساعدته بحاجة لمساعدة، ف لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話。

കുറേ ഭാഷകളിൽ സഹായം നൽകാൻ കഴിയും. നിങ്ങളുടെ ഭാഷയിൽ സഹായം നൽകാൻ കഴിയും. നിങ്ങളുടെ ഭാഷയിൽ സഹായം നൽകാൻ കഴിയും. നിങ്ങളുടെ ഭാഷയിൽ സഹായം നൽകാൻ കഴിയും.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। কোনো একজন দোভাষীর সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া গ্রাহক সহায়তা নম্বরে কল করুন।

Jeśli Ty lub osoba, której pomagasz, potrzebujecie pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda.

ご本人様、またはお客様の身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону отдела обслуживания клиентов, указанному на обратной стороне вашей карты.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta.

Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: CivilRights@bcbsm.com. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: OCRComplaint@hhs.gov. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Check your Healthy *Blue* Living HMO Basic to-do list by logging in to your online member account at bcbsm.com using a computer or the browser on your mobile device or tablet. Select *My Coverage* in the navigation menu, then *Medical* from the drop-down menu, then *To-do List*. Your deadline dates are posted here.

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