

Welcome TO BLUE CARE NETWORK

Member Handbook

Confidence comes
with every card.®



Blue Care
Network
of Michigan

bcbsm.com

Quick Reference

IMPORTANT OR FREQUENTLY USED PHONE NUMBERS

Customer Service: 1-888-227-2345, TTY: 711

(8 a.m. to 8 p.m. Monday through Friday)

Talk to a representative about your plan or benefits. We're available during and after normal business hours, and we offer language assistance. Our staff identify themselves by name, title and organization when receiving and returning calls.

Behavioral Health Services: 1-800-482-5982

Talk to a behavioral health manager in an emergency about issues that cause emotional or mental distress, including substance use disorder issues. For more information, see Section 2, "How to Use Your Benefits."

24-hour Nurse Advice Line: 1-855-624-5214

Get answers to health care questions any time, anywhere with support from registered nurses.

Tobacco Cessation Coaching, powered by WebMD®: 1-855-326-5102

Call to sign up for this telephone-based program to help you quit tobacco.

Dear Elizabeth Metro:

Welcome to Blue Care Network!

We know that health care can seem complicated. That's why we're committed to helping you understand your coverage and achieve your wellness goals. This handbook outlines your benefits and explains how your plan works, including:

- What to do first now that you're a member
- What to do if you get sick or injured
- What you'll pay for certain services
- The resources we offer to help you stay healthy

We're here to help, so if you have questions about your coverage, call Customer Service or register at **bcbsm.com** for 24-hour access to your account.

Thank you for your membership. You've made the right choice.

Sincerely,



KATHRYN G. LEVINE, PRESIDENT AND CEO



Your plan's start date is
November 01, 2018.



We've highlighted key terms, important phone numbers and helpful information throughout the book.



Mail inquiries to:
Blue Care Network
P.O. Box 68767
Grand Rapids, MI
49516-8767

In your letter, include your name, address, phone number and enrollee ID as shown on your BCN ID card.



Walk-in centers
Speak to a representative in person. Hours are 9 a.m. to 5 p.m. Monday through Friday. Call Customer Service or search *walk-in centers* at **bcbsm.com** to find locations near you.

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Thank you for being part of Blue Care Network.

We want to help you understand your medical health care costs. And this card is a convenient way to help you keep track. Detach it and keep it with your health plan ID card so you'll know what you may have to pay when you receive certain covered medical services*.

Consider the card another helpful tool to use along with your *Member Handbook*, where you'll find these sections:

- "**Getting Started**" with information you need about your health care plan
- "**How to Use Your Benefits**" so you know how to get care when you need it
- "**Your Benefits at a Glance**" for a quick guide to what you'll pay for services

For the most detailed and up-to-date information about your plan, log in to your account at **bcbsm.com** to see the legal documents that describe your coverage.

Your costs Printed on: 10/28/2019	
PCP visit:	\$20 copay
Specialist visit:	\$20 copay after deductible
Urgent care:	\$35 copay
ER:	\$75 copay after deductible
Deductible:	\$5,000 per member/\$10,000 per family
Coinsurance max:	\$1,500 per member/\$3,000 per family
Out-of-pocket max:	None

Your costs Printed on: 10/28/2019	
PCP visit:	\$20 copay
Specialist visit:	\$20 copay after deductible
Urgent care:	\$35 copay
ER:	\$75 copay after deductible
Deductible:	\$5,000 per member/\$10,000 per family
Coinsurance max:	\$1,500 per member/\$3,000 per family
Out-of-pocket max:	None

*Other costs may apply for primary care physician and specialist visits if additional services are performed in the office.



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This information serves as a quick reference of what you may pay for certain health care services. These amounts may vary depending upon the actual services performed during your visit. Refer to your account at **bcbsm.com** for a complete description of your benefits and applicable cost-sharing amounts. There, you'll find the legal documents that describe your coverage. For questions, call the customer service number on the back of your health plan ID card.

For your convenience, write in your primary care physician's name and phone number.

(Name)

(Phone)



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

This information serves as a quick reference of what you may pay for certain health care services. These amounts may vary depending upon the actual services performed during your visit. Refer to your account at **bcbsm.com** for a complete description of your benefits and applicable cost-sharing amounts. There, you'll find the legal documents that describe your coverage. For questions, call the customer service number on the back of your health plan ID card.

For your convenience, write in your primary care physician's name and phone number.

(Name)

(Phone)



1. Getting Started

1

SET UP PAYMENT OPTIONS

Your coverage doesn't start until we receive your first payment. You can set up payment options through an online account at **bcbsm.com**. These options include scheduling one-time or recurring automatic payments.

- 💻 For more information about paying bills, go to bcbsm.com/payments.



Your plan's start date is
November 01, 2018.

2

REGISTER FOR AN ONLINE MEMBER ACCOUNT

With a secure member account at **bcbsm.com**, you can manage your health care plan, including selecting a primary care physician. You can also see a summary of your benefits, recent claims and out-of-pocket costs, such as your copayments.

- 💻 Get started by going to bcbsm.com/register or downloading the Blue Cross® app. Search "BCBSM" in the Apple App Store® or Google Play™.



Always carry your ID card.

Using the Blue Cross app, you'll always have your BCN member ID card with you. Just log in to your account and tap the card icon.

*Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc., registered in the U.S. and other countries.

**Google Play and the Google Play logo are trademarks of Google Inc.

3 CHOOSE A PRIMARY CARE PHYSICIAN

Your primary care physician is the person you think of as "your doctor." **We must have one on file for you and everyone on your contract, and each doctor has to be a primary care physician in the Blue Cross® Metro Detroit HMO network.** For care to be covered or cost you the least, your primary care physician must coordinate your health care from preventive services to referrals for specialists. If we don't have a primary care physician on file for you, we'll assign one to you. We'll mail you a letter with the details if we do.

- 💻 To view or change your primary care physician, log in to your member account at bcbsm.com using any device. Click *Doctors & Hospitals* in the navigation menu, then click *Primary Care Physicians* from the drop-down menu.
- 📞 Or call Customer Service at **1-888-227-2345**, and we'll help you choose.

4 MAKE AN APPOINTMENT WITH YOUR DOCTOR

Get to know your primary care physician — make an appointment for your annual wellness visit or to discuss a medical condition. Your doctor can also write and renew your prescriptions.

5 KNOW THE REFERRAL PROCESS

Your primary care physician will provide your care or refer you to a specialist in the **Blue Cross Metro Detroit HMO network.** If your care isn't coordinated by your doctor, it may not be covered by your plan. For more information, see the referrals page in this section.



Covered services

These are health care services, prescription drugs and equipment or supplies that are medically necessary, meet requirements and are paid in full or in part by your plan.

How you may share costs with us

As a BCN member, you have help paying for your health care. Here's how we share costs: See explanations below. For specifics about your plan, see "Your Benefits at a Glance" in this handbook.

Before plan year begins



- To receive coverage, you must pay your **premium** by the due date on your bill.

Beginning of your plan year



- Depending on your plan, BCN pays for certain preventive care and wellness costs throughout the year at no cost to you.
- You pay **copayments** for certain covered services, like PCP office visits and urgent care.
- You pay for other medical costs until you meet your **deductible**, if your plan includes a deductible.

Once you've met your **deductible** (if applicable)



- You continue to pay **copayments** and **coinsurance** until the total you've paid for copayments, coinsurance and deductibles meets your **out-of-pocket maximum**.
- If there's more than one person on your plan, you may have to meet a family, as well as an individual, **out-of-pocket maximum**.

Once you've reached the **out-of-pocket maximum(s)**



- BCN pays for all other covered services. You don't owe a thing. (Please note your plan may not have an out-of-pocket maximum).

At the end of the plan year



- Your **deductible** and **out-of-pocket maximum** reset for the next year.

Premium

A fixed monthly payment for your health insurance coverage. This payment doesn't include any subsidy for which you may be eligible.

Copayment (or copay)

A fixed dollar amount you pay each time you get certain types of care (for example, \$25 for a visit to your PCP or \$50 for an urgent care visit).

Coinsurance

Your share of the costs of a covered service, calculated as a percentage (for example, you pay 20 percent of the BCN approved amount, and BCN pays 80 percent).

Deductible

The amount you must pay for most health care services before BCN begins to pay. The deductible may not apply to all services.

Out-of-pocket maximum

The most you may have to pay for covered health care services during the year. The out-of-pocket maximum includes your deductible, copays and coinsurance.

1. GETTING STARTED

Referrals / COORDINATING CARE WITH YOUR DOCTOR

Your primary care physician provides your care or coordinates it through BCN's referral process. When your doctor decides that you need specialty care, he or she will provide a referral, which allows you to receive treatment or services from another health care provider. Some PCPs are affiliated with certain groups of doctors and hospitals and will generally refer you to them for any care you need. This helps them better coordinate your care.

- It's important to confirm that your PCP refers you to an in-network specialist to ensure you're covered for treatment. You may need special approval from BCN for certain services and for services from specialists who aren't part of your plan's network.
- Your referral for treatment can range from 90 days to 365 days.
- Changing your PCP while a specialist is treating you may change your treatment referral. Check with your new PCP.
- Without a referral, you're responsible for the cost of services.
- View your referrals and authorizations by logging in to your member account at **bcbsm.com**, or through our app. Select *My coverage* and then *Referrals and authorizations*. When a new or updated referral and authorization is posted to your account, you'll get an email notification.* We'll also mail you an approval or denial letter.



You don't need a referral for emergency care.

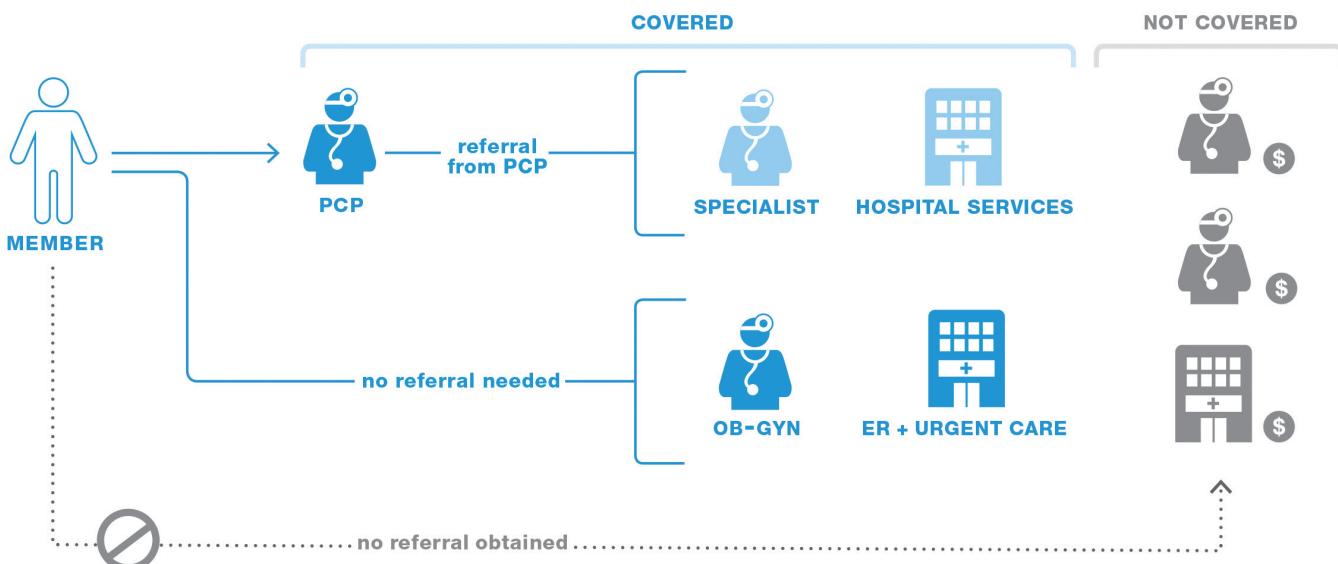


You don't need a referral for behavioral health, but you must be seen by a network provider. For more information, see "How to use your benefits."



No referral needed when female members see a network gynecologist or obstetrician for annual well-woman visits and obstetrical care (Woman's Choice program).

To find a gynecologist or an obstetrician, log in to your member account at **bcbsm.com**, and click *Doctors & Hospitals* in the navigation menu.



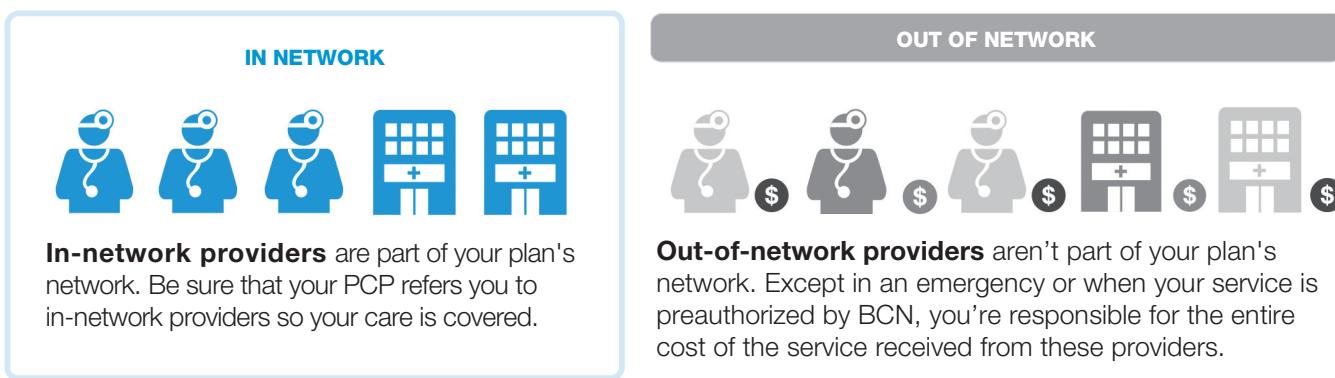
*Not all approval and denial letters are handled by Blue Care Network. Only letters we send to you are available through your member account.

BCN authorization

Sometimes, special authorization is required for medical services such as hospital care, elective surgeries and specialty drugs. This means your doctor must contact us, and we must approve care before you receive it, or you may be responsible for the cost of the service.

In-network vs. out-of-network care

A network is a group of providers (doctors, hospitals and vendors) that have contracted with BCN to provide health care services. Note: You're always covered for emergency care.



If your doctor isn't in your plan's network

To continue care with a doctor who's not in your plan's network, one of these situations **must** apply to you:

- You're receiving an ongoing course of treatment and changing doctors would interfere with recovery (care may continue through the current course of treatment — up to 90 days).
- You're in the second or third trimester of pregnancy (care may continue through delivery).
- You have a terminal illness (care may continue for the remainder of your life).

This continuity of care may also apply when your doctor leaves the BCN network. Authorization from BCN is required.

To ask for continuity of care, call Customer Service at **1-888-227-2345**.

1. GETTING STARTED

Update your records / LIFE EVENTS

Report address changes or life events within 31 days of when they happen so we can process the change and pay your claims.

- Birth of a child
- Adoption or legal guardianship
- Marriage
- Divorce
- Death
- Name change
- New address or phone number
- Medicare eligibility

 Call Customer Service at **1-888-227-2345**.

Coordination of benefits

WHEN YOU HAVE MORE THAN ONE PLAN

Coordination of benefits means lower costs and the best possible benefits. Tell us if you or anyone in your family has other medical or prescription drug coverage, such as:

- **Spousal coverage:** You have additional medical or prescription coverage through your spouse's employer.
- **Medicare:** You or someone in your family has Medicare coverage.
- **Dependent coverage:** Your children have coverage with BCN and also through their other parent's plan.
- **Accident coverage:** You have an automobile or workplace injury and another insurer may be responsible for coverage.

 To update your information online, log in as a member at **bcbsm.com** and click *Account Settings*.

Advance directives / MAKE YOUR WISHES KNOWN

If you were to become severely injured or too ill to make health care decisions on your own, who do you want to be in charge?

Advance directives are legal documents that state your wishes.

Types of advance directives are:

- **Durable power of attorney for health care** — allows you to name an individual to make health care decisions for you when you are unable to do so.
- **Do not resuscitate order** — tells providers that you don't wish to receive CPR if your breathing or your heart stops.

 Download the forms from **bcbsm.com**. Type "advance directive" into the search box.

 Call Customer Service at **1-888-227-2345** to get the forms by mail.



Coordination of benefits

COST

When you have more than one health care or prescription drug policy, coordination of benefits determines which plan pays your claims first (this is called your primary plan). If your primary plan doesn't pay the claim or pays only part, it's passed on to your secondary plan for payment review.



Advance directives

NOTE

Instructions regarding what future health care actions or medical treatments you want done, and when. These instructions are used when you're unable to communicate them yourself.



Michigan doesn't recognize living wills.



2. How to Use Your Benefits

Find out how to get care, including routine office visits, specialty care and medical services.

When you need medical care

This chart tells you what to do to get care. Remember to **call your Blue Cross Metro Detroit HMO PCP first** for all services from a routine checkup to an injury or symptoms that need prompt attention (with the exception of emergency care).

GUIDE TO GETTING MEDICAL CARE

Type of care	Description	What you need to do
Regular and routine care appointments (routine, primary and specialty care) <i>Get care: Within 30 business days</i>	A health history and exam. Includes screenings and immunizations as required. For women, this includes your annual gynecology exam. Other preventive care	Call well in advance. Bring names of all prescriptions and over-the-counter medications you take. Bring immunization records if you have them. Make a list of questions to ask your doctor.
Urgent care <i>Get care: Within 2 days</i>	Sudden but not life-threatening conditions, such as fevers greater than 101 degrees lasting for more than 24 hours, vomiting that persists, mild diarrhea, or a new skin rash.	Call your PCP. Your physician or an on-call doctor will provide care or direct you to an urgent care center near you. You can also locate an urgent care center near you at bcbsm.com/find-a-doctor .
Emergency care <i>Get care: Immediately</i>	A condition that causes symptoms severe enough that someone with average health knowledge would believe that immediate medical attention is needed.	Seek help at the nearest emergency room or call 911. Contact your PCP within 24 hours.
Hospital care <i>Get care: As needed</i>	Conditions that require inpatient care.	Your PCP will arrange the hospital care you need and direct the care of any specialists who will see you there.

2. HOW TO USE YOUR BENEFITS

Your benefits when you travel

EMERGENCY CARE

You're always covered for emergency care — in Michigan, across the country and around the world. Just show your health care ID card. When traveling outside the United States, you may be required to pay for services and then seek reimbursement. To speed reimbursement, bring back an itemized bill or prescription invoice and any medical records you can get.

-  Download the reimbursement form at bcbsm.com/billform.
-  Or call Customer Service at **1-888-227-2345** for the form.

PHARMACY COVERAGE

You can fill prescriptions at any Blue Cross participating pharmacy when you travel. Your health care ID card is accepted at thousands of pharmacies nationwide, including most major chains.

MEDICAL SUPPLIES AND EQUIPMENT

If you need **durable medical equipment** while traveling, call our partner, Northwood, Inc.*

-  Call Northwood, Inc. at **1-800-667-8496**.

If you need **diabetic supplies** while traveling, call our partner, J&B Medical Supply Company.**

-  For more information, call J&B Customer Service at **1-888-896-6233**.



Durable medical equipment

NOTE
Special supplies or equipment, such as wheelchairs and oxygen tanks, that your PCP prescribes



Diabetic supplies

Diabetic materials that your PCP prescribes, including insulin pumps and blood glucose meters

*Northwood is an independent company that provides durable medical equipment for Blue Care Network of Michigan.

**J&B Medical Supply Company is an independent company that provides diabetic materials for Blue Care Network of Michigan.

2. HOW TO USE YOUR BENEFITS

GUIDE TO YOUR BENEFITS WHEN YOU TRAVEL

Where you are	Type of care	What you need to do
In Michigan 	Emergency care <i>The symptoms are severe enough that someone with average health knowledge believes that immediate medical attention is needed.</i>	Call 911 or go to the nearest hospital emergency room.
	Urgent care <i>The condition requires a medical evaluation within 48 hours.</i>	Go to the nearest urgent care center. To locate an urgent care center, call Customer Service or visit bcbsm.com/find-a-doctor .
	Nonurgent care	Call your primary care physician to coordinate services that don't require immediate attention.
In the United States but outside Michigan 	Emergency care	Call 911 or go to the nearest hospital emergency room.
	Urgent care	Go to the nearest urgent care center.
Outside the United States 	Emergency care	Go to the nearest hospital emergency room. <i>You may be required to pay for services and then seek reimbursement. Be sure to get an itemized bill and medical records to speed reimbursement.</i>

- 💻 Download the reimbursement form at bcbsm.com/billform.
- 📞 Or call Customer Service at **1-888-227-2345** for the form.

2. HOW TO USE YOUR BENEFITS

Blue Cross Online VisitsSM

When you use Blue Cross Online Visits*, you'll have access to online medical and behavioral health services anywhere in the United States. You and your covered family members can see and talk to:

- A doctor for minor illnesses such as a cold, flu or sore throat when your primary care physician isn't available. Medical visits are available 24/7.
- A behavioral health clinician or psychiatrist to help work through different challenges such as anxiety, depression and grief. Behavioral health visits are available by appointment only.

HOW TO GET STARTED

Here's how to use online visits:

- **Mobile:** Download the BCBSM Online VisitsSM app.
- **Web:** Visit bcbsmonlinevisits.com.
- **Phone:** Call **1-844-606-1608**.

No service key is required.

If you're new to online visits, sign up and add your Blue Care Network health plan information.

For medical services, an online visit is based on your office visit cost share, or the amount selected in your plan documents. Costs for behavioral health services vary depending on the type of provider and service received. You'll be charged the appropriate cost share for the service using your existing outpatient behavioral health benefits. Before your online visit, you'll be prompted to enter your payment information.



NOTE

Learn more about your non-emergency choices for care at bcbsm.com/findcare.

*Online medical care doesn't replace primary care physician relationships. Remember to coordinate all care through your PCP.

Lab services

BCN contracts with Joint Venture Hospital Laboratories* to provide clinical laboratory services throughout Michigan. This gives you access to more than 80 hospitals and 200 service centers that provide 24-hour access and a full range of laboratory services.

 **For information about lab services near you, call **1-800-445-4979**.**

Pain management

We provide coverage for certain medically necessary treatments to manage pain associated with a condition, because we consider pain management services an integral part of a complete disease treatment plan. Your doctor will coordinate the care you need.

Medical supplies and equipment

Your PCP may order **durable medical equipment**, such as a wheelchair or oxygen tank, to maintain your quality of life.

Your doctor will write a prescription. BCN only covers basic equipment that you can use at home. If the equipment you want has special features that aren't medically necessary or are considered a luxury, you can choose to pay the cost difference between the basic item and the one with special features.

When you purchase medical equipment, you might have to share the cost with BCN through copays or coinsurance.

Northwood Inc. partners with BCN to provide durable medical equipment as well as prosthetic and orthotic appliances for members.

 **To locate a Northwood provider near you, call Northwood at **1-800-667-8496** from 8:30 a.m. to 5 p.m. Monday through Friday.**
On-call associates are available after business hours.

J&B Medical Supply Company partners with BCN to provide diabetic materials, including insulin pumps and blood glucose meters.

 **For more information, call J&B Customer Service at **1-888-896-6233**.**



Durable medical equipment and diabetic supplies must be prescribed by your PCP and must be supplied by Northwood or J&B. If you get these items through someone else, you'll be responsible for the cost.

*JVHL is an independent company that provides lab services for Blue Care Network of Michigan.

2. HOW TO USE YOUR BENEFITS

Behavioral health coverage

All BCN members are covered for behavioral health, including mental health and substance use disorder. Also covered are other types of conditions that cause emotional or mental distress such as depression.

 Behavioral health care managers are available 24 hours a day, seven days a week for emergencies at **1-800-482-5982 (TTY users call 711)**. You don't need a referral from your PCP. However, you must be seen by a doctor in your plan's network.

GUIDE TO GETTING BEHAVIORAL HEALTH SERVICES

Type of care	Description	What you need to do
Routine care Get care: Within 10 days for a first visit and 30 business days for subsequent visits	Where no danger is detected and your ability to cope is not at risk.	Tell the behavioral care manager of any special needs to ensure appropriate referral.
Urgent care Get care: Within 48 hours	Conditions that are not life-threatening, but face-to-face contact is necessary within a short period of time. <i>Example: severe depression</i>	Call the mental health help number on the back of your BCN ID card.
Emergency care for conditions that are not life-threatening Get care: Within 6 hours	Conditions that require rapid intervention to prevent deterioration of your state of mind, which left untreated, could jeopardize your safety.	Call the mental health help number on the back of your BCN ID card.
Emergency care for life-threatening conditions Get care: Immediately	A condition that requires immediate intervention to prevent death or serious harm to you or others.	Seek help at the nearest emergency room, or call 911 . After the emergency, contact your PCP within 24 hours.



Call **1-800-482-5982 (TTY 711)** Monday through Friday from 8 a.m. to 5 p.m. with questions about your behavioral health coverage, help finding a provider, or to request the guidelines we use to make medical necessity decisions.

Some services aren't covered

Here are a few examples of services your medical plan doesn't cover:

- Services obtained without following BCN procedures
- Cosmetic services or supplies
- Custodial care
- Experimental or investigational treatment
- Personal convenience items
- Rest cures
- Acupuncture
- Routine exams related to employment, insurance licensing, a court order or travel
- Self-help programs

Special care for women

We comply with all federal laws relating to the care of female members. These include:

BREAST RECONSTRUCTION FOLLOWING A MASTECTOMY

Our health coverage complies with the Women's Health and Cancer Rights Act of 1998. It includes the following important protection for breast cancer patients who elect breast reconstruction in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed for treatment of cancer
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and other care to alleviate physical complications of all stages of a mastectomy

HOSPITAL STAYS FOR CHILDBIRTH

The Newborns' and Mothers' Health Protection Act of 1996 prohibits health plans from restricting hospital stays for childbirth to less than 48 hours following a vaginal delivery or 96 hours following a cesarean section.

A physician or other health provider doesn't need to obtain authorization for prescribing a hospital stay up to 48 hours following a vaginal delivery or 96 hours following a cesarean section. However, the attending physician or certified nurse midwife, in consultation with the mother, may discharge the mother or newborn earlier than 48 hours following a vaginal delivery or 96 hours following a cesarean section.



3. Your Drug Benefit

Get to know your prescription drug benefit with information on coverage and how to fill prescriptions.

Your prescription drug coverage

We make every effort to provide the best value for your dollar, and your drug benefit reflects this. To see your drug benefit, which includes your coinsurance and copay amounts for prescriptions, you'll need to view your prescription drug rider.

- To view your drug rider, log in to your account at [bcbsm.com](#). Click *My Coverage* in the navigation menu. Click *Medical* in the drop down menu. Click *Plan Documents* and scroll down to the *Certificates and Riders* section. If you're using the Blue Cross mobile app, log in to your account. Tap *My Coverage*, then *Medical*, then *What's Covered*, and scroll down the page.

Your drug list

The Custom Select Drug List shows the medications that may be covered under your drug benefit. These medications were selected by a team of doctors, pharmacists and other health care experts for their effectiveness, safety and value.

- For the most current *Custom Select Drug List* of covered medications and requirements, visit [bcbsm.com/BCNdruglists](#).



Download our Mobile App

NOTE With an Apple iPhone® or Android™ smartphone, you can use the BCBSM mobile app to research drug prices, see what your plan covers and view and share your virtual ID card. The mobile app connects you securely with the health plan info on your [bcbsm.com](#) account when you need it.

How tiers work

Your drug list is organized by tiers, with the most cost-effective drugs in the lower tiers.

TIER 1 • Lowest copay

You pay the lowest copay for generic and certain brand-name medications.

TIER 1A • Lower generic copay

These drugs are used to treat chronic diseases like high blood pressure, high cholesterol, diabetes, heart disease and depression.

TIER 1B • Higher generic copay

Includes generic medications that don't fall into Tier 1A.

TIER 2 • Preferred brand copay

This tier includes brand-name drugs that don't have a generic equivalent. These drugs are generally more expensive than generic medications.

TIER 3 • Nonpreferred brand copay

This tier has a higher copay than Tier-1 or Tier-2 drugs, and includes brand-name drugs for which there's either a generic alternative or a more cost-effective brand.

Specialty drugs

TIER 4 • Preferred specialty

These specialty drugs are generally more cost-effective than specialty drugs in Tier 5 and have the lowest specialty drug copay.

TIER 5 • Nonpreferred specialty

These specialty drugs have the highest copay because there may be a more cost-effective generic or brand option available.



Specialty drugs treat complex conditions, such as cancer, chronic kidney failure and multiple sclerosis, and may require special handling and monitoring.

For these drugs, you'll pay coinsurance up to a maximum per prescription. All specialty drugs must be obtained from a Walgreens pharmacy.

Keeping down costs with generic drugs

Brand-name medications are expensive. The good news is that generics have identical active ingredients in the same strengths as their brand-name equivalents, but often cost far less. Your prescription will be filled automatically with the generic version of a drug if a generic is available.

DISPENSE AS WRITTEN

Sometimes, physicians prescribe brand-name drugs to be "dispensed as written." We don't cover the cost of DAW drugs. You're responsible for the full cost of any DAW prescription that you fill.

Some drugs don't have a copay

Under the Affordable Care Act, some members can receive certain commonly prescribed drugs without any cost sharing. To get these drugs, you need a prescription from your doctor, and you must meet plan requirements.

For a complete list of these products, please see the *Preventive Drug Coverage* list online at bcbsm.com/BCNdruglists.

Some drugs need approval

We review the use of certain drugs to make sure that our members receive the most appropriate and cost-effective drug therapy. For example, you may be required to try one or more preferred drugs to treat your health condition (called step therapy), or your doctor may have to get approval before a drug is covered.

If the drug is not approved, you may have to pay the full cost of the drug.

Have your doctor contact the BCN Pharmacy Help Desk to request approval for a drug. Or, call Customer Service at the number on the back of your member ID card.



Coordination of drug benefits

If you're covered by more than one prescription drug plan, present both cards to your pharmacy when you get a prescription filled. The plan that's primary pays first.

Depending on your prescription drug coverage, the pharmacy may be able to bill BCN directly to cover some or all of your costs, or you may be eligible for reimbursement.

The reimbursement request form can be downloaded from bcbsm.com/billform. For a paper copy, call Customer Service.

Filling a prescription

There are two ways to fill your prescription.

AT A RETAIL PHARMACY

More than 2,400 retail pharmacies in Michigan and 70,000 retail pharmacies outside of Michigan accept your BCN member ID card. You may fill all prescriptions (excluding specialty drugs) at any of these pharmacies.

- You may also save on your copays by getting up to a 90-day supply of your prescription at a retail pharmacy.
- An initial 30-day trial period is required before a 90-day supply of a brand-name prescription is covered.

MAIL ORDER (HOME DELIVERY)

You can receive your prescriptions through our mail-order vendor, Express Scripts.* Mail-order prescriptions for most nonspecialty medications can be written for up to a 90-day supply. What you pay depends on your drug rider.

 Contact Express Scripts at **1-800-229-0832**.

SPECIALTY DRUGS

Specialty drugs must be ordered from AllianceRx Walgreens Prime.**

 Call AllianceRx Walgreens Prime at **866-515-1355**.

 Or visit alliancerxwp.com.

Blue Care Network of Michigan doesn't control this website and isn't responsible for its general content.

LIMITED DISTRIBUTION SPECIALTY DRUGS

There are times when a specialty drug may not be available through AllianceRx Walgreens Prime. In this case, the pharmacy you use will depend on the drug you're taking. Refer to the *Specialty Drug Pharmacy Benefit Member Guide* at bcbsm.com/BCNdruglists, and search for the drug you take.

YOUR DOCTOR MUST MAIL OR FAX A NEW PRESCRIPTION

Express Scripts and AllianceRx Walgreens Prime **don't** accept telephone orders for new prescriptions. Your doctor can mail or fax the first prescription. Or, you can mail a request form with your original prescription. Download the form at bcbsm.com/pharmacy, or call Customer Service.

 If you have questions about where to get your prescription, please call Customer Service at the number on the back of your ID card.

 Or visit bcbsm.com/pharmacy.

*Express Scripts® is an independent company that provides pharmacy benefit management services for Blue Care Network of Michigan.

**AllianceRx Walgreens Prime is an independent company that provides specialty pharmacy services for Blue Care Network of Michigan.



Quantity limits

Because BCN strives to provide you with the most cost-effective therapy, a drug may have a limit on the amount that can be dispensed.



Prescriptions for specialty drugs are limited to a 30-day supply for all fills. Some specialty drugs are limited to a 15-day supply.

Some drugs and medical supplies aren't covered

Certain types of drugs and medical supplies may not be covered under your drug plan. These include:

- Brand-name drugs when there's a generic version available
- Drugs to treat erectile dysfunction
- Drugs for weight loss
- Prenatal vitamins
- Drugs used to treat heartburn and acid reflux (except select generic versions)
- Drugs that treat coughs and colds, including most antihistamines
- Over-the-counter medications (unless considered preventive by the U.S. Preventive Services Task Force)
- Prescription drugs for which there's an over-the-counter equivalent in both strength and dosage form (unless the drug is considered preventive by the U.S. Preventive Services Task Force)
- Compounded drugs — with some exceptions
- Cosmetic drugs
- Products included as a medical benefit (for example: injectable drugs and vaccines that are usually administered in a doctor's office)

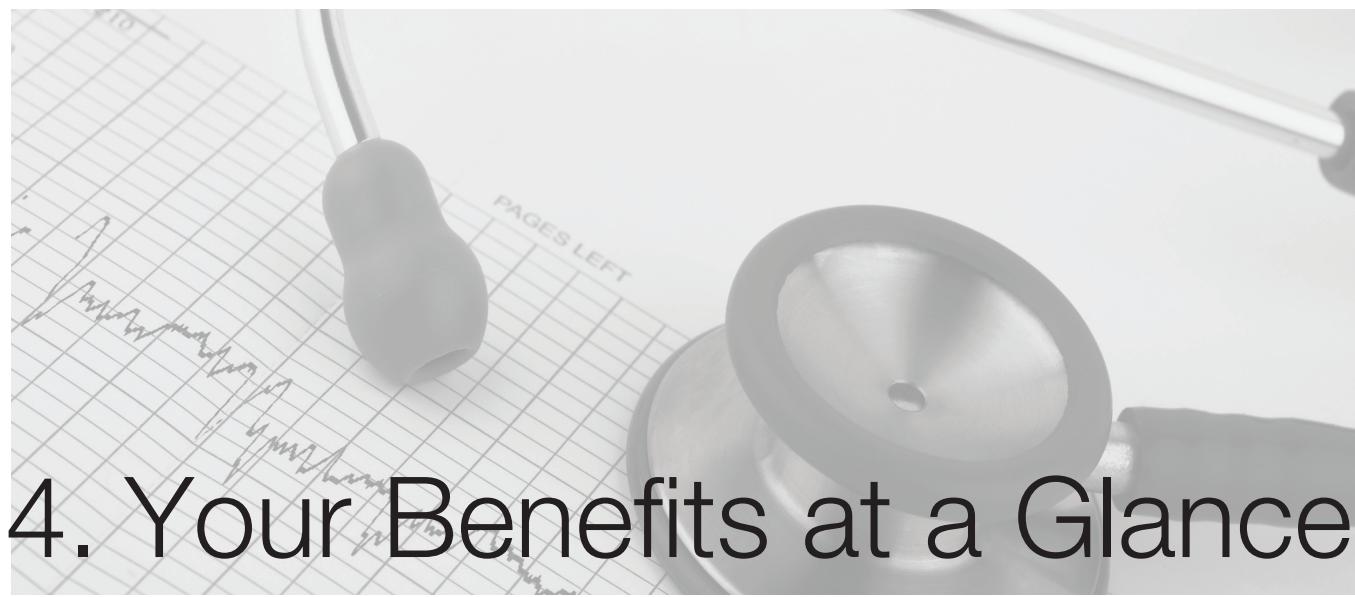


If you refill a prescription too soon or if your doctor prescribes an amount that's more than BCN's allowed limit, the drug may not be covered.

Note: BCN members can get select vaccines at network retail pharmacies (quantity and age restrictions may apply).

- Replacement prescriptions resulting from loss, theft or mishandling
- Drugs not approved by the FDA
- Specialty drugs that are obtained from a pharmacy other than Walgreens
- Drugs used for experimental or investigational purposes

Check your drug rider for additional items that may not be covered.



4. Your Benefits at a Glance

This section has an easy-to-read description of frequently used information about your benefits. This is an overview; it's not a contract. An official description of your benefits is in your *Certificate of Coverage* and riders.

Understanding your benefits

The table in this section lists some commonly used benefits and their coverage details.

When reading the table, keep in mind that only your **Blue Cross Metro Detroit HMO PCP** can refer you to specialty care and only in the **Blue Cross Metro Detroit HMO network**. If your PCP doesn't refer you, you're responsible for the cost of services. BCN also needs to authorize certain services.

Your plan has a combined medical and prescription drug deductible and out-of-pocket maximum. Your medical and pharmacy deductible, copayment and coinsurance apply toward your out-of-pocket maximum amount. Once you meet your plan's individual annual out-of-pocket maximum amount, your plan will pay for any additional covered health care services.

Note: If there are two or more members on your contract, your individual contribution will apply to the family deductible and out-of-pocket maximum amounts.

The table is intended to be a summary of your benefits and not a contract. It doesn't include all benefit limitations and exclusions. You also have access to a *Summary of Benefits and Coverage*, or SBC, customized for you as required by the Affordable Care Act. The SBC has medical examples to illustrate the benefits of your health care coverage.

4. YOUR BENEFITS AT A GLANCE

For information about all your benefits and how your deductibles, coinsurance and copays work, refer to your legal documents, your *Certificate of Coverage* and riders.

- 💻 To see your certificate and riders, log in to your account at bcbsm.com. Click *My Coverage* in the navigation menu, select *Medical* from the drop-down menu, click *Plan Documents* and scroll down to *Certificates and Riders*.
- 💻 To view your SBC online, log in to your account at bcbsm.com/sbc.
- 💻 If you enrolled in a Blue Cross Blue Shield of Michigan dental plan, you can view your dental information at bcbsm.com/dental.
- 📞 To request a paper copy of these documents, call Customer Service at **1-888-227-2345**.

COMMONLY USED BENEFITS

Annual Deductible| Coinsurance and Out-of-Pocket Maximum

Deductible	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Annual coinsurance maximum	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Out-of-Pocket Maximum - deductibles copays and coinsurance amounts for covered services apply to the out-of-pocket maximum	YOUR BENEFIT INFORMATION WILL APPEAR HERE

Physician Office Services

Primary care physician visits	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Specialist visits	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Maternity	YOUR BENEFIT INFORMATION WILL APPEAR HERE See Hospital Care below for facility charges.

Allergy office visit

Allergy office visit	YOUR BENEFIT INFORMATION WILL APPEAR HERE
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Immunizations

Immunizations	YOUR BENEFIT INFORMATION WILL APPEAR HERE
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YOUR BENEFIT INFORMATION WILL APPEAR HERE See Hospital Care below for facility charges.

Emergency Services

Emergency room	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Urgent care center	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Emergent ambulance services	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Non-emergent ambulance services	YOUR BENEFIT INFORMATION WILL APPEAR HERE

4. YOUR BENEFITS AT A GLANCE

COMMONLY USED BENEFITS continued

Diagnostic and Therapeutic Services

Lab and pathology services	YOUR BENEFIT INFORMATION WILL APPEAR HERE
X-ray	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Outpatient facility visits/diagnostic services	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Radiation therapy	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Chemotherapy	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Dialysis	YOUR BENEFIT INFORMATION WILL APPEAR HERE

Hospital Care

Inpatient hospital admission	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Newborn care	YOUR BENEFIT INFORMATION WILL APPEAR HERE

Alternatives to Hospital Care

Skilled nursing facility	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Skilled nursing facility days	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Hospice	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Home care visits	YOUR BENEFIT INFORMATION WILL APPEAR HERE

Surgical Services

Outpatient surgery facility	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Second surgical opinion	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Surgical assistant	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Anesthesia	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Sterilization procedures	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Elective abortion procedures	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Weight reduction procedures (criteria required)	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Orthognathic surgery	YOUR BENEFIT INFORMATION WILL APPEAR HERE

Behavioral Health Services (Mental Health Care and Substance Use Disorder)

Call 1-800-482-5982 when you need care.

Inpatient mental health	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Inpatient mental health days	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Inpatient mental health time period	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Outpatient mental health	YOUR BENEFIT INFORMATION WILL APPEAR HERE

4. YOUR BENEFITS AT A GLANCE

COMMONLY USED BENEFITS continued

Behavioral Health Services (Mental Health Care and Substance Use Disorder)

Call 1-800-482-5982 when you need care.

Outpatient mental health visit limit YOUR BENEFIT INFORMATION WILL APPEAR HERE

Outpatient mental health additional visits YOUR BENEFIT INFORMATION WILL APPEAR HERE

Inpatient substance use disorder YOUR BENEFIT INFORMATION WILL APPEAR HERE

Inpatient substance use disorder time period YOUR BENEFIT INFORMATION WILL APPEAR HERE

Outpatient substance use disorder YOUR BENEFIT INFORMATION WILL APPEAR HERE

Outpatient substance use disorder visit limit YOUR BENEFIT INFORMATION WILL APPEAR HERE

Detoxification - substance use disorder YOUR BENEFIT INFORMATION WILL APPEAR HERE

Durable Medical Equipment Diabetic Supplies and Prosthetics and Orthotics

For durable medical equipment and prosthetics and orthotics call Northwood at 1-800-667-8496.

For diabetic supplies call J&B Medical Supply Company at 1-888-896-6233.

Durable medical equipment YOUR BENEFIT INFORMATION WILL APPEAR HERE

Diabetic supplies YOUR BENEFIT INFORMATION WILL APPEAR HERE

Prosthetics YOUR BENEFIT INFORMATION WILL APPEAR HERE

Orthotics YOUR BENEFIT INFORMATION WILL APPEAR HERE

Prescription Drugs

Prescription drug coverage YOUR BENEFIT INFORMATION WILL APPEAR HERE

Other Services

Allergy evaluation/serum/testing YOUR BENEFIT INFORMATION WILL APPEAR HERE

Allergy injections YOUR BENEFIT INFORMATION WILL APPEAR HERE

Infertility care (criteria required) YOUR BENEFIT INFORMATION WILL APPEAR HERE

Outpatient physical|occupational and speech therapy/outpatient rehabilitation YOUR BENEFIT INFORMATION WILL APPEAR HERE

Outpatient physical|occupational and speech therapy/outpatient rehabilitation limits YOUR BENEFIT INFORMATION WILL APPEAR HERE

Autism spectrum disorder YOUR BENEFIT INFORMATION WILL APPEAR HERE

Temporomandibular joint (TMJ) YOUR BENEFIT INFORMATION WILL APPEAR HERE



5. Information For You

This section contains disclosures, documents and information that we're required to provide to you.

BCN: Part of the Blue Cross family

Blue Care Network of Michigan is a health maintenance organization and an independent, nonprofit affiliate of Blue Cross Blue Shield of Michigan, one of many individual Blue Cross and Blue Shield plans throughout the United States. BCN is governed by an 18-member board of directors that includes physicians, members and other private citizens, as well as representatives of large business, small business, labor, hospitals and other health care providers.

As an independent licensee of the Blue Cross and Blue Shield Association, we're required to tell you that:

- The Blue Cross and Blue Shield Association licenses Blue Care Network to offer certain products and services under the Blue Cross and Blue Shield names.
- Blue Care Network is an independent organization governed by its own board of directors and solely responsible for its own debts and other obligations.
- Neither the association nor any other organization using the Blue Cross or Blue Shield brand names acts as a guarantor of Blue Care Network's obligations.
- Blue Care Network files an annual report with the Michigan Department of Insurance and Financial Services.

Your rights and responsibilities

As a member, you have rights and responsibilities. A right is what you can expect from us. A responsibility is what we expect from you.

ALL MEMBERS HAVE THE RIGHT TO...

- Receive information about their care in a manner that is understandable to them.
- Receive medically necessary care as outlined in their *Member Handbook* and *Certificate of Coverage* and riders.
- Receive considerate and courteous care with respect for their privacy and human dignity.
- Candidly discuss appropriate, medically necessary treatment options for their health conditions, regardless of cost or benefit coverage.
- Participate with practitioners in decision making regarding their health care.
- Expect confidentiality regarding care and that Blue Care Network adheres to strict internal and external guidelines concerning the members' protected health information, including the use, access and disclosure of that information or any other information that is of a confidential nature.
- Refuse treatment to the extent permitted by law and be informed of the consequences of their actions.
- Voice concerns or complaints about the health plan or their health care by contacting Customer Service or submitting a formal written grievance through the Member Grievance program.
- Receive clear and understandable written information about Blue Care Network, its services, its practitioners and providers and their rights and responsibilities.
- Review their medical records at their physician's office by scheduling an appointment during regular business hours.
- Make recommendations regarding members' rights and responsibilities policies.
- Request the following information from Blue Care Network:
 - The current provider network for their plan
 - The professional credentials of the health care providers who are participating providers with Blue Care Network, including participating providers who are board certified in the specialty of pain medicine and the evaluation and treatment of pain
 - The names of participating hospitals where individual participating physicians have privileges for treatment
 - How to contact the appropriate Michigan agency to obtain information about complaints or disciplinary actions against a health care provider
 - Any prior authorization requirement and limitation, restriction or exclusion by service, benefit or type of drug
 - Information about the financial relationships between Blue Care Network and a participating provider

5. INFORMATION ABOUT US

ALL MEMBERS HAVE THE RESPONSIBILITY TO...

- Read their *Certificate of Coverage* and applicable riders, their *Member Handbook* and all other materials for members, and call Customer Service with any questions.
- Coordinate all nonemergency care through their primary care physicians.
- Use their plan's provider network unless otherwise referred and approved by BCN and their primary care physicians.
- Comply with the plans and instructions for care that they have agreed to with their practitioners.
- Provide, to the extent possible, complete and accurate information that Blue Care Network and its practitioners and providers need in order to provide care for them.
- Make and keep appointments for nonemergent medical care or call if they need to cancel.
- Participate in the medical decisions regarding their health.
- Be considerate and courteous to practitioners, providers, their staff, other patients and Blue Care Network staff.
- Notify Blue Care Network of address changes and additions or deletions of dependents covered by their contracts.
- Protect their BCN ID cards against misuse and call Customer Service immediately if a card is lost or stolen.
- Report to Blue Care Network all other health care coverage or insurance programs that cover their health and their family's health.
- Understand their health problems and participate in developing mutually agreed-upon treatment goals.

Grievance process

Blue Care Network and your primary care physician are interested in your satisfaction with the services and care you receive. If you have a problem relating to your care, discuss this with your primary care physician first. Often your primary care physician can correct the problem to your satisfaction. You're always welcome to call Customer Service with any question or problem you have.

If you're not able to resolve your issue by calling us, we have a formal process that you can use. You have 180 days from the date of discovery of a problem to file a grievance about a decision made by BCN. There are no fees or costs.

- ❑ For the grievance policy, which includes more detail about your grievance rights and how soon we must respond, go to bcbsm.com/BCNresolveproblems.
- ❑ Or call Customer Service at **1-888-227-2345** from 8 a.m. to 8 p.m. Monday through Friday. TTY users can call 711.

5. INFORMATION ABOUT US

FILING A GRIEVANCE

If you disagree with a BCN decision, you may file a grievance. You, or someone authorized by you in writing, must submit a standard grievance in writing.

 By mail: Appeals and Grievance Unit, Blue Care Network, P.O. Box 284, Southfield, MI

48086-5043

 Or by fax: **1-866-522-7345**

REVIEW BY THE BCN GRIEVANCE PANEL

Your grievance will be reviewed by the BCN Grievance Panel. The individuals who made the first decision are not the same ones involved in the grievance panel. We'll reply within 30-calendar days for preservice requests and 60-calendar days for postservice requests.

If the grievance is about a clinical issue, we'll send it for review to an independent medical consultant in the same or similar specialty as the doctor who provided the service.

If the panel denies your grievance, we'll write to you within five days of the panel review (but no more than 30 days for preservice or 60 days for postservice requests) and explain the reasons for the denial. Please note that the decision may take an additional 10-business days if BCN needs to request medical information. We'll also tell you what you can do next. At your request and at no charge to you, we'll provide all documents used in making the decision.

EXTERNAL REVIEW BY THE DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

If you don't agree with our decision or if we were late in responding (add 10 business days if we requested additional information), you'll be considered to have exhausted the internal grievance process. At this point, you may request external review by the Department of Insurance and Financial Services. You must send your grievance no later than 127-calendar days following receipt of our decision. Send your external review request to: Health Care Appeals Section — Office of General Counsel, Department of Insurance and Financial Services.

 By mail: P.O. Box 30220, Lansing, MI 48909-7720
or by personal delivery: 530 W. Allegan Street, 7th Floor, Lansing, MI 48933

 By phone: **1-877-999-6442**, or by fax: **517-284-8838**

 Online*: difs.state.mi.us/Complaints/ExternalReview.aspx

*Blue Care Network of Michigan doesn't control this website or endorse its general content.

5. INFORMATION ABOUT US

EXPEDITED REVIEW FOR APPEALS

Under certain circumstances — if your medical condition would be seriously jeopardized during the time it would take for a standard grievance review — you can request an expedited review. We'll decide within 72 hours of receiving both your grievance and your physician's confirmation. If we tell you our decision verbally, we must also provide a written confirmation within two business days.

If we fail to provide you with our final determination in a timely fashion or if we deny your request, you may request an expedited external review from the Department of Insurance and Financial Services within 10-calendar days of receiving our final determination. In some instances, we may waive the requirement to exhaust our internal grievance process.

 You, your doctor or someone acting on your behalf can initiate an expedited review by calling Customer Service at **1-888-227-2345** or faxing us at **1-866-522-7345**.

Quality assurance

MEDICAL REVIEW STANDARDS

Our medical review staff works closely with your doctor to make sure you get good medical care according to standard medical practice and your health benefits package.

Decisions on a member's care and service are based solely on the appropriateness of care prescribed in relation to each member's specific medical condition. Our clinical reviewers don't have financial arrangements that encourage denial of coverage or service. Nurses and physicians employed by Blue Care Network don't receive bonuses or incentives based on their review decisions. Medical review decisions are based strictly on medical necessity and providing high-quality care for members within the limits of their plan coverage.

OUR PHYSICIANS HAVE THE CREDENTIALS

Your physician is required to meet our strong network affiliation standards. We screen our physicians to find out if they meet our quality requirements for professional training and medical practice.

 Verify the license status of our health care providers at **michigan.gov/healthlicense***.
 Or call the Michigan Department of Consumer and Industry Services at **517-241-7849**.

WE MONITOR THE CARE YOU GET

Our primary goal is to help you receive appropriate medical care from your physician. Our medical review staff are in close communication with your physician, and we routinely monitor potential underuse of health care services. This activity is part of our comprehensive Utilization Management program that promotes cost-effective and medically appropriate services for members. Call the Customer Service number (with TDD/TTY services) on the back of your BCN ID card to discuss our utilization activities. We're available by phone during and after normal business hours, and we offer language assistance. Our staff identify themselves by name, title and organization when receiving or returning calls.

*Blue Care Network of Michigan doesn't control this website or endorse its general content.

5. INFORMATION ABOUT US

We would like you to know:

- By contract, Blue Care Network physicians are required to make decisions about your care based only on your individual health care needs.
- Blue Care Network monitors member health care services to ensure that doctors provide the most appropriate care for their conditions.
- Blue Care Network doesn't advertise, market or promote specific products or services to you or your doctors when discussing a member's health condition.
- Blue Care Network doesn't have financial ownership arrangements with entities engaged in advertising, marketing or providing goods and services. In limited circumstances, BCN may notify you of new products or treatment opportunities.
- Health care providers, including physicians and hospitals, are never paid for denying services.
- Blue Care Network medical review staff don't have financial arrangements encouraging denials for medically necessary care or services.

How we determine new health services

We keep up with changes in health care through an ongoing review of new services, procedures and drug treatments. Our goal is to make coverage decisions in the best interest of our members' health.

A committee of Blue Care Network physicians, nurses and representatives from different areas in the company is responsible for reviewing new technology requests and making recommendations.

New health services are generally published in *Good Health*, our member magazine.

 For more information about how we select new health services, visit bcbsm.com. Type "Blue Care Network Policies and Practices" in the search box.

Quality management

Our quality improvement programs provide doctors with information to help improve care. Call our Quality Management department for more information about our programs and guidelines.

 Call our Quality Management department at **248-455-2714**.

 For health information, call Blue Cross Health & Well-Being at **1-800-637-2972**.



Accreditation

Since 2000, Blue Care Network has received accreditation for plan performance from the National Committee for Quality Assurance. NCQA is a nationally recognized, independent, not-for-profit organization that measures the quality of America's health care and health plans.

Privacy practices

NOTICE OF PRIVACY PRACTICES

FOR MEMBERS OF OUR NONGROUP AND UNDERWRITTEN GROUP PLANS INCLUDING MEDICARE ADVANTAGE AND PRESCRIPTION BLUE OPTIONS A AND B.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

AFFILIATED ENTITIES COVERED BY THIS NOTICE

This notice applies to the privacy practices of the following affiliated covered entities that may share your protected health information as needed for treatment, payment and health care operations.

Blue Cross Blue Shield of Michigan

Blue Care Network of Michigan

BCN Service Company

Blue Care of Michigan Inc.

OUR COMMITMENT REGARDING YOUR PROTECTED HEALTH INFORMATION

We understand the importance of your Protected Health Information (hereafter referred to as "PHI") and follow strict policies (in accordance with state and federal privacy laws) to keep your PHI private. PHI is information about you, including demographic data, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health, the provision of health care to you or the payment for that care. Our policies cover protection of your PHI whether oral, written or electronic.

In this notice, we explain how we protect the privacy of your PHI, and how we will allow it to be used and given out ("disclosed"). We must follow the privacy practices described in this notice while it is in effect. This notice took effect September 30, 2016, and will remain in effect until we replace or modify it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. These revised practices will apply to your PHI regardless of when it was created or received. Before we make a material change to our privacy practices, we will provide a revised notice to our subscribers.

Where multiple state or federal laws protect the privacy of your PHI, we will follow the requirements that provide greatest privacy protection. For example, when you authorize disclosure to a third party, state laws require BCBSM and BCN to condition the disclosure on the recipient's promise to obtain your written permission to disclose your PHI to someone else.

OUR USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We may use and disclose your PHI for the following purposes without your authorization:

To you and your personal representative: We may disclose your PHI to you or to your personal representative (someone who has the legal right to act for you).

5. INFORMATION ABOUT US

For treatment: We may use and disclose your PHI to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) who request it in connection with your treatment. For example, we may disclose your PHI to health care providers in connection with disease and case management programs.

For payment: We may use and disclose your PHI for our payment-related activities and those of health care providers and other health plans, including:

- Obtaining premium payments and determining eligibility for benefits
- Paying claims for health care services that are covered by your health plan
- Responding to inquiries, appeals and grievances
- Coordinating benefits with other insurance you may have

For health care operations: We may use and disclose your PHI for our health care operations, including for example:

- Conducting quality assessment and improvement activities, including peer review, credentialing of providers and accreditation
- Performing outcome assessments and health claims analyses
- Preventing, detecting and investigating fraud and abuse
- Underwriting, rating and reinsurance activities (although we are prohibited from using or disclosing any genetic information for underwriting purposes)
- Coordinating case and disease management activities
- Communicating with you about treatment alternatives or other health-related benefits and services
- Performing business management and other general administrative activities, including systems management and customer service

We may also disclose your PHI to other providers and health plans who have a relationship with you for certain health care operations. For example, we may disclose your PHI for their quality assessment and improvement activities or for health care fraud and abuse detection.

- **To others involved in your care:** We may, under certain circumstances, disclose to a member of your family, a relative, a close friend or any other person you identify, the PHI directly relevant to that person's involvement in your health care or payment for health care. For example, we may discuss a claim decision with you in the presence of a friend or relative, unless you object.
- **When required by law:** We will use and disclose your PHI if we are required to do so by law. For example, we will use and disclose your PHI in responding to court and administrative orders and subpoenas, and to comply with workers' compensation laws. We will disclose your PHI when required by the Secretary of the Department of Health and Human Services and state regulatory authorities.

5. INFORMATION ABOUT US

- **For matters in the public interest:** We may use or disclose your PHI without your written permission for matters in the public interest, including for example:
 - Public health and safety activities, including disease and vital statistic reporting, child abuse reporting, and Food and Drug Administration oversight
 - Reporting adult abuse, neglect or domestic violence
 - Reporting to organ procurement and tissue donation organizations
 - Averting a serious threat to the health or safety of others
 - **For research:** We may use and disclose your PHI to perform select research activities, provided that certain established measures to protect your privacy are in place.
 - **To communicate with you about health-related products and services:** We may use your PHI to communicate with you about health-related products and services that we provide or are included in your benefits plan. We may use your PHI to communicate with you about treatment alternatives that may be of interest to you. These communications may include information about the health care providers in our networks, about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our enrollees and add value to your benefits plan.
 - **To our business associates:** From time to time, we engage third parties to provide various services for us. Whenever an arrangement with such a third party involves the use or disclosure of your PHI, we will have a written contract with that third party designed to protect the privacy of your PHI. For example, we may share your information with business associates who process claims or conduct disease management programs on our behalf.
 - **To group health plans and plan sponsors:** We participate in an organized health care arrangement with our underwritten group health plans. These plans, and the employers or other entities that sponsor them, receive PHI from us in the form of enrollment information (although we are prohibited from using or disclosing any genetic information for underwriting purposes). Certain plans and their sponsors may receive additional PHI from BCBSM and BCN. Whenever we disclose PHI to plans or their sponsors, they must follow applicable laws governing use and disclosure of your PHI including amending the plan documents for your group health plan to establish the limited uses and disclosures it may make of your PHI.
- You may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Some uses and disclosures of your PHI require a signed authorization:
- **For marketing communications:** Uses and disclosures of your PHI for marketing communications will not be made without a signed authorization except where permitted by law.
 - **Sale of PHI:** We will not sell your PHI without a signed authorization except where permitted by law.

5. INFORMATION ABOUT US

- **Psychotherapy notes:** To the extent (if any) that we maintain or receive psychotherapy notes about you, disclosure of these notes will not be made without a signed authorization except where permitted by law.

Any other use or disclosure of your protected health information, except as described in this Notice of Privacy Practices, will not be made without your signed authorization.

DISCLOSURES YOU MAY REQUEST

You may instruct us, and give your written authorization, to disclose your PHI to another party for any purpose. We require your authorization to be on our standard form.

-  To obtain the form, call Customer Service at **1-888-227-2345 or 313-225-9000**.
-  Forms are also available at **bcbsm.com**.

INDIVIDUAL RIGHTS

You have the following rights. To exercise these rights, you must make a written request on our standard forms.

-  To obtain the forms, call Customer Service at **1-888-227-2345 or 313-225-9000**.
-  Forms are also available at **bcbsm.com**.
- **Access:** With certain exceptions, you have the right to look at or receive a copy of your PHI contained in the group of records that are used by or for us to make decisions about you, including our enrollment, payment, claims adjudication, and case or medical management notes. We reserve the right to charge a reasonable cost-based fee for copying and postage. You may request that these materials be provided to you in written form or, in certain circumstances, electronic form. If you request an alternative format, such as a summary, we may charge a cost-based fee for preparing the summary. If we deny your request for access, we will tell you the basis for our decision and whether you have a right to further review.
- **Disclosure accounting:** You have the right to an accounting of disclosures, we, or our business associates, have made of your PHI in the six years prior to the date of your request. We are not required to account for disclosures we made before April 14, 2003, or disclosures to you, your personal representative or in accordance with your authorization or informal permission; for treatment, payment and health care operations activities; as part of a limited data set; incidental to an allowable disclosure; or for national security or intelligence purposes; or to law enforcement or correctional institutions regarding persons in lawful custody.

You are entitled to one free disclosure accounting every 12 months upon request. We reserve the right to charge you a reasonable fee for each additional disclosure accounting you request during the same 12-month period.

- **Restriction requests:** You have the right to request that we place restrictions on the way we use or disclose your PHI for treatment, payment or health care operations. We are not required to agree to these additional restrictions; but if we do, we will abide by them (except as needed for emergency treatment or as required by law) unless we notify you that we are terminating our agreement.

5. INFORMATION ABOUT US

- **Amendment:** You have the right to request that we amend your PHI in the set of records we described above under "Access." If we deny your request, we will provide you with a written explanation. If you disagree, you may have a statement of your disagreement placed in our records. If we accept your request to amend the information, we will make reasonable efforts to inform others, including individuals you name, of the amendment.
 - **Confidential communication:** We communicate decisions related to payment and benefits, which may contain PHI, to the subscriber. Individual members who believe that this practice may endanger them may request that we communicate with them using a reasonable alternative means or location. For example, an individual member may request that we send an Explanation of Benefits Statement to a post office box instead of to the subscriber's address.
-  To request confidential communications, call Customer Service at **1-888-227-2345** or **313-225-9000**.
- **Breach notification:** In the event of a breach of your unsecured PHI, we will provide you with notification of such a breach as required by law or where we otherwise deem appropriate.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices, or a written copy of this notice:

-  Write us at: Blue Cross Blue Shield of Michigan, Attn: Privacy and Security Official, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226-2998.
-  Or call us at **313-225-9000**.
-  For your convenience, you may also obtain an electronic (downloadable) copy of this notice online at **bcbsm.com**.

If you are concerned that we may have violated your privacy rights, or you believe that we have inappropriately used or disclosed your PHI:

-  Call us at **1-800-552-8278**.
-  You may also complete our *Privacy Complaint Form* online at **bcbsm.com**.

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with their address to file your complaint upon request. We support your right to protect the privacy of your PHI. We will not retaliate in any way if you file a complaint with us or with the U.S. Department of Health and Human Services.

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 تساعد بحاجة لمساعدة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أي تكاليف. للتحدث إلى مترجم اتصالاً به، قم بخدمة العملاء الموجود على ظهر طلاقك.

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。

• १ यह अस्तित्व है, जो नहीं कर सकता है, जो सम्भव नहीं है, जो कर सकता है, जो नहीं कर सकता है। यह अस्तित्व है, जो कर सकता है, जो नहीं कर सकता है। यह अस्तित्व है, जो कर सकता है, जो नहीं कर सकता है। यह अस्तित्व है, जो कर सकता है, जो नहीं कर सकता है।

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 돋고 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 전화 하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিলামূলে সাহায্য ও তথ্য প্রাপ্ত্যান
অধিকার আপনার রয়েছে। কোন একজন দোভাসীর সাথে কথা বলতে,
আপনার কার্ডের পেছনে (দেওয়া গ্রাহক সহিয়ে) নথের কল করুণ।

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、情報を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 pomoći, imate pravo da besplatno dobijete pomoći 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: OCRCComplaint@hhs.gov. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

NOTES

NOTES

NOTES

Tell us what you think. Your opinions matter to BCN and help us improve how we serve our members. Please take a moment to share your thoughts about your enrollment experience.  You can also take our online survey at bcbsm.com/bcnfeedback.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Before enrolling, I received accurate information about BCN benefits.	<input type="checkbox"/>				
The member handbook helps me understand my benefits.	<input type="checkbox"/>				
I am satisfied with the BCN enrollment process.	<input type="checkbox"/>				
My early impression of BCN is favorable.	<input type="checkbox"/>				

Name: _____

Address: _____

City, State ZIP code: _____

How could we have better met your needs during the enrollment experience?

Thank you for your feedback.

BCN IND MDCO
R027302

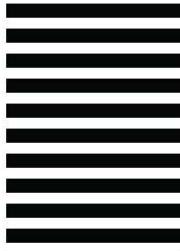


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S

Customer Service

1-888-227-2345

711 (TTY users)

8 a.m. to 5:30 p.m.

Monday through Friday