



**Blue Care
Network
of Michigan**

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

Benefits-at-a-Glance

HMO

00147382 MARSH & MCLENNAN AGENCY LLC COMPANY

0002/0002

Effective Date: 01/01/2025

This is intended as an easy-to-read summary and provides only a general overview of your benefits. **It is not a contract.** Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable Blue Care Network certificates and riders. Payment amounts are based on the Blue Care Network approved amount, less any applicable deductible, coinsurance and/or copay amounts required by the plan. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan documents, the plan document will control. This coverage is provided pursuant to a contract entered into in the state of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan. Services must be provided or arranged by member's primary care physician or health plan.

Preauthorization for Select Services - Services listed in this summary are covered when provided in accordance with Certificate requirements and, when required, are preauthorized or approved by BCN except in an emergency.

Note: A list of services that require approval **before** they are provided is available online at <https://bcbsm.com/priorauth>.

Member's responsibility (deductibles, copays, coinsurance and dollar maximums)

| Benefits | |
|--|--|
| Deductible (Coinsurance and select fixed dollar copays as defined by your plan documents, apply once the deductible has been met.) | \$1,000 per member/\$2,000 per family per calendar year |
| Fixed Dollar Copays | \$5 for allergy injections \$20 for office visits \$35 for urgent care visits \$250 for emergency room visits \$30 for referral physician visits \$150 for high tech imaging |
| Coinsurance | 50% for select services as noted below 20% for select services as noted below |
| Coinsurance Maximum | \$2,500 per member/\$5,000 per family per calendar year Services that DO NOT apply to the ACM: Deductible, Flat Dollar Copays, Infertility, Male Mastectomy, Reduction Mammoplasty, Male Sterilization, Elective Abortion, TMJ, Orthognathic Surgery, Weight Reduction, DME, P&O, Diabetic Supplies, Prescription Drugs |
| Out of Pocket Maximum - applies to deductibles, copays and coinsurance amounts for all covered services | \$8,150 per member/\$16,300 per family per calendar year |

Preventive services

| Benefits | |
|---------------------------|------|
| Health Maintenance Exam | 100% |
| Annual Gynecological Exam | 100% |

Preventive services (continued)

| Benefits | |
|--|------|
| Pap Smear Screening - laboratory services only | 100% |
| Well-Baby and Well-Child Visits | 100% |
| Immunizations | 100% |
| Prostate Specific Antigen (PSA) Screening - laboratory services only | 100% |
| Routine Colonoscopy | 100% |
| Mammography Screening | 100% |
| Voluntary Sterilization of Female Reproductive Organs | 100% |
| Breast Pumps (DME guidelines apply.) | 100% |
| Routine Maternity Prenatal and Postnatal Care | 100% |

Physician office services

| Benefits | |
|---|------------|
| PCP Office Visits Note: Applicable cost sharing applies when other services are received in the office | \$20 Copay |
| Medical Online Visits - when performed by a BCN participating provider or BCN designated online vendor Note: Not all services delivered virtually are considered an online visit but may be considered telemedicine. Telemedicine services will be subject to the applicable cost share associated with the service provided. | \$20 Copay |
| Referral Physician Visits - when referred for other than preventive services Note: Applicable cost sharing applies when other services are received in the office | \$30 Copay |

Emergency medical care

| Benefits | |
|---|------------------------------|
| Hospital Emergency Room - copay waived if admitted as inpatient | \$250 Copay after deductible |
| Urgent Care Center | \$35 Copay |
| Retail Health Clinic | \$35 Copay |
| Ambulance Services - medically necessary | 80% after deductible |

Diagnostic services

| Benefits | |
|--|------------------------------|
| Laboratory and Pathology Tests | 100% |
| Diagnostic Tests and X-rays | 80% after deductible |
| High Technology Radiology Imaging (MRI, MRA, CAT, PET) | \$150 Copay after deductible |
| Radiation Therapy | 80% after deductible |

Maternity services provided by a physician

| Benefits | |
|--|-----------------------|
| Routine Prenatal and Postnatal Care Visits | 100% |
| Delivery and Nursery Care - professional services (see "Hospital Care" for facility charges) | 100% after deductible |

Hospital care

| Benefits | |
|--|----------------------|
| General Nursing Care, Hospital Services and Supplies | 80% after deductible |
| Outpatient Surgery | 80% after deductible |

Alternatives to hospital care

| Benefits | |
|----------------------|--|
| Skilled Nursing Care | 80% after deductible Up to 45 days per member per calendar year |
| Hospice Care | 100% after deductible |
| Home Health Care | \$30 Copay after deductible |

Surgical services

| Benefits | |
|---|--|
| Surgery - includes all related surgical services and anesthesia. | 80% after deductible |
| Voluntary Sterilization of Male Reproductive Organs - see Preventive Services for Voluntary Sterilization of Female Reproductive Organs | 50% after deductible |
| Expanded Abortion Services | 50% after deductible Limited to one procedure per two-year period of membership. Note: Abortions are not covered if rendered in a location where abortion is not legal. |
| Human Organ Transplants (subject to medical criteria) | 80% after deductible |
| Reduction Mammoplasty (subject to medical criteria) | 50% after deductible |
| Male Mastectomy (subject to medical criteria) | 50% after deductible |
| Temporomandibular Joint Syndrome (subject to medical criteria) | 50% after deductible |
| Orthognathic Surgery (subject to medical criteria) | 50% after deductible |
| Weight Reduction Procedures (subject to medical criteria) - Limited to one procedure per lifetime | 50% after deductible |

Behavioral health services (mental health and substance use disorder treatment)

| Benefits | |
|---|----------------------|
| Inpatient Mental Health Care | 80% after deductible |
| Residential Substance Use Disorder | 80% after deductible |
| Outpatient Mental Health Care includes online and telemedicine visits Note: For diagnostic and therapeutic services, see the Diagnostic Services section above for applicable cost sharing. | \$20 Copay |
| Outpatient Substance Use Disorder | \$20 Copay |

Autism spectrum disorders, diagnoses and treatment

| Benefits | |
|---|---|
| Applied behavioral analysis (ABA) treatment Note: Prior to seeking ABA treatment, the member must be evaluated by an interdisciplinary team including, but not limited to, a physician, behavioral health specialist, and a speech and language specialist for the services to be authorized. This interdisciplinary evaluation can be performed at an approved autism evaluation center (AAEC) | \$20 Copay |
| Outpatient physical therapy, speech therapy and occupational therapy for autism spectrum disorder. Unlimited visits for PT/OT/ST with autism spectrum disorder diagnosis. | \$30 Copay after deductible |
| Other covered services, including mental health services, for autism spectrum disorder | See your outpatient mental health, medical office visit and preventive benefit. |

Other services

| Benefits | |
|---|--|
| Allergy Testing and Therapy | 50% after deductible |
| Allergy Office Visits | 50% |
| Allergy Injections | \$5 copay |
| Chiropractic Spinal Manipulation - when referred | \$30 Copay Limited to 30 visits per calendar year |
| Outpatient Physical, Speech and Occupational Therapy - Subject to meaningful improvement within 60 days | \$30 Copay after deductible Limited to 60 visits per calendar year for any combination of outpatient rehabilitation therapies |
| Infertility Counseling and Treatment | 50% (excludes in-vitro fertilization) after deductible |
| Durable Medical Equipment | 50% |
| Prosthetic and Orthotic Appliances | 50% |
| Diabetic Supplies Note: Certain diabetic supplies are covered through the pharmacy benefit if you have BCN pharmacy coverage. Applicable prescription drug cost-sharing will apply. | 80% |
| Hearing Aid | Not Covered |

Prescription drugs

| Benefits | |
|---|---|
| Preferred Generic Tier | \$10 copay |
| Nonpreferred Generic Tier | \$30 copay |
| Preferred Brand Tier | \$60 copay |
| Nonpreferred Brand Tier | \$80 copay |
| Preferred Specialty Tier | 20% coinsurance (max \$200) |
| Nonpreferred Specialty Tier | 20% coinsurance (max \$300) |
| Contraceptives | Women's Contraceptives - Preferred Generic - 100%, Non-Preferred Generic - \$30 copay, Preferred Brand - \$60 copay, Non-Preferred Brand - \$80 copay |
| Drugs for the Treatment of Sexual Dysfunction | Health Habit Prescription Drugs (Including sexual dysfunction and weight loss prescription drugs) are not covered |

Prescription drugs (continued)

Benefits

| | |
|------------------------------------|---|
| Mail Order Prescription Drugs | 30-day supply or less - applicable tiered copay / coinsurance; 31-90 day supply - 3x's the 30-day copay/coinsurance minus \$10. 90-day retail 84-90 day supply, 3X's the 30-day copay/coinsurance minus \$10. |
| Diabetic Supplies | Select diabetic supplies and equipment are covered, applicable cost sharing will apply. Cost sharing may not apply to certain preferred glucometers as defined on the drug list. |
| Specialty Drug Pharmacy | Specialty drugs are covered only when purchased through the BCN Exclusive Pharmacy Network for Specialty Drugs |
| Variable Cost Share Coupon Program | Your plan includes a prescription drug discount program for certain medications. When a manufacturer coupon is used through the BCN discount program, the amount paid after the discount applies toward the out of pocket maximum. |
| Prescription Drug Deductible | None |
| Custom Drug List | The list of prescription drugs that have been approved by the U.S. Food and Drug Administration and approved by the BCBSM/BCN Pharmacy and Therapeutics Committee. The list represents the clinical judgment of Michigan physicians, pharmacists and other experts in the diagnosis and treatment of disease and promotion of health. Medications are selected based on clinical effectiveness, safety and opportunity for cost savings. Some drugs included in the Custom Drug List require prior authorization and/or step therapy by BCN before they are covered. The drug list may be modified by BCN as needed to remove or add a covered drug or to modify the requirements for authorization of a covered drug. The list may be found at https://www.bcbsm.com/druglists |

For Internal Purposes Only

Benefits Selected - CLSSLG : 25ECM,30RP,8150PM,90D3X,C120%,CO20,D1000,DSR20%,ER250,IMG150,P103CL,UR35,VACR50,WDRPOV,XHHRX

Welcome

TO BLUE CARE NETWORK

Member Handbook

Confidence comes
with every card.®



bcbsm.com

Four Things To Know About Your Plan

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How to Use Your Benefits

Your Primary Care Provider

Choose your PCP

Your primary care provider, or PCP, is your doctor who provides or coordinates your care. We need to have one on file for you and everyone on your contract, and each doctor has to be a PCP in your network. If we don't have a PCP on file for you, we'll assign one to you. We'll mail you a letter with details if we do.

When You Need Medical Care

This chart tells you what to do to get care. Remember to call your PCP first for all services from a routine checkup to an injury or symptoms that need prompt attention. You don't need a referral for emergency care.

| Type of Care | Description | What You Need to Do |
|--|--|---|
| Regular and Routine Care Appointments — Get care within 30 business days | A health history and exam. This includes screenings and immunizations as required. | Schedule an appointment. |
| | For women, this includes an annual gynecological exam. | Provide the names of all prescriptions and over-the-counter medications you take. |
| | Other preventive care. | Provide immunization records if you have them. |
| | | Make a list of questions to ask your doctor. |

| Type of Care | Description | What You Need to Do |
|--|---|---|
| Urgent Care — Get care within two days | Sudden but not life-threatening conditions, such as fevers greater than 101 degrees lasting more than 24 hours, vomiting that persists, mild diarrhea or a new skin rash. | <p>Call your PCP. Your provider or an on-call doctor will provide care or direct you to an urgent care center near you.</p> <p>You can also find the closest urgent care center through your online member account.</p> |
| Emergency Care — Get care immediately | A condition that causes symptoms severe enough that someone with average health knowledge would believe that immediate medical attention is needed. | Go to the nearest emergency room or call 911 . Contact your PCP within 24 hours. |
| Hospital Care — Get care as needed | Conditions that require inpatient care. | Your PCP will arrange the hospital care you need and direct the care of any specialists who'll see you there. |

Emergency Care Coverage

You're always covered for emergency care — in Michigan, across the country and around the world. Just show your member ID card. When traveling outside the U.S., 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](#) or call the number on the back of your member ID card to have a form mailed to you.

Your Behavioral Health Coverage

BCN members have behavioral health benefits for mental health and substance use disorders. Behavioral health problems can range from the worries we all experience as part of everyday life to serious long-term conditions. Examples of these include depression, anxiety, isolation, young adult/college pressures, family or relationship issues, and alcohol or drug use. Behavioral health clinicians are available for routine assistance at **1-800-482-5982** (TTY users call **711**). Hours are 8 a.m. to 5 p.m., Monday through Friday. You don't need a referral from your PCP. However, you must be seen by a contracted provider in your plan's network.

| Type of Care | Description | What You Need to Do |
|---|---|---|
| <p>Routine Care</p> <p>Get care within 10 days for a first visit and 30 business days for subsequent visits</p> | <p>No danger is detected and your ability to cope is not at risk.</p> | <p>You may contact a behavioral health provider of your choice directly, but make sure they're a contracted provider in your plan's network.</p> <p>If you need help finding a provider, call the mental health number on the back of your member ID card for assistance, or 1-800-482-5982.</p> |
| <p>Urgent Care</p> <p>Get care within 48 hours</p> | <p>Conditions that aren't life threatening, but face-to-face contact is necessary within a short period of time, such as severe depression.</p> | <p>You may contact a behavioral health provider of your choice directly, but make sure they're a contracted provider in your plan's network.</p> <p>If you need help finding a provider, call the mental health number on the back of your member ID card for assistance, or 1-800-482-5982.</p> |

| Type of Care | Description | What You Need to Do |
|--|--|---|
| Emergency Care for conditions that are not life threatening Get care within six hours | Conditions that require rapid intervention to prevent the deterioration of your state of mind which, left untreated, could jeopardize your safety. | You may contact a behavioral health provider of your choice directly, but make sure they're a contracted provider in your plan's network. If you need help finding a provider, call the mental health number on the back of your member ID card for assistance, or 1-800-482-5982 . |
| 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. |

Prescription Drug Benefits

If you have prescription drug benefits through BCN, you can check your prescription drug benefit information by going to your prescription tab. There you can find pharmacies, see drug prices, order prescriptions online and see your pharmacy claims.

Additional Coverage Information

This is information you may need to know about your coverage. For a full list of your benefits, see your medical benefits tab.

Lab Services

BCN contracts with Joint Venture Hospital Laboratories for 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 (TTY/TDD 313-294-5958)**.

If you aren't in Michigan and your coverage allows these services outside of Michigan, you must receive them from a BlueCard Traditional provider. Learn more about the [BlueCard program](#), or call the number on your member ID card.

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

Durable Medical Equipment and Diabetic Supplies

Your PCP may order durable medical equipment, such as a wheelchair, a breast pump or an 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 an out-of-pocket cost.

Northwood Inc. is your provider for diabetic supplies (such as insulin pumps, glucose monitors, lancets and test strips) and durable medical equipment, including wheelchairs and oxygen tanks. To find a provider near you or order supplies to manage your condition, call Northwood at **1-800-667-8496** from 8:30 a.m. to 5 p.m., Monday through Friday.

Note: If you use J&B for your diabetic supplies, you can continue to use them as a supplier in the Northwood provider network.

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.

If you aren't in Michigan and your coverage allows these services outside of Michigan, you must receive them from a BlueCard Traditional provider. Learn more about the [BlueCard program](#), or call the number on your member ID card.

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

Pain Management

We provide coverage for certain treatments to manage pain associated with a condition. Your doctor will coordinate the care you need.

To decline opioid prescriptions for medical treatment, fill out [this form](#). Send or email a copy of the completed form to your primary care provider to include in your medical record.

Special Care for Women

We comply with all federal laws relating to the care of our 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
- Protheses 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.

Virtual Care That's Always There

You and everyone on your health care plan can get virtual medical and mental health care on your smartphone, tablet or computer. Virtual Care by Teladoc Health® is included with your health care plan.

24/7 care

Medical visits to attend to minor illnesses such as colds, sore throats, urinary tract infections and pink eye are available 24/7, anywhere in the U.S. Your virtual visit is with a U.S. board-certified doctor, and you don't need an appointment. Prescriptions, if needed, can be sent to your preferred pharmacy.

Mental health

Through the Mental Health option, you can connect with a licensed therapist or U.S. board-certified psychiatrist when you're dealing with stressful situations or issues such as grief, anxiety and depression. Mental health visits do require an appointment, but many therapists and psychiatrists have evening and weekend availability.

How to sign up

Visit bcbsm.com/virtualcare to download the Teladoc Health app.

You can also open the Blue Cross Blue Shield of Michigan mobile app, click Find Care and then Virtual Care. You'll need your Blue Cross member ID card. Remember to choose your health plan and enter your enrollee ID number when updating or creating your account so your coverage is applied correctly.

A Virtual Care account covers children, but family members ages 18 and older will need to create their own Virtual Care accounts. When updating or creating your account, choose your plan name and enter your enrollee ID so your coverage is applied correctly. Call **1-800-835-2362** with any questions about your account or to arrange a telephone visit.

Medical visits are \$65 or less. If you have a plan with a copay, it's generally equal to or less than what you pay for a primary care office visit. Costs for mental health visits vary depending on the type of provider and the services you receive. Your out-of-pocket costs are based on your existing outpatient behavioral health benefits. You'll see your cost before you start your visit. Be sure you've added your Blue Cross health plan information to your Virtual Care account.

Help available 24/7

If you have questions or need help with your Virtual Care account or an online visit at any time, call **1-800-835-2362**.

Teladoc Health provides Virtual Care Solutions for Blue Cross Blue Shield of Michigan and Blue Care Network. Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

Getting Specialty Care

Know the Referral Process

Your PCP will either provide your care or refer you to a specialist. Your doctor needs to coordinate your care, or it may not be covered by your plan.

Coordinating Care with Your Doctor

Your PCP either provides your care or coordinates it through the BCN referral process. When your doctor decides that you need to see a specialist, they will provide a referral that allows you to see another health care provider. Some PCPs are affiliated with certain groups of doctors and hospitals and will generally refer you to them for care. This helps to 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 prior authorization from BCN for certain services or for services from specialists who aren't in network.
- Your referral 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 the services.
- Your online account lists your 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. Not all approval and denial letters are handled by Blue Care Network. Only letters we send to you are available through your online account.

In-Network vs. Out-of-Network Care

A network is a group of providers, like doctors, hospitals and vendors, that have contracted with BCN.

In-network providers

In-network providers are part of your plan's network. Make sure your PCP refers you to an in-network provider so your care is covered.

Out-of-network providers

Out-of-network providers aren't part of your plan's network. Unless it's an emergency or your service is preauthorized, you're responsible for the entire cost.

If Your Doctor Is Out of Network

If your provider no longer participates in the BCN network, you may qualify to continue receiving care from the provider for 90 days, or until your course of treatment is finished. You may qualify as a continuing care patient with your named provider if any of these conditions apply:

- You're undergoing treatment for a serious or complex condition or terminal illness.
- You're undergoing a course of institutional or inpatient care.
- You're scheduled for a nonelective surgery (and postoperative care) with that provider or facility.
- You're pregnant and undergoing a course of treatment for the pregnancy.

If these conditions don't apply and you receive health care services from an out-of-network provider, you'll be responsible for the cost of those services.

To ask for continuity of care, call the number on the back of your member ID card.

Getting Care When You Travel

Using Your Benefits When You Travel

Blue Care Network covers only a limited amount of health care services when you're outside your plan's network or outside Michigan.

| Where You Are | Type of Care | What You Need to Do |
|--|---|--|
| In Michigan | Emergency Care — Symptoms are severe enough that immediate medical attention is needed. | Call 911 or go to the nearest hospital emergency room. |
| | Urgent Care — The condition requires a medical evaluation within 48 hours. | Go to the nearest urgent care center. To find an urgent care center, call the number on the back of your member ID card or Find Care online. |
| | Routine Care | Call your PCP to coordinate services that don't require immediate attention. |
| Outside of Michigan but in the United States | Emergency Care | Call 911 or go to the nearest hospital emergency room. |
| | Urgent Care | Go to the nearest urgent care center. To locate an urgent care center, call 1-800-810-BLUE (2583) . |
| | Routine Care | Call the number on the back of your member ID card for details on your health benefits and required authorizations. Call BlueCard at 1-800-810-BLUE (2583) to find a physician at your destination. |

| Where You Are | Type of Care | What You Need to Do |
|---------------------------|--|---|
| | Other Services — Such as elective surgeries, hospitalization, mental health or substance use disorder services | Call the number on the back of your member ID card for details on your health benefits and required authorizations. |
| Outside the United States | Emergency Care | <p>Go to the nearest hospital emergency room.</p> <p>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.</p> |

Pharmacy Coverage When You Travel

If you have pharmacy coverage, you can fill prescriptions at any Blue Cross participating pharmacy when you travel. Your member ID card is accepted at thousands of pharmacies nationwide, including most major chains.

Finding a BlueCard® Provider

If you have BlueCard, our care program when you're away from home, you can get care when you're traveling in the United States.

Learn more about the [BlueCard program](#), or call the number on your member ID card.

Additional Information

Coordination of Benefits

When you have more than one health care or prescription drug policy, coordination of benefits, or COB, determines which plan pays your claims first. The one that pays first is 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.

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: If you're injured in an auto accident or at work, another insurer may be responsible for your coverage.

Address Changes and Life Events

Report address changes or life events within 31 days of when they happen. Life events include:

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

- Medicare eligibility

Advance Directives

If you are severely injured or too ill to make health care decisions on your own, who will make them for you?

Advance directives are legal documents that state your wishes.

The types of advance directives are:

- Durable power of attorney for health care — this allows you to name someone to make your health care decisions if 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 [advance directive form](#), or call the number on the back of your member ID card to get the forms by mail.

Your Summary of Benefits and Coverage

You have access to a Summary of Benefits and Coverage, or SBC, customized for you as required by the Affordable Care Act.

For information about all your benefits and how your out-of-pocket costs work, refer to your *Certificate of Coverage* and riders. To request a paper copy of these documents, call the number on the back of your member ID card.

We Speak Your Language

Blue Care Network
P.O. Box 441935
Detroit, MI 48244

bcbsm.com



**Blue Care
Network**
of Michigan

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

Customer Service

1-888-227-2345
711 (TTY users)

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