



Most HMO plans require a physician's referral to see a specialist, but not Blue Elect Plus point of service plans. You choose where to go for care — either in or out of your plan's network — without a referral.



## How a point of service plan works

### If you live in Michigan

You must select a BCN primary care provider located in Michigan. If you don't, one will be selected for you. You can have one primary care provider for everyone in your family. Or, each family member can have their own. For example, you may want your children to see a pediatrician, while adult family members go to an internist. And when you need to see a specialist or another physician, you don't need a referral. You pay less out of pocket for health care services when you see a participating BCN provider.

### If you live outside Michigan

You don't need an assigned primary care provider or a referral to see other health care providers. To receive your lower-cost, in-network benefits, you need to see a BlueCard<sup>®</sup> Traditional participating provider who's based outside Michigan.

	
Subscriber Name <b>VALUED CUSTOMER</b>	
Subscriber ID <b>XYH888888888</b>	<b>Blue Elect Plus<sup>SM</sup> POS</b>
Issuer (80840) 9101000021	
Group Number <b>XXXXXXXX</b>	Network
Issued <b>12/2023</b>	Deductible (\$)
Plan <b>POS</b>	In <b>X,XXX/X,XXX</b> X,XXX/X,XXX
RxBIN <b>610011</b>	Out <b>X,XXX/X,XXX</b> X,XXX/X,XXX
RxGrp <b>MIBCNRX</b>	
	Individual / Family
	

<p><b>Blue Care Network of Michigan</b> A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association</p> <p>Use of this card is subject to terms of applicable contracts, conditions and user agreements.</p> <p>Hospital and medical claims – Providers in Michigan, file claims with: Blue Care Network P.O. Box 68710 Grand Rapids, MI 49516-8710</p> <p>Providers outside Michigan, file claims with your local BCBS plan. For Medicare claims, bill Medicare.</p> <p><b>Blue Elect Plus POS does not require a referral in or out of network.</b></p>	<p><b>bcbsm.com</b></p> <p>Customer Service: <b>800-662-6667</b> TTY/TDD: <b>800-257-9980</b></p> <p>To locate participating providers outside of Michigan: <b>800-810-2583</b> Misuse may result in prosecution. If you suspect fraud: <b>800-482-3787</b> Behavioral/Mental Health and Substance Abuse: <b>800-482-5982</b></p> <p>Providers Only: Medical Authorizations: <b>800-392-2512</b> Rx Prior Authorizations: <b>800-437-3803</b></p> <p><b>Outside MI – Find a Doctor:</b> <a href="http://bcbs.com/find-a-doctor">bcbs.com/find-a-doctor</a></p>
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Always show your plastic member ID card at your doctor's office as proof of coverage. Make sure to show them the information we've highlighted on the sample ID card above, so the medical services you receive are billed correctly.

## What you pay will depend on where you go for care

- **In-network providers** are BCN-participating providers in Michigan and providers outside Michigan who participate in a BlueCard Traditional plan. You'll pay less out of pocket when you're seen by these doctors.
- **Out-of-network providers** in Michigan don't participate with BCN. Providers outside Michigan who don't participate with a BlueCard Traditional plan also are considered out of network. You may get care for services from these providers, but you'll pay more.

You're responsible for checking that the provider you see is participating in your plan's network. To be sure you receive your lower-cost in-network benefits, call your provider's office to confirm they're in network before receiving care.

Health care providers who aren't in network may bill you for the difference between what we pay and what they charge for their service. You'll be responsible for paying that difference, and this amount won't apply to your deductible (if applicable) or your out-of-pocket maximum. Some out-of-network providers may require you to pay in full for the services you receive when you receive them. You can then request reimbursement for our share of the cost.

## Know which services require an in-network provider

With some services, your plan pays for them only when received from a health care provider in your plan's network (see List A).

But, there are also some preventive services that you can receive in or out of network (see List B).

### A. In-network only services

- Most preventive services as defined by the Affordable Care Act (see List B for exceptions)
- Infertility counseling and treatment
- Adult sterilization
- Durable medical equipment
- Prosthetics and orthotics
- Diabetes supplies
- Weight reduction procedures
- Chiropractic services

### Finding a doctor

Check that your doctor is in network:

1. Go to [bcbsm.com/find-a-doctor](https://bcbsm.com/find-a-doctor).
2. Click *Search without logging in and enter your location information*.
3. Click *I don't know my network, then Find a different plan*.
4. Select *Blue Care Network (HMO and POS plans)*.

Or log in to your online member account at [bcbsm.com](https://bcbsm.com) or use our app.

### B. Preventive services received both in and out of network

- Flu vaccine
- Mammography screening
- Routine colonoscopy
- Routine maternity prenatal and postnatal care

## Prior authorization for certain services

Blue Elect Plus point of service plans don't require referrals. However, certain services require our prior authorization before we pay for them. Examples are hospitalization, certain radiology services and outpatient therapy. For in-network services, the doctor coordinates the authorization process. **When you see a doctor who's not in your plan's network, you're responsible for having the out-of-network provider call the number on the back of your member ID card to request a prior authorization.**

You can log in to your member account or call the number on the back of your member ID card for a list of health care services that need prior authorization. Or check with your doctor to see if prior authorization is required for a health care service.

## Blue Elect Plus HSA POS

If your plan is a Blue Elect Plus HSA POS plan, your employer may offer a health savings account, administered through HSA Bank® or HealthEquity®. Contact your employer to see what is available to you.

An HSA is like a 401(k) account for your health care. Use it to pay for current health care expenses and save for future qualified medical expenses, including retiree health expenses.

You'll be able to access money in your account with an HSA Visa® card.

If you're eligible for an HSA, you'll receive a welcome kit from the HSA administrator (HSA Bank or HealthEquity).

### Key HSA facts

- Contributions, investment earnings and withdrawals for qualified medical expenses are all tax advantaged.
- Contributions that aren't spent roll over from year to year.
- Once the account reaches \$1,000 with HSA Bank or \$2,000 for HealthEquity, you can invest your money.

HealthEquity is an independent company supporting Blue Cross and BCN by providing health care spending account administration services. An independent, FDIC-insured bank holds the health saving account dollars.

HSA Bank is a division of Webster Bank, N.A., an independent company supporting Blue Cross and BCN by providing health care spending account administration services. An independent, FDIC-insured bank holds the health saving account dollars.

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