



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Confidence comes with every card.®

State of Michigan Employees



For Your Benefit

A variety of timely information related to your health care benefits and needs

Have you seen the new look of our State of Michigan website?

Blue Cross' dedicated State of Michigan website – bcbsm.com/som – is a valuable source for important information about your plan. To ensure you stay informed, we're committed to providing a convenient and smooth online experience.

Earlier this year, we redesigned the website in a fresh layout that'll improve your ability to find the information you need. The **home page** features resources and tools to help you put your health first, such as virtual visits, Blue Cross Virtual Well-BeingSM, and Blue Cross Health and Well-BeingSM. Plus, the innovative design is more compatible on mobile devices so you can browse on the go.

We enhanced navigation by creating **dedicated plan pages** so you can easily view plan information — such as deductibles and copays — and other plan materials. To further simplify your experience, we included a high-level cost chart on each plan page showing what's covered and how much you'd pay. Go to bcbsm.com/som/employees and click the plus sign next to each plan to see a high-level overview of the plan. You'll also find links to search for providers, forms and newsletters at the bottom of this page.

After exploring the new website design, consider registering for a Blue Cross online member account. Read the benefits of an online account at the bottom of the home page, then click "Register now" to get started. You'll need your Blue Cross member ID card to register.

Need help creating your online member account? Call the Web Support team at **1-888-417-3479 (TTY: 711)** from 8 a.m. to 8 p.m. Eastern time, Monday through Friday.

State of Michigan Employees

Learn about the health plan options for State of Michigan employees from Blue Cross Blue Shield of Michigan and Blue Care Network.



How do out-of-pocket maximums work?

Your plan shares the cost of your care when you pay your deductible, coinsurance and copayments, but did you know there's a limit to how much you pay? Your out-of-pocket max, or OOPM, is the most you'll pay for your health care services during your plan year. Let's explore how it works.

What counts toward your OOPM for in-network services

What you pay toward your plan's deductible, coinsurance, copays and prescription drug copays are all applied to your OOPM. For example, your OOPM is \$2,000 and you pay a \$20 copay for an office visit, you have \$1,980 left to reach until your OOPM is met. When you reach your OOPM, your plan pays 100% of the allowed amount for in-network services included in your plan.

If your plan covers more than one person, you'll have individual maximums and a family OOPM. Here's how each is met:

- When the deductible, coinsurance and copays for one person reach the individual max, your plan pays 100% for that person only.
- The family OOPM is \$4,000. When your family OOPM has been met, your plan pays 100% for everyone on the plan. The family OOPM is the combined maximum out-of-pocket amount that applies to any combination of family members. One family member isn't required to reach the individual OOPM before the family OOPM can be met, and one family member can't contribute more than the maximum amount of the individual OOPM.



What doesn't count toward your OOPM for in-network services

Certain costs can't be used toward your OOPM, including your monthly plan premium and amounts you pay for services that aren't included in your benefits, such as noncovered services and costs greater than the approved amount for a service.

For example, your plan includes the cost of standard hearing aids at 100% of the Blue Cross approved amount. Deluxe hearing aids are included up to the approved amount for standard hearing aids and you're responsible for the remaining balance of the cost. The difference you pay for deluxe hearing aids doesn't count toward your OOPM because it's more than the approved amount.

For more information about your plan's OOPM, out-of-pocket costs and services included in your plan, visit bcbsm.com/som/employees and click your plan name to see the plan details chart and download plan documents.



Blue Cross offers choices for care so you're always covered

At Blue Cross, it's important to provide our members with care that's always there. If you have a sore throat or minor injury, knowing your choices for care can help you save time and money. Let's explore your care options to see when they may be right for you and your family.

When you need answers to quick medical questions and your primary care provider is unavailable, the **24-Hour Nurse Line** can help. A supportive registered nurse can help:

- Answer questions about a minor injury or illness.
- Recommend home treatment options or help you decide when to seek additional care.
- Provide educational materials about chronic conditions or diseases.
- Discuss preventive care, such as vaccinations and screenings.
- Share tips for a healthy lifestyle.



The 24-Hour Nurse Line is available 24 hours a day, seven days a week at no additional cost, and the average wait time is one minute. To use this care option, call **1-800-775-2583**. TTY users should call **711**.

Are you traveling and not feeling well? Do you need convenient mental health care? **Blue Cross Online VisitsSM** may be a good option when you need care from the comfort of your home. With online visits, you can:

- Receive virtual care from a U.S. board-certified doctor or nurse practitioner.
- Get medical care in as little as 15 minutes.
- Get prescriptions sent to your preferred pharmacy.
- Schedule a mental health appointment with a therapist or psychiatrist.

It's important to note, **Blue Cross Online Visits is changing to Virtual Care by Teladoc Health[®] on January 1, 2024**. If you need virtual care now, you can still sign up and use Blue Cross Online Visits through December 31, 2023, by visiting bcbsmonlinevisits.com on a computer, mobile phone or tablet. For more information about the transition to Virtual Care, visit bcbsm.com/virtualcare and click *Learn more* in the blue strip at the top of the page.

When using the 24-Hour Nurse Line or online visits, remember to schedule a follow-up visit with your provider. And if you're having a serious emergency, call 911 or go to an emergency room near you.

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How to reach us

For benefit information or claim inquiries, call or write the Blue Cross Customer Service Center.

To call

1-800-843-4876

Our customer service representatives are available from 7 a.m. to 7 p.m. Monday through Friday, excluding holidays.

To write

Please send all correspondence to:
State of Michigan Customer Service Center
Blue Cross Blue Shield of Michigan
232 S. Capitol Avenue L04A
Lansing, MI 48933-1504

For Your Benefit is published by Blue Cross Blue Shield of Michigan. It is meant to complement the advice of health care professionals and is not intended to take the place of professional medical care.

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