



**Blue Care  
Network  
of Michigan**

Confidence comes with every card.®

# Blue Elect Plus<sup>SM</sup> POS Blue Elect Plus HSA<sup>SM</sup> POS

The value of an HMO + **flexibility of provider choice**

**Our Blue Elect Plus POS and Blue Elect Plus HSA POS health plans offer the affordability and managed care benefits of an HMO without the need for a referral. Our members have access to Blue Care Network's large network and the flexibility of choosing a provider in or out of network.**

## How our point of service plans work

**A member with a Michigan address** must first choose a BCN primary care provider. With that done, they have the freedom to seek medical and behavioral health care in or out of network without a referral.

**A member who lives outside Michigan** doesn't need an assigned primary care provider; they also don't need a referral. They just need to see a BlueCard® Traditional participating provider who's based outside Michigan for in-network benefits.

## What members pay depends on where they go for care

**In-network providers** are BCN-participating providers in Michigan and providers outside Michigan who participate in a BlueCard Traditional plan.\* Members pay less out of pocket when they're seen by these providers. They should show their plastic member ID card at their doctor's office as proof of coverage.

**Out-of-network providers** in Michigan don't participate with BCN. Providers outside Michigan who don't participate with a BlueCard Traditional plan are also considered out of network. Members may get care for services from these providers, but they'll pay more.

Health care providers who aren't in network may bill a member for the difference between our payment and their charges for benefits under their plan. The member will be responsible for this amount, which doesn't apply to the deductible (if applicable) or out-of-pocket maximum. Some out-of-network health care providers require members to pay for services in full and then seek reimbursement for BCN's share of the cost.

The member is responsible for checking that the provider they see is participating in their plan's network. They need to call the provider's office before receiving care to confirm they're an in-network provider.

\*Members should refer to their *Certificate of Coverage* and riders to see what BCN will pay for when traveling or call Customer Service for details.

## Understanding the language of out-of-pocket costs

### Copayment (or copay)

This is what members pay for a health care service or prescription, when they receive it (for example, \$30 for a primary care provider visit or \$50 for an urgent care visit).

### Deductible

This is what members pay for most health care services, before their plan pays. The deductible may not apply to all services.

### Coinsurance

This is a member's share of the cost of a health care service, a percentage of what BCN pays for the service. Members typically start paying coinsurance after they've met their health plan's deductible (for example, they pay 20% of the BCN allowed amount and BCN pays 80%).

### Out-of-pocket maximum

This is the most members have to pay during a plan year for health care services they receive. Out-of-pocket maximums include their deductible, copay and coinsurance.

### To see if a doctor is in network:

- Members can use their online member account at [bcbsm.com](https://bcbsm.com) or our mobile app.
- If an employee isn't a member yet, doesn't have our app or hasn't registered for their account, they can visit [bcbsm.com/find-a-doctor](https://bcbsm.com/find-a-doctor) and:
  - Click *Search without logging in* and enter their location.
  - Click *I don't know my network*, then *Find a different plan* from the menu.
  - Select *Blue Care Network (HMO and POS plans)*.
- Members can call Customer Service using the number on the back of their member ID card.
- To locate a BlueCard Traditional provider, members can call BlueCard at **1-800-810-BLUE (2583)**.



## Blue Care Network only pays for certain services if they're in network

Some services are only included when received from an in-network provider (see the A list). But there are also preventive services members can receive in or out of network (see the B list).

### A. In-network-only services

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

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

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

Whether a doctor is in network or not, certain services require prior authorization for BCN to pay its share. Examples are hospitalization, certain radiology services and outpatient therapy.

- For certain services provided by an in-network doctor, the doctor coordinates the approval process.
- For certain services provided by an out-of-network doctor, the member is responsible for making sure the out-of-network provider calls BCN to request approval. The provider number is on the back of their member ID card.

## Health savings account

Blue Care Network is offering **Blue Elect Plus HSA POS**, which combines an HSA-qualified, high-deductible health plan and a Blue Elect Plus POS plan.

The HSA is administered through HSA Bank or HealthEquity® Inc.

Blue Elect Plus HSA allows you, a member or both of you to contribute pretax dollars to a member-owned health savings account. Members use money in their accounts to pay for qualified medical expenses.

### HSA advantages

- 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, employees can invest their money.

An HSA allows members to conveniently access money in their accounts with an HSA Visa® card.

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.

HealthEquity® Inc. is an independent company supporting Blue Care Network by administering HSA accounts and providing HSA services.

**Healthy members are key to keeping your health costs as low as possible. We can help. Prevention of illness and disease is at the heart of all we do.**

## The value of Blue Elect Plus POS

Our coverage helps members stay healthy and get care when they're sick or injured. And it includes behavioral health benefits. Members get the care and support they need to treat mental health and substance use conditions.

As Michigan's largest HMO, BCN plans are available in all 83 Michigan counties with access to more than 5,600 primary care providers, 29,000 specialists and most of our state's leading hospitals.

A primary care provider is the member's health care partner who's responsible for providing and coordinating their care. Having a primary care provider means a member is more likely to get preventive health care on time.

## BlueCard® for Blue Elect Plus POS members who live or travel outside Michigan

BlueCard, a program through the Blue Cross and Blue Shield Association, provides seamless national access to BlueCard Traditional providers outside Michigan. Blue Elect Plus POS members who live or travel outside Michigan but in the United States can see BlueCard Traditional providers and receive in-network benefits.

Blue Elect Plus POS members who live outside Michigan don't have an assigned primary care provider, so they'll need to see a BlueCard Traditional provider who's based outside Michigan for in-network benefits. If they don't, they'll pay more out of pocket for included health care services.

Blue Elect Plus POS members can always receive emergency care — in Michigan, across the country and around the world. Because some BCN plans only pay urgent and emergent services outside Michigan, members who are traveling should refer to their *Certificate of Coverage* and riders to see what we pay, or call Customer Service for details.



## Blue Cross Coordinated Care<sup>SM</sup>

This program identifies members with complex or chronic conditions who could benefit from care management support and connects them to care. A registered nurse leads a Blue Cross care team that works with members to help them develop a plan to manage their conditions. This team helps members:

- Identify health risks
- Understand treatment options
- Connect with support in local communities
- Find behavioral health services and other care

## Blue Cross Health & Well-Being<sup>SM</sup>

Our health and well-being programs offer tools and resources that can help members improve their overall well-being. These include:

- Online well-being resources
- Blue Cross Virtual Well-Being<sup>SM</sup>
- Tobacco Coaching
- 24-Hour Nurse Line

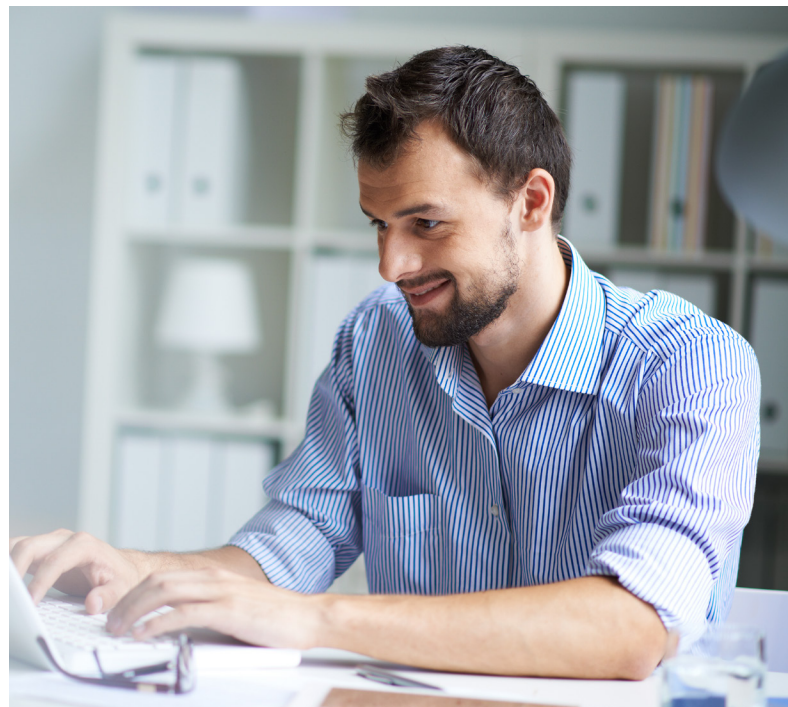
## Online member account

Registering for their online member account gives members the tools, information and support to understand their coverage and make more informed and cost-effective choices for care. Once they log in to their account at **bcbsm.com** or through our mobile app, members have their coverage details, out-of-pocket balances, claims and explanation of benefits statements at their fingertips. If they're unable to find what they need, they can connect with MIBlue Virtual Assistant<sup>SM</sup>, an interactive, automated chat feature available in their account for 24/7 support.

## Member savings

Members can save on a variety of health-related products and services with our Blue365<sup>®</sup> savings program including:

- Gym memberships, fitness gear and health magazines
- Weight-loss programs, cooking classes and cookbooks
- Travel and recreation
- Lasik and eye care services, dental care and hearing aids



## Frequently asked questions

**Q: My group is headquartered in Michigan and has another location out of state. Can the out-of-state location enroll their employees in Blue Elect Plus POS?**

**A:** Blue Elect Plus POS may only be offered to out-of-state locations if it's also offered in the Michigan locations.

**Q: Can my group offer a BCN HMO<sup>SM</sup> plan to our Michigan employees and a BCN Blue Elect Plus POS plan to our out-of-state location?**

**A:** No. Blue Elect Plus POS may only be offered to out-of-state locations if it's also offered in the Michigan locations.

**Q: Can my group offer a Blue Cross plan to our Michigan employees and a BCN Blue Elect Plus POS plan to our out-of-state location?**

**A:** No. Blue Elect Plus POS may only be offered to out-of-state locations if it's also offered in the Michigan locations.

**Q: My group is headquartered in Michigan, and we have employees on our Michigan payroll working remotely from another state. Are those employees eligible for Blue Elect Plus POS?**

**A:** Yes, as long as Blue Elect Plus is also offered to the Michigan employees.

We know your business is unique. Talk with your BCN sales representative or contracted agent for your group's specific scenario and eligibility for out-of-state employees.



**For more information on Blue Elect Plus POS,  
contact your contracted agent or BCN sales representative.**

Find us online:

[bcbsm.com](https://bcbsm.com) | [news.bcbsm.com](https://news.bcbsm.com) | [facebook.com/MiBCN](https://facebook.com/MiBCN)  
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