

BCN Advantage  
Mail Code J208  
P.O. Box 441010  
Detroit, MI 48224-1010  
[www.bcbsm.com/medicare](http://www.bcbsm.com/medicare)



Dear BCN Advantage Member:

Thank you for your continued interest in BCN Advantage. BCN Advantage offers five HMO-POS plans and two HMO plans in 2025. Our plans provide the same coverage as Original Medicare, plus more, including generous annual allowances for dental services and vision care.

- **BCN Advantage HMO-POS** plans include **Elements, Classic, Prestige, Prime Value** (available in 70 Michigan counties) and **Community Value** (available to Macomb, Oakland, Washtenaw, Wayne, Genesee, Livingston and St. Clair County residents only).
- **BCN Advantage HMO** plans are **ConnectedCare** (available to Arenac, Genesee, Iosco, Kalamazoo, Livingston, Macomb, Oakland, Saginaw, St. Clair, Washtenaw and Wayne County residents only) and **Local HMO** (available to Macomb, Oakland and Wayne County residents only).

All plans except Elements include prescription drug benefits. Dental, vision and hearing coverage is provided in all base plans except ConnectedCare, which includes dental and limited vision benefits in the base plan, but not hearing. You can add an optional supplemental package to your base plan for an additional monthly premium of \$20.50.

To make a change in the Medicare Advantage plan you have with Blue Care Network, fill out the enclosed plan selection form. Check off the plan you want and sign the form. Mail the completed form back to us in the postage-paid envelope by December 7. You may also use the enclosed form to add an optional supplemental package to your base BCN Advantage plan.

You can change health plans only at certain times during the year. From October 15 through December 7, you can join, switch or drop a Medicare health or drug plan for the following year. In addition, from January 1 through March 31, anyone enrolled in a Medicare Advantage plan (except an MSA plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare prescription drug plan). Generally, you can't make changes at other times except in certain situations, such as if you move out of your plan's service area, want to join a plan in your area with a 5-star rating, or qualify for (or lose) Extra Help paying for prescription drug coverage.

If you select another BCN Advantage plan or add the optional supplemental plan, your new coverage will begin on the first of the month following acceptance of your application. Your monthly plan premium can be found in the premium chart on the form. You may see any BCN Advantage primary care doctor or specialist who participates in your plan's network.

***Complete the attached form only if you wish to change plans.***

To help you with your decision, we've included an overview of benefits for the 2025 plan options. If you have any questions, please call BCN Advantage Customer Service at **1-800-450-3680** Monday through Friday from 8 a.m. to 8 p.m. Eastern time, with weekend hours October 1 through March 31. TTY users, call **711**.

Thank you,

A handwritten signature in black ink that reads "Lonita M. Love". The signature is written in a cursive style with a large initial "L" and a stylized "M".

Lonita Love  
Membership and Billing  
BCN Advantage

## Plan Selection Form

Date: \_\_\_\_\_

Member name: \_\_\_\_\_

Member number: \_\_\_\_\_

### 2025 BCN Advantage HMO-POS plans

#### Monthly premiums

Your county	Prime Value	Elements (medical only)	Classic	Prestige	Community Value
<b>Region 1</b> Allegan, Barry, Ionia, Kalamazoo, Kent, Mason, Muskegon, Newaygo, Oceana, Ottawa	\$0 \$7.50 Part B Giveback	\$0 \$20 Part B Giveback	\$75	\$174	N/A
<b>Region 2</b> Berrien, Branch, Calhoun, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Monroe, Montcalm, St. Joseph, Van Buren	\$0 \$7 Part B Giveback	\$0 \$20 Part B Giveback	\$106	\$237	N/A
<b>Region 3</b> Alcona, Alpena, Arenac, Bay, Charlevoix, Cheboygan, Clare, Crawford, Gladwin, Huron, Iosco, Kalkaska, Luce, Mackinac, Montmorency, Ogemaw, Oscoda, Presque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee, Tuscola	\$0 \$7.50 Part B Giveback	\$0 \$20 Part B Giveback	\$115	\$228	N/A
<b>Region 4</b> Antrim, Benzie, Clinton, Emmet, Genesee, Grand Traverse, Isabella, Lake, Lapeer, Leelanau, Lenawee, Livingston, Manistee, Mecosta, Midland, Missaukee, Osceola, Otsego, St. Clair, Wexford	\$0 \$7 Part B Giveback	\$0 \$20 Part B Giveback	\$95	\$221	N/A
<b>Region 5</b> Macomb, Oakland, Washtenaw, Wayne	\$0 \$6.50 Part B Giveback	\$0 \$20 Part B Giveback	\$122	\$257	\$12
<b>Region 4</b> Genesee, Livingston, St. Clair	N/A	N/A	N/A	N/A	\$12

## 2025 BCN Advantage HMO plans

### Monthly premiums

Your county	ConnectedCare
Arenac, Genesee, Iosco, Kalamazoo, Livingston, Macomb, Oakland, Saginaw, St. Clair, Washtenaw, Wayne	\$46

Your county	Local HMO
Macomb, Oakland, Wayne	\$0

I wish to transfer from my current BCN Advantage plan to the plan I have selected below. I understand that if this form is received by the end of any month, my new plan will generally be effective the first day of the following month. If I enroll during the annual enrollment period, my coverage will be effective January 1 of the next year.

**Please check the appropriate box below:**

### BCN Advantage HMO-POS plans

**BCN Advantage HMO-POS Prime Value**

\$0 in-network copay for primary care provider office visit; \$0 copay for virtual medical and behavioral health visits; \$35 specialist office visit copay; \$0-45 urgent care copay; \$125 emergency room copay; \$4,500 (*Regions 2,3,4*) \$6,000 (*Regions 1 and 5*) out-of-pocket maximum; \$0 in-network medical deductible; \$0 pharmacy deductible. \$0 copay for tiers 1 and 2 for 90-day preferred retail/mail pharmacy; \$0 tier 1 copay for 31-day retail/mail preferred pharmacy. You won't pay more than \$35 for a one-month supply of each covered insulin product, no matter what cost-sharing tier it's on. \$1,500 dental annual maximum; \$150 eyewear allowance once per calendar year; \$1,200 (\$600 per ear) hearing aid allowance every three years; \$60/quarter (*Regions 1,5*), \$95/quarter (*Regions 2,3,4*) OTC allowance, no rollover within the plan year. Worldwide emergency, urgent care and emergency transportation coverage; copays apply.

**BCN Advantage HMO-POS Elements**

\$0 in-network copay for primary care provider office visit; \$0 copay for virtual medical and behavioral health visits; \$35 specialist office visit copay; \$0-\$45 urgent care copay; \$125 emergency room copay; \$4,500 out-of-pocket maximum; \$0 in-network medical deductible. **No prescription drug coverage.** \$1,200 (\$600 per ear) hearing aid allowance every three years. \$1,500 dental annual maximum; \$150 eyewear allowance once per calendar year; \$50/quarter OTC allowance, no rollover within the plan year. Worldwide emergency, urgent care and emergency transportation coverage; copays apply.

**BCN Advantage HMO-POS Classic**

\$0 in-network copay for primary care provider office visit; \$0 copay for virtual medical and behavioral health visits; \$30 specialist office visit copay; \$0-\$40 urgent care copay; \$125 emergency room copay; \$3,800 out-of-pocket maximum; \$0 in-network medical deductible. \$0 pharmacy deductible; \$0 copay for tiers 1 and 2 for 90-day preferred retail/mail pharmacy; \$0 tier 1 copay for 31-day retail/mail preferred pharmacy. You won't pay more than \$35 for a one-month supply of each covered insulin product, no matter what cost-sharing tier it's on. \$1,200 (\$600 per ear) hearing aid allowance every three years. \$1,500 dental annual maximum, \$150 eyewear allowance once per calendar year; \$65/quarter OTC allowance, no rollover within the plan year. Worldwide emergency, urgent care and emergency transportation coverage; copays apply.

**BCN Advantage HMO-POS Prestige**

\$0 in-network copay for primary care provider office visit; \$0 copay for virtual medical and behavioral health visits; \$20 specialist office visit copay; \$0-\$35 urgent care copay; \$125 emergency room copay; \$3,400 out-of-pocket maximum; \$0 in-network medical deductible. \$0 pharmacy deductible; \$0 copay for tiers 1 and 2 for 90-day preferred retail/mail pharmacy; \$0 tier 1 copay for 31-day retail/mail preferred pharmacy. You won't pay more than \$35 for a one-month supply of each covered insulin product, no matter what cost-sharing tier it's on. \$1,200 (\$600 per ear) hearing aid allowance every three years. \$1,500 dental annual maximum, \$150 eyewear allowance once per calendar year; and \$90/quarter OTC allowance, no rollover within the plan year. Worldwide emergency, urgent care and emergency transportation coverage; copays apply.

**BCN Advantage HMO-POS Community Value — available to Macomb, Oakland, Washtenaw, Wayne, Genesee, Livingston and St. Clair County residents only**

\$0 in-network copay for primary care provider office visit; \$0 copay for virtual medical and behavioral health visits; \$40 specialist office visit copay; \$0-\$45 urgent care copay; \$125 emergency room copay; \$4,300 out-of-pocket maximum; \$0 in-network medical deductible. \$0 pharmacy deductible; \$0 copay for tiers 1 and 2 for 90-day preferred retail/mail pharmacy; \$0 tier 1 copay for 31-day retail/mail preferred pharmacy. You won't pay more than \$35 for a one-month supply of each covered insulin product, no matter what cost-sharing tier it's on. \$1,500 (\$750 per ear) hearing aid allowance every three years, \$1,500 dental annual maximum, \$150 vision allowance once per calendar year; \$50/quarter OTC allowance, no rollover within the plan year. Worldwide emergency, urgent care and emergency transportation coverage; copays apply.

## BCN Advantage HMO plans

**BCN Advantage HMO ConnectedCare** — available to Arenac, Genesee, Iosco, Kalamazoo, Livingston, Macomb, Oakland, Saginaw, St. Clair, Washtenaw and Wayne County residents only  
\$0 primary care provider copay; \$0 copay for virtual medical and behavioral health visits; \$35 specialist office visit copay; 0-\$45 urgent care copay; \$125 emergency room copay; \$3,800 out-of-pocket maximum; \$0 medical deductible; \$0 pharmacy deductible; \$1,500 in-network dental annual maximum; \$0-40 Medicare-covered hearing exam annually. \$75/quarter OTC allowance, no rollover within the plan year. Worldwide emergency, urgent care and emergency transportation coverage; copays apply.

**BCN Advantage Local HMO** — available to Macomb, Oakland and Wayne County residents only

\$0 primary care provider copay; \$0 copay for virtual medical and behavioral health visits; \$35 specialist office visit copay; 0-\$45 urgent care copay; \$125 emergency room copay; \$0 medical deductible; \$0 pharmacy deductible; \$4,175 out-of-pocket maximum. \$1,500 in-network dental annual maximum; \$150 vision allowance, and \$1,200 (\$600 per ear) hearing aid allowance every three years. \$75/quarter OTC allowance, no rollover within the plan year. Worldwide emergency, urgent care and emergency transportation coverage; copays apply.

## Optional Supplemental packages for BCN Advantage members

Available to Elements, Classic, Prestige, Prime Value and Community Value members for an **additional monthly premium of \$20.50.**

**Dental** – \$1500 annual maximum combined in- and out-of-network (this is in addition to your annual basic plan benefit). No waiting period, no deductible. 25% coinsurance for comprehensive dental services like dentures and implants in network; 50% coinsurance out of network.

**Vision** –\$0 copay up to a \$250 combined in- and out-of-network maximum benefit (in addition to basic plan benefit) every calendar year for glasses (lenses and frames), frames or elective contacts. 50% coinsurance out of network.

Available to ConnectedCare members for an **additional monthly premium of \$20.50.**

**Dental** – \$1500 annual maximum for comprehensive in-network dental services (this is in addition to your annual basic plan benefit); 25% coinsurance in-network for comprehensive dental services like dentures and implants. No waiting period, no deductible.

**Vision** –\$0 copay up to a \$250 in-network maximum benefit every calendar year for glasses (lenses and frames), frames or elective contacts. Lenses covered in full once every 12 months. Routine eye exam once per calendar year.

**Hearing** – Hearing aids: Up to a \$1,200 in-network allowance (\$600 per ear) every three years. \$0 routine hearing exam per year. \$0 in-network hearing aid fitting and evaluation once every three years.

### ***Optional Supplemental packages cont.***

**Available to Local HMO members for an *additional* monthly premium of \$20.50.**

**Dental** – \$1500 annual maximum for comprehensive in-network dental services (this is in addition to your annual basic plan benefit). 25% coinsurance for comprehensive dental services like dentures and implants. No waiting period, no deductible.

**Vision** – \$0 copay up to a \$250 in-network maximum benefit (in addition to mandatory benefit) every calendar year for glasses (lenses and frames), frames or elective contacts.

### **Paying your plan premium**

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay your monthly plan premium, including any late enrollment penalty you have or may owe, by mail or automatic withdrawal from your bank account each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board check each month.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you're eligible, Medicare could help pay for your drug costs including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it.

For more information about this Extra Help, contact your local Social Security office, or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours per day, seven days per week. TTY/TDD users should call **1-877-486-2048**.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we'll bill you for the amount that Medicare doesn't cover.

If you don't select a payment option, you'll receive a bill each month.

### **Select a premium payment option:**

**Get a bill each month.** You may choose from the following payment methods:

- **Pay online:** To learn how to pay your premium online, go to [www.bcbsm.com/paymedicare](http://www.bcbsm.com/paymedicare). Members can make one-time payments or set up automatic withdrawals from a bank account or credit/debit card.
- **Pay by phone:** Call BCN Advantage Customer Service at **1-800-450-3680** from 8 a.m. to 8 p.m. Eastern time Monday through Friday, with weekend hours October 1 through March 31. TTY users, call **711**.
- **Pay by mail:** Mail your check, cashier's check or money order made payable to Blue Care Network directly to:  
**Blue Care Network**  
**P.O. Box 33608**  
**Detroit, MI 48232-5608.**

**Select a premium payment option cont.**

**Automatic withdrawal from your bank account each month.** Allow up to 60 days to process your request. Please pay any premium bill you may receive while your request is processing.

Future monthly premiums will be automatically withdrawn from your specified account on the **fifth day** of every month.

Please provide the following information:

Account holder name: \_\_\_\_\_

Bank routing number (*first set of numbers on bottom of check*): \_\_\_\_\_

Bank account number (*second set of numbers on bottom of check*): \_\_\_\_\_

Account type:            Checking            Savings

**Automatic deduction from your monthly Social Security or Railroad Retirement Board benefit check.**

I get monthly benefits from:            Social Security            RRB

The Social Security or RRB deduction may take two or more months to begin after Social Security or the RRB approves the deduction. Please pay any premium bills prior to your Social Security/Railroad Retirement Board deduction effective date. In most cases, if Social Security or the RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or the RRB doesn't approve your request for automatic deduction, we'll send you a paper bill for your monthly premiums.

**All fields in this section are optional.**

*Answering these questions is your choice. You can't be denied coverage because you don't answer.*

**Are you Hispanic, Latino/a or Spanish origin? Select all that apply.**

- No, not of Hispanic, Latino/a, or Spanish origin            Yes, Mexican, Mexican American, Chicano/a  
 Yes, Puerto Rican            Yes, Cuban  
 Yes, another Hispanic, Latino/a, or Spanish origin  
 I choose not to answer



**Optional fields cont.**

**What's your race? Select all that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American |
| Asian:  | Native Hawaiian and Pacific Islander:              |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Guamanian or Chamorro     |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Native Hawaiian           |
| <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Samoan                    |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Other Pacific Islander    |
| <input type="checkbox"/> Korean                           |  |
| <input type="checkbox"/> Vietnamese                       | <input type="checkbox"/> White                     |
| <input type="checkbox"/> Other Asian                      | <input type="checkbox"/> I choose not to answer    |

**What is your gender? Select one:**

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Woman      | <input type="checkbox"/> I use a different term: _____ |
| <input type="checkbox"/> Man        | <input type="checkbox"/> I choose not to answer        |
| <input type="checkbox"/> Non-binary |  |

**Which of the following best represents how you think of yourself? Select one:**

- |  |  |
|--|--|
| <input type="checkbox"/> Lesbian or gay                        | <input type="checkbox"/> I use a different term: _____ |
| <input type="checkbox"/> Straight, that is, not lesbian or gay | <input type="checkbox"/> I don't know                  |
| <input type="checkbox"/> Bisexual                              | <input type="checkbox"/> I choose not to answer        |

**Select one if you want us to send you information in a language other than English.**

- English (default)    Spanish    Other (language other than English)

**Select one if you want us to send you information in an accessible format.**

- Large print    Audio CD    Data CD

Contact BCN Advantage Customer Service at **1-800-450-3680** if you need information in an accessible format or language other than what's listed above. Office hours are from 8 a.m. to 8 p.m. Eastern time Monday through Friday, with weekend hours Oct. 1 through March 31. TTY users call **711**.

**Do you work?**    Yes    No

**Does your spouse work?**    Yes    No

**Please list your primary care physician (PCP), clinic or health center:**

**Signature:**

**Today's date:**

**For individuals helping enrollee with completing this form only**

Complete this section if you're an individual helping an enrollee fill out this form. Agent: 1; Broker: 2; SHIP counselor: 3; Authorized representative: 4; Other (third parties): 5

Name \_\_\_\_\_ Relationship to enrollee (enter code from above) \_\_\_\_\_

Signature \_\_\_\_\_

National Producer Number (Agents/Brokers only) \_\_\_\_\_

**Please use the enclosed postage-paid envelope or mail this form to:**

**BCN Advantage — Mail Code J208  
P.O. Box 441010  
Detroit, MI 48224-1010**