

2025

READY  
TO HELP



## BCN Advantage<sup>SM</sup> HMO-POS

### University of Michigan **Benefits-at-a-Glance**

January 1, 2025 – December 31, 2025

**To join BCN Advantage<sup>SM</sup> HMO-POS, you must have both Medicare Part A and Medicare Part B and live in our group service area.**

The benefit information provided is a summary of what we cover and what you pay. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and copayments/ coinsurance may change on January 1 of each year. You can contact the plan by calling Customer Service at 1-800-658-8878, 8 a.m. to 5:30 p.m. Eastern, Monday through Friday, (April 1 through September 30), with weekend hours 8 a.m. to 8 p.m. seven days a week (October 1 through March 31). TTY users should call 711. Or, you can visit us at [www.bcbsm.com/umichmaplans](http://www.bcbsm.com/umichmaplans). To get a complete list of services we cover, call Customer Service and ask for the *Evidence of Coverage*.

Payment amounts are based on the Blue Care Network approved amount, less any applicable deductible and/or **copay** amounts required by the plan. Some may require prior authorization by the health plan. The provider network may change at any time. You will receive notice when necessary.

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Blue Care Network is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Blue Care Network depends on contract renewal.

Premium, deductible, copayments and dollar maximums	
<b>Premium</b>	In addition to the Medicare Part B premium, you may also be required to pay a premium contribution as defined by the University of Michigan.
<b>Deductible</b>	\$0
<b>Fixed dollar copay</b>	<p><b>\$10 copay</b> for office visits and office consultations with a primary care provider</p> <p><b>\$10 copay</b> for virtual care visits with a primary care provider</p> <p><b>\$10 copay</b> for office visits and office consultations with a specialist</p> <p><b>\$10 copay</b> for virtual care visits with a specialist</p> <p><b>\$10 copay</b> for chiropractic therapy</p> <p><b>\$10 copay</b> for outpatient physical, speech and occupational therapy visits</p> <p><b>\$65 copay</b> for emergency room visits</p> <p><b>\$10 copay</b> for urgent care visits</p> <p><b>\$10 copay</b> for mental health and substance use disorder visits</p>
<b>Maximum out-of-pocket</b>	\$3,000 per calendar year
Preventive care services	
<ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse screening and counseling</li> <li>• Annual “Wellness” visit</li> <li>• Bone mass measurement (bone density)</li> <li>• Breast cancer screening (mammograms)</li> <li>• Cardiovascular disease screening (behavioral therapy)</li> <li>• Cervical and vaginal cancer screenings</li> <li>• Colorectal cancer screenings <ul style="list-style-type: none"> <li>– Screening fecal occult blood test</li> <li>– Screening flexible sigmoidoscopy</li> <li>– Screening colonoscopy</li> <li>– Screening barium enema</li> </ul> </li> <li>• COVID 19 shot (vaccine)</li> <li>• Depression screenings</li> <li>• Diabetes screening</li> <li>• Diabetes self-management training</li> <li>• Flu shots (vaccine)</li> <li>• Diabetic foot exams and treatment</li> <li>• Glaucoma screening</li> <li>• Hepatitis B shots (vaccine)</li> <li>• Hepatitis C screening test</li> </ul>	Covered at 100% of the approved amount

### Preventive care services *continued*

- HIV screening
- Kidney Disease Education Services
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screening and counseling
- Pneumococcal shot (vaccine)
- Prostate cancer screening
  - Digital rectal exam
  - Prostate specific antigen (PSA) test
- Screening for lung cancer with low dose computed tomography (LDCT)
- Sexually transmitted infections screening and counseling
- Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- Welcome to Medicare prevention visits (initial preventive physical exam)

Any additional preventive services approved by Medicare during the contract year will be covered.

Covered at 100% of the approved amount

### Physician office services

Chiropractic spinal manipulation

**\$10 copay** per visit

Specialist visits

**\$10 copay** per office visit with a specialist

Office visits

**\$10 copay** per office visit with a primary care provider

Virtual care visits

**\$10 copay** per virtual care visit with a primary care provider

**\$10 copay** per virtual care visit with a specialist

You can receive virtual care by your primary care provider, specialist or a BCN designated virtual care vendor for medical and behavioral health services.

Outpatient physical, speech and occupational therapy visits<sup>1</sup>

Unlimited visits, must be medically necessary

**\$10 copay** for outpatient physical, speech and occupational therapy

<b>Emergency medical care</b>	
Ambulance services <sup>1</sup> Must be medically necessary We cover ambulance services even if you are not transported to a facility, if you are stabilized at your home or another location.	Covered at 100% of the approved amount
Hospital emergency room	<b>\$65 copay, waived if admitted</b>
Urgent care visits	<b>\$10 copay</b>
<b>Diagnostic services</b>	
Diagnostic tests and X-rays <sup>1</sup>	Covered at 100% of the approved amount
High-technology radiology imaging (MRI, MRA, CAT scan, PET) <sup>1</sup>	Covered at 100% of the approved amount
Laboratory and pathology services <sup>1</sup>	Covered at 100% of the approved amount Office visit copay may apply.
<b>Hospital care</b>	
Inpatient physician care, general nursing care, hospital services, supplies, evaluation and management <sup>1</sup>	Covered at 100% of the approved amount
Outpatient surgery <sup>1</sup>	Covered at 100% of the approved amount
<b>Alternatives to hospital care</b>	
Home health care <sup>1</sup> Must be medically necessary	Covered at 100% of the approved amount
Hospice care	Covered at 100% of the approved amount
Hospice room and board (5 <sup>th</sup> Level)	Covered at 100% of the approved amount, limited to 45 days per lifetime
Skilled nursing care <sup>1</sup>	Covered at 100% of the approved amount Covers up to 120 days per benefit period
<b>Surgical services</b>	
Human organ transplants <sup>1</sup> Follows Medicare guidelines <ul style="list-style-type: none"> <li>• Bone Marrow</li> <li>• Oncology</li> <li>• Kidney</li> <li>• Cornea</li> </ul> Skin Transplants	Covered at 100% of the approved amount
Surgery <sup>1</sup> Includes all related surgical services and anesthesia	Covered at 100% of the approved amount
<b>Mental health care and substance use treatment</b>	
Inpatient mental health care <sup>1</sup>	Covered at 100% of the approved amount, unlimited days
Inpatient substance use disorder <sup>1</sup>	Covered at 100% of the approved amount, unlimited days
Outpatient substance use disorder office visits <sup>1</sup>	Covered at 100% of the approved amount

Durable Medical Equipment Prosthetics & Orthotics	
Durable medical equipment <sup>1</sup>	Covered at 100% of the approved amount
Prosthetic and orthotic appliances <sup>1</sup>	Covered at 100% of the approved amount
Additional services	
Acupuncture for chronic low back pain	<b>\$10 copay</b> per office visit
Adult briefs and incontinence liners	Covered at 100% of the approved amount
Allergy testing and therapy	Covered at 100% of the approved amount
Annual physical	Covered at 100% of the approved amount
Autism spectrum disorder services <sup>1</sup> (No age limit) <ul style="list-style-type: none"> <li>Applied behavioral analysis (ABA) treatment when rendered by an approved board-certified behavioral analyst</li> <li>Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder</li> <li>Other covered services, including mental health services, for autism spectrum disorder</li> </ul>	<b>\$10 copay</b> per office visit
Chiropractic services <ul style="list-style-type: none"> <li>X-rays (one per year)</li> <li>Spinal manipulation</li> </ul>	<b>\$10 copay</b> per office visit
Eye exam for determination of refractive state	Covered at 100% of the approved amount
Dental services	Most dental services are not covered under your medical plan. Please contact Customer Service for details.
Diabetes services and supplies <sup>1</sup> Includes coverage for glucose monitors, test strips, lancets, diabetic shoes and self-management training.  <b>Note:</b> For all people who have diabetes and use insulin, covered services include – approved continuous glucose monitors and supply allowance for the continuous glucose monitoring as covered by Original Medicare.  <b>Continuous glucose monitors <u>must</u> be obtained from a network pharmacy.</b> To find a network pharmacy, visit our website ( <a href="http://www.bcbsm.com/pharmaciesmedicare">www.bcbsm.com/pharmaciesmedicare</a> ).	Covered at 100% of the approved amount for diabetes-related durable medical equipment or supplies, diabetic shoes and self-management training.
Gender reassignment and gender affirming procedures <sup>1</sup> Must meet medical criteria.	Covered at 100% of the approved amount
Gradient compression stockings <sup>1</sup>	Covered at 100% of the approved amount

**Additional services** *continued*

Hearing aids & services	Specialist office visit <b>copay</b> may apply: <b>Binaural (both ears)</b> Covered up to the maximum allowance of \$2,707 maximum allowance for both ears, every 36 months, including applicable dispensing fees <b>Monaural (one ear)</b> Covered up to the maximum allowance of \$1,507 maximum allowance for one ear, every 36 months, including applicable dispensing fees <b>Ordering and fitting the hearing aid</b> Covered at 100% of allowed amount once every 36 months <b>Hearing aid conformity test</b> Covered 100% of the allowed amount once every 36 months
Home Infusion Therapy <sup>1</sup> <ul style="list-style-type: none"><li>• Must be medically necessary</li><li>• Must be given by a participating Home Infusion Therapy (HIT) provider or in a participating freestanding Ambulatory Infusion Center (AIC)</li><li>• May use drugs that require preauthorization, consult with your doctor</li></ul>	Covered at 100% of the approved amount
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Nutritional counseling <sup>1</sup> Must be related to approved medical conditions such as: <ul style="list-style-type: none"><li>• Diabetes</li><li>• Chronic renal disease</li><li>• Kidney transplant</li></ul> Must be medically necessary and meet Medicare approved criteria	Covered at 100% of the approved amount
Podiatry <sup>1</sup>	Covered at 100% of the approved amount

**Additional services** *continued*

<p>SilverSneakers® 2025 fitness benefit, includes:</p> <ul style="list-style-type: none"><li>• A fitness center membership at any participating location across the country</li><li>• Conditioning classes, exercise equipment, pool, sauna, customized SilverSneakers classes, seminars, and other available amenities</li><li>• Online classes</li><li>• SilverSneakers app</li></ul>	<p><b>\$0 copay</b> for fitness services</p> <p>Fitness services must be provided at SilverSneakers® participating locations. You can find a location or request SilverSneakers Steps information at <a href="http://www.silversneakers.com">www.silversneakers.com</a> or by calling 1-866-584-7352, Monday – Friday, 8 a.m. to 8 p.m. TTY users call 711.</p> <p>SilverSneakers is a registered trademark of Tivity Health, Inc © 2024 Tivity Health, Inc. All rights reserved.</p>
<p>Vision Services Diagnosis and treatment of diseases and injuries of the eye</p>	<p><b>\$10 copay</b> with a primary care provider <b>\$10 copay</b> with a specialist</p>
<p>Well-women visit / Gynecological exam</p> <ul style="list-style-type: none"><li>• Gynecological exam, one per calendar year</li><li>• Additional well-woman visits may be allowed based on medical necessity</li></ul>	<p>Covered at 100% of the approved amount</p>
<p>Wigs (including stands and adhesive)<sup>1</sup></p>	<p>Covered at 100% of the approved amount</p>

**Important Message About What You Pay for Part B Insulin** – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan.

**Note:** *Services with a <sup>1</sup> may require prior authorization.*

\*Some in-network specialists may need to confirm with your primary care physician that you need specialty care. Your PCP is the best resource for coordinating your care and can help you find an in-network specialist.

If you want to know more about the coverage and cost of Original Medicare, look in your current “Medicare & You” handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-633-4227, 24-hours a day, 7-days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as audio CD and large print.

This document may be available in a non-English language.

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**Blue Care  
Network  
of Michigan**

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**Medicare and more**

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Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.