

BCN Advantage HMO-POS

University of Michigan
00123416-M001-M001

Benefits-at-a-Glance

January 1, 2024 – December 31, 2024



To join BCN AdvantageSM 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. 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. Services must be provided or arranged by the member's primary care provider or health plan. The provider network may change at any time. You will receive notice when necessary.

Premium, deductible, copayments and dollar maximums

Premium	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.
Deductible	Medical/surgical deductible: \$0
Fixed dollar copay	\$25 copay for office visits and office consultations with a primary care provider \$25 copay for virtual care visits with a primary care provider \$30 copay for office visits and office consultations with a specialist \$30 copay for virtual care visits with a specialist \$20 copay for chiropractic therapy \$25 copay for outpatient physical, speech and occupational therapy visits \$65 copay for emergency room visits \$25 copay for urgent care visits
Maximum out-of-pocket	\$3,000 per calendar year

Note: Services with a ¹ may require prior authorization.

BCN Advantage is an HMO-POS plan with a Medicare contract. Enrollment in BCN Advantage depends on contract renewal.

www.bcbsm.com/medicare

Preventive care services

- Abdominal aortic aneurysm screening
- Alcohol misuse screening and counseling
- Annual “Wellness” visit
- Bone mass measurement (bone density)
- Breast cancer screening (mammograms)
- Cardiovascular disease screening (behavioral therapy)
- Cervical and vaginal cancer screenings
- Colorectal cancer screenings
 - Screening fecal occult blood test
 - Screening flexible sigmoidoscopy
 - Screening colonoscopy
 - Screening barium enema
- Depression screenings
- Diabetes screening
- Diabetes self-management training
- Flu shots (vaccine)
- Diabetic foot exams and treatment
- Glaucoma screening
- Hepatitis B shots (vaccine)
- Hepatitis C screening test
- HIV screening
- Kidney Disease Education Services
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screening and counseling
- Pneumococcal shot
- 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	\$20 copay per visit
Specialist visits	\$30 copay per office visit with a specialist
Office visits	\$25 copay per office visit with a primary care provider
Virtual care visits	\$25 copay per virtual care visit with a primary care provider \$30 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 ¹ Unlimited visits, must be medically necessary	\$25 copay for outpatient physical, speech and occupational therapy
Emergency medical care	
Ambulance services ¹ Must be medically necessary	Covered at 100% of the approved amount
Hospital emergency room	\$65 copay, waived if admitted
Urgent care visits	\$25 copay
Diagnostic services	
Diagnostic tests and X-rays ¹	Covered at 100% of the approved amount
High-technology radiology imaging (MRI, MRA, CAT scan, PET) ¹	Covered at 100% of the approved amount
Laboratory and pathology services ¹	Covered at 100% of the approved amount Office visit copay may apply.
Hospital Care	
Inpatient physician care, general nursing care, hospital services, supplies, evaluation and management ¹	Covered at 100% of the approved amount
Outpatient surgery	Covered at 100% of the approved amount
Alternatives to hospital care	
Home health care ¹ Must be medically necessary	Covered at 100% of the approved amount
Hospice care	Paid for by Original Medicare
Skilled nursing care ¹	Covered at 100% of the approved amount Covers up to 120 days per benefit period
Surgical services	
Human organ transplants ¹ Follows Medicare guidelines	Covered at 100% of the approved amount
Surgery Includes all related surgical services and anesthesia	Covered at 100% of the approved amount

Mental health care and substance use treatment	
Inpatient mental health care ¹	Covered at 100% of the approved amount, unlimited days
Inpatient substance use disorder ¹	Covered at 100% of the approved amount, unlimited days
Outpatient mental health care ¹	Services rendered at a mental health facility are covered at 100% of the approved amount. Services rendered at your mental health providers office are \$25 or \$30 with a mental health specialist.
Outpatient substance use disorder ¹	Covered at 100% of the approved amount
Durable Medical Equipment Prosthetics & Orthotics	
Durable medical equipment	Covered at 100% of the approved amount
Prosthetic and orthotic appliances	Covered at 100% of the approved amount
Additional services	
Adult briefs and incontinence liners	Covered at 100% of the approved amount
Allergy testing and therapy	Covered at 100% of the approved amount
Ambulance services/non-transport 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
Annual physical	Covered at 100% of the approved amount
Autism spectrum disorder services ¹ (No age limit) <ul style="list-style-type: none"> Applied behavioral analysis (ABA) treatment when rendered by an approved board-certified behavioral analyst Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder Other covered services, including mental health services, for autism spectrum disorder 	\$25 copay per office visit
Chiropractic services <ul style="list-style-type: none"> X-rays (one per year) Spinal manipulation 	\$20 copay 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.

Additional services, <i>continued</i>	
Diabetes services and supplies ¹ Includes coverage for glucose monitors, test strips, lancets, diabetic shoes and self-management training.	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 ¹ Must meet medical criteria.	Covered at 100% of the approved amount
Gradient compression stockings ¹	Covered at 100% of the approved amount
Hearing aids & services	Specialist office visit copay may apply: Binaural (both ears) Covered up to the maximum allowance of \$2,707 maximum allowance for both ears, every 36 months, including applicable dispensing fees Monaural (one ear) Covered up to the maximum allowance of \$1,507 maximum allowance for one ear, every 36 months, including applicable dispensing fees Ordering and fitting the hearing aid Covered at 100% of allowed amount once every 36 months Hearing aid conformity test Covered 100% of the allowed amount once every 36 months
Home Infusion Therapy ¹ <ul style="list-style-type: none"> • Must be medically necessary • Must be given by a participating Home Infusion Therapy (HIT) provider or in a participating freestanding Ambulatory Infusion Center (AIC) • May use drugs that require preauthorization, consult with your doctor 	Covered at 100% of the approved amount
Hospice room and board (5 th Level)	Covered at 100% of the approved amount LIMITED to 45 days per lifetime
Human organ transplants ¹ <ul style="list-style-type: none"> • Bone Marrow • Oncology • Kidney • Cornea • Skin Transplants 	Covered at 100% of the approved amount

Additional services, <i>continued</i>	
Nutritional counseling ¹ Must be related to approved medical conditions such as: <ul style="list-style-type: none"> • Diabetes • Chronic renal disease • Kidney transplant Must be medically necessary and meet Medicare-approved criteria	Covered at 100% of the approved amount
Podiatry ¹	Covered at 100% of the approved amount
SilverSneakers® 2024 fitness benefit, includes: <ul style="list-style-type: none"> • A fitness center membership at any participating location across the country • Conditioning classes, exercise equipment, pool, sauna, customized SilverSneakers classes, seminars, and other available amenities • Online classes • SilverSneakers app 	\$0 copay for fitness services Fitness services must be provided at SilverSneakers® participating locations. You can find a location or request SilverSneakers Steps information at www.silversneakers.com or by calling 1-866-584-7352 , Monday – Friday, 8 a.m. to 8 p.m. TTY users call 711. SilverSneakers is a registered trademark of Tivity Health, Inc © 2023 Tivity Health, Inc. All rights reserved.
Vision Services Diagnosis and treatment of diseases and injuries of the eye	\$25 copay with a primary care provider \$30 copay with a specialist
Well-women visit / Gynecological exam <ul style="list-style-type: none"> • Gynecological exam, one per calendar year • Additional well-woman visits may be allowed based on medical necessity 	Covered at 100% of the approved amount
Wigs (including stands and adhesive) ¹	Covered at 100% of the approved amount

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.

*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 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.