FCA
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Blue Care Network of Michigan

Confidence comes with every card.®

Welcome to Healthy Blue Choices℠ POS

Dear Valued Member:

We know health care can seem complicated. That's why we're committed to helping you understand your coverage. This guide explains your Healthy Blue Choices POS plan. In addition, your online *Member Handbook* includes what you need to fully understand your coverage. You can access it when your plan year starts by registering your member account and then logging in at **bcbsm.com**.*

If you have questions, refer to your account or call the Customer Service number on the back of your member ID card.

The next page has important steps to help you make the most of your Healthy Blue Choices plan.

Sincerely,

Kathryn G. Levine
President and CEO

Blue Care Network of Michigan is providing administrative claims services only. Your employer is financially responsible for claims.

**In this guide, you'll be advised to check your online member account for specific information about your health care plan. If you don't have internet access, you may ask to have the information mailed to you. Call the Customer Service number on the back of your member ID card.*

Getting started

Step 1 Register to activate your online member account.

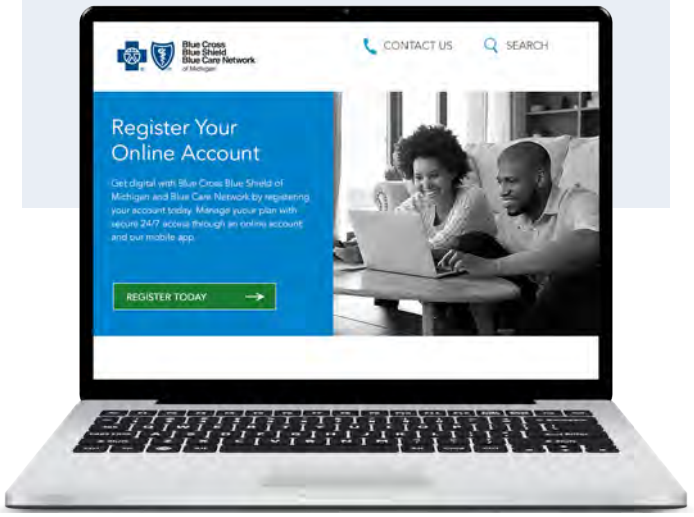
Your account is where you get your health plan information anytime, anywhere. It helps you understand how your plan works and what it covers, so you can make informed choices about your care.

Here's what you can do using your account:

- View your *Member Handbook*.
- Select or change your primary care provider..
- See what's covered.
- Verify who's covered under your plan.
- View your deductible, copayments and coinsurance.
- Monitor claims and explanation of benefits statements.
- Search for doctors, hospitals and specialists in your plan's network.
- Access your virtual ID card and plan documents, including your certificate and riders.
- Order more plastic ID cards for adult members on your plan.
- See the status of prior authorizations.

How to register your account

1. **Go online.**
   Visit **bcbsm.com/register** and select *Register Now*.
2. **Use our app.**
   - Download the app on the App Store® or Google Play™ (search **"BCBSM"**).
   - Tap the app and then *Register*.
3. **Text us.**
   Text **REGISTER** to **222764**.*



Message and data rates may apply. Visit* **bcbsm.com *for our* Terms and Conditions of Use *and* Privacy Practices.

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From your online member account

Step 2 Access your *Member Handbook.*

Your customized digital *Member Handbook* will help you understand your health plan and benefits. To access it, log in to your account at **bcbsm.com** or use our mobile app.

Your *Member Handbook* will display in your account **on the date your coverage begins**. However, you can register your account before your coverage start date.

Step 3 Select or change your primary care provider.

Your PCP is the doctor who provides or coordinates your care. Each person on your contract must select a PCP located in Michigan. The doctor you select In our *Find Care* tool must be labeled a PCP in your plan's network. Your account won't allow you to submit your selection if the doctor isn't listed as a PCP. If we don't have a PCP on file for you, we'll assign one to you and mail you the details.

To select or change your PCP, log in to your account at bcbsm.com and then:

- Select *Find Care* in the navigation menu.
- Select *Primary Care Physicians*.
- Select *View or Change PCP.*

Or call the Customer Service number on the back of your member ID card.

Your plan allows you to see any provider without a referral. However, involving your PCP means you have a knowledgeable professional focusing on your total health care.

Getting care

In-network versus out-of-network providers

A network is a group of providers (doctors, hospitals and other professionals) who have contracted with BCN in Michigan or are BlueCard® Traditional providers outside Michigan, but within the United States. BlueCard Traditional providers are contracted by a Blue Cross Blue Shield plan to provide health care services.

Note: You're always covered for emergency care.

- **In-network providers** are BCN-participating providers and out-of-state BlueCard Traditional providers. You'll pay less out of pocket when you're seen by these providers.

  To find in-network providers in Michigan, log in to your account at **bcbsm.com** and select *Find Care*. Be sure *Healthy Blue Choices PO* is your plan selection before you begin your search.

- **Out-of-network providers** in Michigan don't participate with BCN. You may get care for covered services from out-of-network providers, but you'll pay more.

Getting specialty care

You can seek care from any provider without a referral. If you need to see a specialist, plan to see an in-network provider to ensure you pay the least for your care.

You can receive care from any provider, but you'll pay more out of pocket if you receive care from out-of-network providers.

Prior authorization

Whether the doctor you see is in network or not, **certain services** require prior authorization by BCN to be covered. We may require prior authorization to make sure the prescription drugs, medical tests, surgeries and other services are needed for your condition and medically necessary.

The treating provider will contact BCN to request prior authorization. Even though the provider requests it, you should check with the doctor before receiving services to see if prior authorization is needed.

If you go to an out-of-network provider, you're responsible for having that provider call the number on the back of your member ID card to request prior authorization.

For more about prior authorizations, go to our article at **bcbsm.com*** (Important Info: Services That Need Prior Authorization/BCBSM)

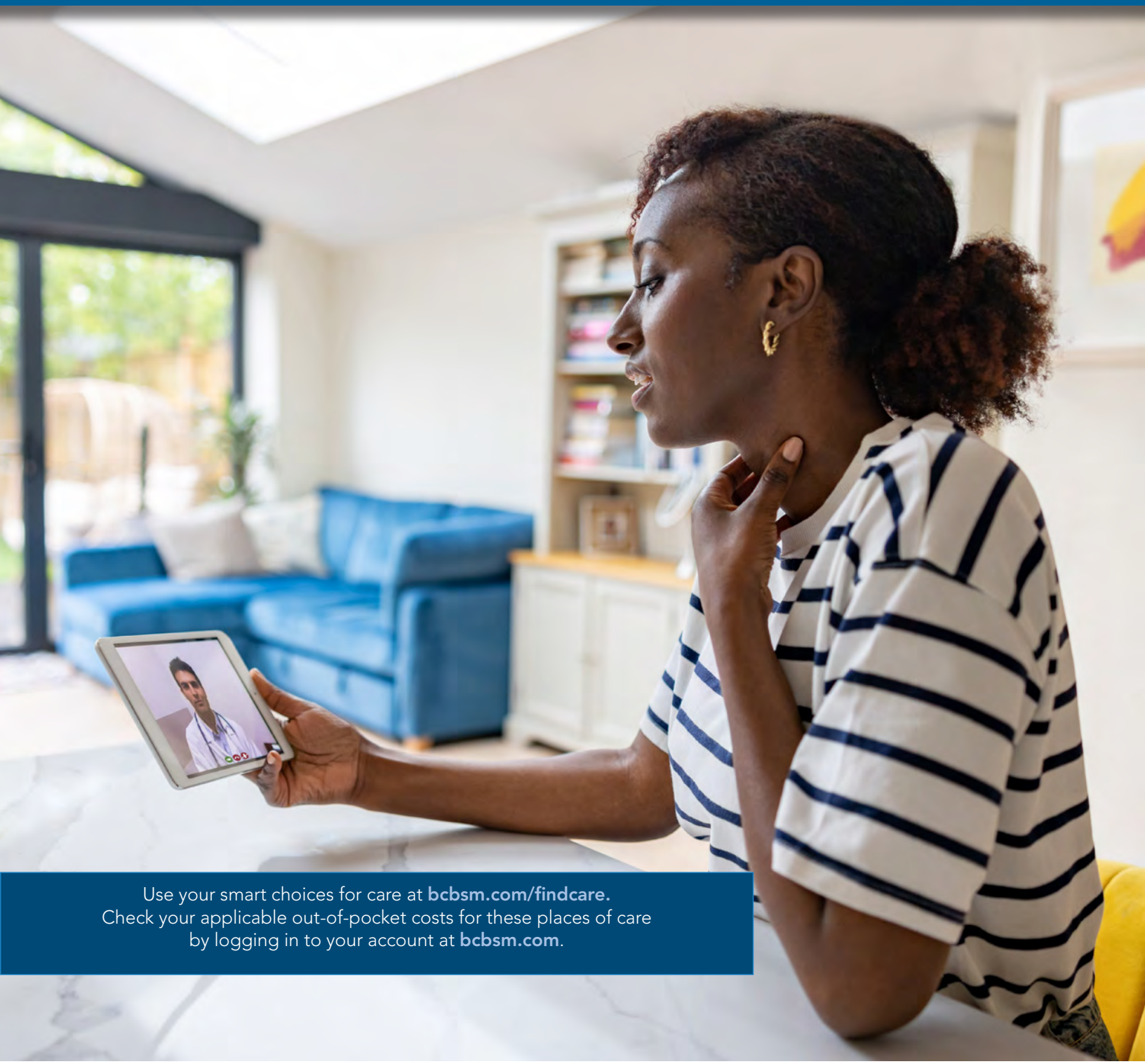
**https://www.bcbsm.com/important-information/prior-authorization/#par_article*

Your options for care

Where to go for care

When it's not an emergency, you have choices for when and where to get health care.

PRIMARY CARE PROVIDER	24-HOUR NURSE LINE	VIRTUAL CARE BY TELADOC HEALTH®	WALK-IN CLINICS	
			RETAIL HEALTH CLINIC	URGENT CARE CENTERS
$	$0	$	$-$$	
AVERAGE WAIT TIME FOR CARE 30 minutes	**AVERAGE WAIT TIME FOR CARE** 1 minute	**AVERAGE WAIT TIME FOR CARE** 5 minutes	**AVERAGE WAIT TIME FOR CARE** 30 to 60 minutes	
APPOINTMENT REQUIRED? Yes	**APPOINTMENT REQUIRED?** No	**APPOINTMENT REQUIRED?** No	**APPOINTMENT REQUIRED?** No	
AVAILABLITY In person By phone Virtually	**AVAILABLITY** By phone	**AVAILABLITY** Virtually	**AVAILABLITY** In person	
TREATMENT Start here when you want to talk with a doctor you know and trust	**TREATMENT** When you have questions about an illness or injury, anytime day or night	**TREATMENT** When you want to talk to a doctor or therapist virtually from your smartphone, tablet or computer	**TREATMENT** For a quick, in-person evaluation to get minor health care and a prescription at one location	**TREATMENT** When your symptoms are a little more complicated and you need convenient, in-person care
• High-quality, comprehensive care • Knows you and your medical history and coordinates all your care • Many primary care offices offer virtual care, same-day appointments, extended hours and other services	• No cost • Available by phone anytime, anywhere in the U.S. • Care provided by a registered nurse	• Video chat 24/7 with a U.S. board certified doctor or a licensed therapist anywhere in the U.S. • Have a visit summary sent to your primary doctor • Sign up for Virtual Care through the: » Teladoc Health™ app online » At **bcbsm.com/virtualcare** » By phone at **1-800-835-2362**	• Evening and weekend hours • Convenient locations • Care provided by physician assistants and certified nurse practitioners, overseen by a U.S. board-certified doctor	• Evening and weekend hours • Convenient locations • May offer labs and X-rays • Care provided by U.S. board-certified doctors, as well as licensed nurses and nurse practitioners, depending on severity of symptoms



Use your smart choices for care at **bcbsm.com/findcare.**
Check your applicable out-of-pocket costs for these places of care by logging in to your account at **bcbsm.com**.

To locate a participating urgent care center near you in Michigan, go to **bcbsm.com/findcare** and select *Log in to Find a Doctor*. Or call the Customer Service number on the back of your member ID card.

Hospital care is for health situations that require inpatient care. Your PCP will arrange the hospital care you need and direct the care of any specialists who will see you there.

Some services aren't covered

Here are a few examples of services your medical plan doesn't cover:

- Services obtained without following BCN procedures
- Cosmetic services or supplies
- Custodial care
- Experimental or investigational treatment
- Personal convenience items, such as air conditioners, hot tubs and water beds
- Routine exams related to employment, insurance, a court order, school purposes or sports physicals
- Self-help programs

For more details about other health care services and benefits not covered, refer to your certificate and riders in your account at **bcbsm.com**. Select *My Coverage* in the navigation menu, then select *Plan Documents*. On the app, select *My Coverage* and then *What's Covered*.

Emergency services

You're always covered for emergency services.

If you're experiencing a life-threatening emergency and need immediate care, dial **911** or go to the nearest emergency room.

More to know

What you should know

Go to **bcbsm.com/importantinfo** to learn about:

- Services that need prior authorization
- Your rights and responsibilities
- How to appeal a decision that affects your coverage or benefits
- How we evaluate new medical technology
- Our privacy practices
- How to submit a claim for reimbursement of covered services

Appealing a decision

Grievance process

BCN and your primary care provider are interested in your satisfaction with the services and care you receive. If you have a problem relating to your care, discuss it with your PCP first. Often your PCP can correct the problem to your satisfaction. You're always welcome to call Customer Service with any question or problem you have.

If you're not able to resolve your issue by calling us, we have a formal process you can use. You have 180 days from the date of discovery of a problem to file a grievance about a decision made by us. There are no fees or costs.

Step one

You, or someone authorized by you in writing, must submit a standard grievance in writing.

Mail: **Appeals and Grievance Unit, Blue Care Network**
P.O. Box 44200
Detroit, MI 48244-0191

Fax: **1-866-522-7345**

We'll review your concern and reply within 15 calendar days for preservice requests and 30 calendar days for postservice requests. The individuals who review the first level grievance aren't the same as those involved in the initial decision. If we deny your grievance, we'll send you a written explanation of the reasons for the denial and the next steps in the process. If the grievance is about a clinical issue, we'll send it for review to an independent medical consultant in the same or similar specialty as the doctor who provided the service.

Step two: Review by BCN grievance panel

If your grievance is denied, you may request review by BCN's Grievance Panel. You must file the request within 180 calendar days of receiving the adverse step one decision. For preservice requests, you'll be notified of the step two grievance decision within 15 calendar days. For postservice requests, you'll be notified within 30 calendar days.

If the panel denies your grievance, we'll write to you within five days (but no more than 30 days for preservice or 60 days for postservice requests) and explain the reasons for the denial. The decision may take an additional 10 business days if BCN needs to request medical information. We'll also tell you what you can do next. At your request and at no charge to you, we'll provide all documents used in making the decision.

External review by an independent review organization

As a member enrolled in a self-funded ERISA group plan, you have the right to an external review by an independent review organization, or IRO. To appeal our decision, you must notify us in writing, and we'll randomly assign the review to one of our contracted IROs. The IRO decision is binding, and we'll be responsible for all costs incurred. You must exhaust this process before filing a lawsuit by:

Mail: **Appeals and Grievance Unit, Blue Care Network**
P.O. Box 44200
Detroit, MI 48244-0191

Fax: **1-866-522-7345**

External review by the Department of Insurance and Financial Services

If you're not a member of an ERISA group plan and don't agree with our decision at step two or if we're late in responding (add 10 business days if we ask for additional medical information), you'll be considered to have exhausted the internal grievance process. At this point, you may request external review by the Department of Insurance and Financial Services. You must send your external review request no later than 127 calendar days following receipt of our decision. Send to Appeals Section — Office of General Counsel, Department of Insurance and Financial Services by:

Mail:	**P.O. Box 30220** **Lansing, MI 48909-7720**
Personal delivery:	**530 W. Allegan Street, 7th floor** **Lansing, MI 48933-1070**
Phone:	**1-877-999-6442**
Fax:	**517-284-8838**
Online:	**difs.state.mi.us/Complaints/ExternalReview.aspx** (*Blue Care Network doesn't control this website and isn't responsible for its content.*)

Expedited review

Under certain circumstances — if your medical condition would be seriously jeopardized during the time it would take for a standard grievance review — you can request an expedited review.

We'll decide within 72 hours of receiving both your grievance and your physician's confirmation. If we tell you our decision verbally, we must also provide a written confirmation within two business days. If we fail to provide you with our final determination in a timely fashion or we deny your request, you may request an expedited external review from the Department of Insurance and Financial Services within 10 calendar days of receiving our final determination. In some instances, we may waive the requirement to exhaust our internal grievance process.

You, your doctor or someone acting on your behalf can initiate an expedited review by calling the Customer Service number on the back of your member ID card.

We Speak Your Language

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 877-469-2583 TTY: 711 or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se ofrecen, sin costo alguno, ayuda y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 877-469-2583 TTY: 711 o hable con su proveedor.

تنبيه: إذا كنت تتحدث الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متوفرة لك. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل برقم 877-469-2583 TTY: 711 أو تحدث إلى مزود الخدمة الخاص بك.

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。请致电 877-469-2583 (TTY: 711) 或咨询您的服务提供商。

ܙܘܗܪܐ: ܐܢ ܐܢܬܘܢ ܡܡܙܡܝܬܘܢ ܠܫܢܐ ܐܬܘܪܝܐ، ܬܫܡܫܝܬ̈ܐ ܕܗܝܪܬܐ ܕܠܫܢܐ ܒܕ ܗܘܐ ܦܬܝܚܐ ܩܕܡܝܟܘܢ ܕܠܐ ܐܓܪܐ. ܐܦ ܬܫܡܫܝܬ̈ܐ ܘܗܝܪ̈ܬܐ ܠܣܝܒܐ ܠܡܫܘܠܡܬܐ ܕܡܘܕܥܢܘܬܐ ܒܙܘܢܩ̈ܐ ܡܬܡܨܝܢܐ ܐܝܬܝܗܝ ܦܬܝܚܐ ܕܠܐ ܐܓܪܐ. ܡܩܪܘܢ ܥܠ ܡܢܝܢܐ 877-469-2583 TTY: 711 ܐܘ ܡܡܠܠܘܢ ܥܡ ܡܫܡܫܢܘܬܘܢ.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ và dịch vụ phù hợp để cung cấp thông tin bằng các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi số 877-469-2583 TTY: 711 hoặc trao đổi với người cung cấp dịch vụ của bạn.

VËMENDJE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 877-469-2583 TTY: 711 ose bisedoni me ofruesin tuaj të shërbimit.

알림: 한국어를 사용하는 경우 언어 지원 서비스를 무료로 이용할 수 있습니다. 정보를 접근 가능한 형식으로 제공받을 수 있는 적절한 보조 기구와 서비스도 무료로 이용할 수 있습니다. 877-469-2583 TTY: 711 번으로 전화하거나 담당 기관에 문의하십시오.

মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 877-469-2583 TTY: 711 নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 877-469-2583 TTY: 711 lub porozmawiaj ze swoim usługodawcą.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 877-469-2583 TTY: 711 an oder sprechen Sie mit Ihrem Provider.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'877-469-2583 TTY: 711 o parla con il tuo fornitore.

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。情報をアクセスしやすい形式で提供するための適切な補助器具やサービスも無料でご利用いただけます。877-469-2583 TTY: 711 までお電話いただくか、ご利用の事業者にご相談ください.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 877-469-2583 TTY: 711 или обратитесь к своему поставщику услуг.

PAŽNJA: Ako govorite srpsko-hrvatski, dostupne su vam besplatne usluge jezične pomoći. Odgovarajuća pomoćna pomagala i usluge za pružanje informacija u pristupačnim formatima također su dostupni besplatno. Nazovite 877-469-2583 TTY: 711 ili razgovarajte sa svojim pružateljem usluga.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na karagdagang tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 877-469-2583 TTY: 711 o makipag-usap sa iyong provider.

Discrimination is against the law

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Blue Cross Blue Shield of Michigan and Blue Care Network does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue Cross Blue Shield of Michigan and Blue Care Network:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provide free language services to people whose primary language is not English, which may include qualified interpreters and information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call the Customer Service number on the back of your card. If you aren't already a member, call 877-469-2583 or, if you're 65 or older, call 888-563-3307, TTY: 711.

Here's how you can file a civil right complaint if you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with:

Office of Civil Rights Coordinator
600 E. Lafayette Blvd., MC 1302
Detroit, MI 48226
Phone: 888-605-6461, TTY: 711
Fax: 866-559-0578
Email: CivilRights@bcbsm.com

If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal website https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf, or by mail, phone, or email at:

U.S. Department of Health & Human Services
200 Independence Ave, SW
Room 509, HHH Building
Washington, D.C. 20201
Phone: 800-368-1019, TTD: 800-537-7697
Email: OCRComplaint@hhs.gov

Complaint forms are available on the U.S. Department of Health & Human Services Office for Civil Rights website https://www.hhs.gov/ocr/complaints/index.html.

This notice is available at Blue Cross Blue Shield of Michigan and Blue Care Network's website: https://www.bcbsm.com/important-information/policies-practices/nondiscrimination-notice/.

Blue Care Network — Mail Code 201
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Detroit, MI 48226

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