

# Understanding your BCN Advantage

## Explanation of Benefits

As a BCN Advantage member, you receive an Explanation of Benefits (called an EOB) in the mail or by email each month you receive health care services. Your EOB includes billing detail for all medical, hospital, dental, vision, hearing and medical supplies services processed in the previous month. Your EOB explains the fee for each service, what your BCN Advantage plan covered and any costs you may have to pay. If your plan includes a drug benefit, you get a separate Part D pharmacy EOB.

**Your EOB is not a bill.** Using the following examples, it shows you:

- 1 TOTALS for medical and hospital claims** — This section details current month and year-to-date claims results and includes:

	Amount providers have billed the plan	Total cost (amount the plan has approved)	Plan's share	Your share
Totals for month	\$80.00	\$76.00	\$60.80	\$6.80
Totals for year	\$1,640.00	\$1,210.00	\$828.20	\$381.80

**2 IF YOU HAVE A DEDUCTIBLE**

— This section shows how much of your yearly deductible is paid. For most covered services, we pay our part of the cost after you've paid your yearly deductible.

As of March 01, 2017 you have paid \$87.80 toward your \$245.00 yearly plan deductible. You may also have a Point of Service deductible.

**3 YEARLY LIMITS**

— This section shows the most you'll have to pay each year out-of-pocket in copays, coinsurance and your deductible (if you have one) for in-network services. BCN Advantage limits the amount for your financial protection.

**Once you've reached your yearly limit, we pay the full approved amount for your covered services for the rest of the year.**

As of March 01, 2017, you have had \$381.80 in out-of-pocket costs that count toward your maximum for covered in-network services.

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

**DETAILS FOR CLAIMS** — This part of your EOB includes information about each service that you received.

**4 Itemized monthly billing** — This section uses billing codes and descriptions that were developed and copyrighted by the American Medical Association 2017 (all rights reserved). It lists costs for services and claim details, such as:

- Name of physician, facility or practice
- Description of services performed, billing codes and date of services

<b>Elm Grove Ear, Nose and Throat Associates</b>			
Claim Number: XXXXXXXXXX207 (In-network provider)	Date of service	Amount the provider billed the plan	Total cost (amount the plan has approved)
92557 Comprehensive hearing test	2/8/17	\$80.00	\$76.00

**5 Claim denial information** — This section lists your claim denial code and definition and why we denied all or part of the claim. Don't pay this – you'll get a bill from your doctor.

**Things to know about your denied claim:**

- Q27 This vaccine isn't payable under your BCN Advantage medical coverage.

**APPEAL INFORMATION** — This section, required by the Centers of Medicare and Medicaid Services, tells you how to appeal a denied claim if you disagree with our decision. You have 60 days from the date of your statement to ask for an appeal.

There are two kinds of appeals:

- Standard appeal: You're asking for a reconsideration of the denial of a claim for health services.
- Fast appeal (expedited): You're asking for a faster reconsideration of the denied claim. This is available if your doctor feels that the timeframe for a standard appeal would jeopardize your health.

**ADDITIONAL PAGES** — You get extra pages with your EOB that include the multi-language and non-discrimination statements required by the U.S. Office of Civil Rights.

# Online EOBs



You can do so much by registering on the members-only website on [bcbsm.com/medicare](https://bcbsm.com/medicare).

- Pay your bills online
- Look up costs for medical treatments and drugs
- Find and compare network providers
- Check your coverage and see all your claims
- **Get paperless delivery of many plan documents, including your EOBs.**

Save paper and access information any time of the day or night by signing up for paperless documents:

1. Click on *Account Settings*.
2. Click on *Paperless Options*.
3. Click *Change* to select paperless delivery. We'll send you an email when a new EOB is posted for you to view.

You can change back to paper documents at any time by following the same steps.

If you don't have an account, get one today:

1. Go to [bcbsm.com/medicare](https://bcbsm.com/medicare).
2. Click *LOGIN* at the upper right on the blue bar.
3. Click on *Register Now* and follow the simple instructions.

If you have any questions about your EOB statement, call the number on the back of your BCN Advantage ID card from 8 a.m. to 8 p.m. Monday through Friday, with weekend hours Oct. 1 through Feb. 14. TTY users call 711.

Customer Service has free language interpreter services available for non-English speakers.

If you notice something suspicious that might be dishonest billing, call the Blue Cross Anti-Fraud Hotline at 1-888-650-8136, 8:30 a.m. to 4:30 p.m. Monday through Friday.

**BCN Advantage<sup>SM</sup> HMO**

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



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