Welcome TO BLUE CARE NETWORK
University of Michigan Student Health Plan

Confidence comes with every card.®

bcbsm.com
Quick Reference

IMPORTANT OR FREQUENTLY USED PHONE NUMBERS

Customer Service: 1-800-662-6667, TTY: 711
(8 a.m. to 5:30 p.m. Monday through Friday)
Talk to a representative about your plan or benefits. We’re available during and after normal business hours, and we offer language assistance. Our staff identify themselves by name, title and organization when receiving and returning calls.

Behavioral Health Services: 1-800-482-5982
Talk to a behavioral health manager in an emergency about issues that cause emotional or mental distress, including substance use disorder issues. For more information, see Section 2, "How to Use Your Benefits."

Care while you travel: 1-800-810-BLUE (2583)
Find a doctor, urgent care facility or hospital that participates in BlueCard®, our care program when you’re away from home.

24-hour Nurse Advice Line: 1-855-624-5214
Get answers to health care questions any time, anywhere with support from registered nurses.

Tobacco Cessation Coaching, powered by WebMD®: 1-855-326-5102
Call to sign up for this telephone-based program to help you quit tobacco.

WebMD Health Services is an independent company supporting Blue Care Network by providing health and wellness services.
Dear U-M International Student/Scholar:

Welcome to Blue Care Network!

We know that health care can seem complicated. That’s why we’re committed to helping you understand your coverage and achieve your wellness goals. This handbook outlines your benefits and explains how your plan works, including:

- What to do first now that you’re a member
- What to do if you get sick or injured
- What you’ll pay for certain services
- The resources we offer to help you stay healthy

We're here to help, so if you have questions about your coverage, call Customer Service or register at bcbsm.com for 24-hour access to your account.

Thank you for your membership. You’ve made the right choice.

Sincerely,

KATHRYN G. LEVINE, PRESIDENT AND CEO
## Contents

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Getting Started</strong></td>
<td><strong>01</strong></td>
</tr>
<tr>
<td>What you need to know</td>
<td></td>
</tr>
<tr>
<td>Register for an online member account</td>
<td></td>
</tr>
<tr>
<td>View or change your primary care physician</td>
<td></td>
</tr>
<tr>
<td>Make an appointment with your doctor</td>
<td></td>
</tr>
<tr>
<td>Understand your options for care</td>
<td></td>
</tr>
<tr>
<td>How you share costs</td>
<td></td>
</tr>
<tr>
<td>BCN authorization</td>
<td></td>
</tr>
<tr>
<td>In network vs. out of network</td>
<td></td>
</tr>
<tr>
<td>If your doctor isn’t in BCN’s network</td>
<td></td>
</tr>
<tr>
<td>Update your records</td>
<td></td>
</tr>
<tr>
<td>Coordination of benefits</td>
<td></td>
</tr>
<tr>
<td>Advance directives: Make your wishes known</td>
<td></td>
</tr>
<tr>
<td><strong>2. How to Use Your Benefits</strong></td>
<td><strong>06</strong></td>
</tr>
<tr>
<td>The information you need when you get care</td>
<td></td>
</tr>
<tr>
<td>When you need medical care</td>
<td></td>
</tr>
<tr>
<td>Your benefits when you travel</td>
<td></td>
</tr>
<tr>
<td>Blue Cross Online Visits</td>
<td></td>
</tr>
<tr>
<td>Lab services</td>
<td></td>
</tr>
<tr>
<td>Pain management</td>
<td></td>
</tr>
<tr>
<td>Medical supplies and equipment</td>
<td></td>
</tr>
<tr>
<td>Behavioral health coverage</td>
<td></td>
</tr>
<tr>
<td>Some services aren’t covered</td>
<td></td>
</tr>
<tr>
<td>Special care for women</td>
<td></td>
</tr>
<tr>
<td><strong>3. Your Drug Benefit</strong></td>
<td><strong>13</strong></td>
</tr>
<tr>
<td>What’s covered, how to save and how to fill prescriptions</td>
<td></td>
</tr>
<tr>
<td>Your prescription drug coverage</td>
<td></td>
</tr>
<tr>
<td>Your drug list</td>
<td></td>
</tr>
<tr>
<td>How tiers work</td>
<td></td>
</tr>
<tr>
<td>Keeping down costs with generic drugs</td>
<td></td>
</tr>
<tr>
<td>Some drugs don’t have a copay</td>
<td></td>
</tr>
<tr>
<td>Some drugs need approval</td>
<td></td>
</tr>
<tr>
<td>Filling a prescription</td>
<td></td>
</tr>
<tr>
<td>Some drugs and medical supplies aren’t covered</td>
<td></td>
</tr>
<tr>
<td><strong>4. Your Benefits at a Glance</strong></td>
<td><strong>18</strong></td>
</tr>
<tr>
<td>A quick guide to what you’ll pay for services</td>
<td></td>
</tr>
<tr>
<td>Understanding your benefits</td>
<td></td>
</tr>
<tr>
<td>Commonly used benefits</td>
<td></td>
</tr>
<tr>
<td><strong>5. Information For You</strong></td>
<td><strong>25</strong></td>
</tr>
<tr>
<td>Disclosures and documents for your reference</td>
<td></td>
</tr>
<tr>
<td>BCN: Part of the Blue Cross family</td>
<td></td>
</tr>
<tr>
<td>Your rights and responsibilities</td>
<td></td>
</tr>
<tr>
<td>Grievance process</td>
<td></td>
</tr>
<tr>
<td>Quality assurance</td>
<td></td>
</tr>
<tr>
<td>How we determine new health services</td>
<td></td>
</tr>
<tr>
<td>Privacy practices</td>
<td></td>
</tr>
</tbody>
</table>
Thank you for being part of Blue Care Network.

We want to help you understand your medical health care costs. And this card is a convenient way to help you keep track. Detach it and keep it with your health plan ID card so you’ll know what you may have to pay when you receive certain covered medical services*.

Consider the card another helpful tool to use along with your Member Handbook, where you’ll find these sections:

• "Getting Started" with information you need about your health care plan
• "How to Use Your Benefits" so you know how to get care when you need it
• "Your Benefits at a Glance" for a quick guide to what you’ll pay for services

For the most detailed and up-to-date information about your plan, log in to your account at bcbsm.com to see the legal documents that describe your coverage.

<table>
<thead>
<tr>
<th>Your costs</th>
<th>Your costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed on: 08/19/2019</td>
<td>Printed on: 08/19/2019</td>
</tr>
<tr>
<td>PCP visit: $20 copay</td>
<td>PCP visit: $20 copay</td>
</tr>
<tr>
<td>Specialist visit: $20 copay after deductible</td>
<td>Specialist visit: $20 copay after deductible</td>
</tr>
<tr>
<td>Urgent care: $20 copay after deductible</td>
<td>Urgent care: $20 copay after deductible</td>
</tr>
<tr>
<td>ER: $75 copay</td>
<td>ER: $75 copay</td>
</tr>
<tr>
<td>Deductible: $100 per member/$200 per family</td>
<td>Deductible: $100 per member/$200 per family</td>
</tr>
<tr>
<td>Coinsurance max: None</td>
<td>Coinsurance max: None</td>
</tr>
<tr>
<td>Out-of-pocket max: $3,500 per member/$7,000 per family</td>
<td>Out-of-pocket max: $3,500 per member/$7,000 per family</td>
</tr>
</tbody>
</table>

*Other costs may apply for primary care physician and specialist visits if additional services are performed in the office.
This information serves as a quick reference of what you may pay for certain health care services. These amounts may vary depending upon the actual services performed during your visit. Refer to your account at bcbsm.com for a complete description of your benefits and applicable cost-sharing amounts. There, you’ll find the legal documents that describe your coverage. For questions, call the customer service number on the back of your health plan ID card.

For your convenience, write in your primary care physician’s name and phone number.
1. Getting Started

REGISTER FOR AN ONLINE MEMBER ACCOUNT
With a secure member account at bcbsm.com, you can manage your health care plan, including changing your primary care physician. You can also see a summary of your benefits, recent claims and out-of-pocket costs, such as your copayments.

Get started by going to bcbsm.com/register or downloading the Blue Cross® app. Search "BCBSM" in the Apple App Store® or Google Play™.

VIEW OR CHANGE YOUR PRIMARY CARE PHYSICIAN
When you enroll with Blue Care Network and are a student on the Ann Arbor campus, you’ll be assigned a University Health Services primary care physician who’s at the Ann Arbor campus. If you’re a student at the Dearborn or Flint campus, you’ll be assigned a BCN-contracted PCP in your area.

To view or change your PCP, log in to your member account at bcbsm.com using any device. Click Doctors & Hospitals in the navigation menu, then click Primary Care Physicians from the drop-down menu.

Or call Customer Service at 1-800-662-6667, and we’ll help you choose.

Always carry your BCN Member ID card.

You’ll find a Provider Reference card at bcbsm.com/umich that explains how to get care from providers who aren’t in the BCN network. Print a copy and keep it with your health care ID card so you can show it to providers who may not be familiar with your plan.

*Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc., registered in the U.S. and other countries.

**Google Play and the Google Play logo are trademarks of Google Inc.
1. GETTING STARTED

3 MAKE AN APPOINTMENT WITH YOUR DOCTOR
Get to know your primary care physician — make an appointment for your annual wellness visit or to discuss a medical condition. Your doctor can also write and renew your prescriptions.

NOTE
Covered services
These are health care services, prescription drugs and equipment or supplies that are medically necessary, meet requirements and are paid in full or in part by your plan.

4 UNDERSTAND YOUR OPTIONS FOR CARE
You can self-refer to any doctor, but you’ll pay more out of pocket if you’re seeking care from a doctor who’s not in the BCN network. You and the doctor treating you are responsible for getting approval from BCN before services are covered. To get approval, your doctor will need to call the authorization number on the back of your member ID card.
1. GETTING STARTED

How you may share costs with us

Your plan dictates whether you have to pay out of pocket when you receive health services. See explanations below. For specifics about your plan, log in to your account at bcbsm.com. Click My Coverage in the navigation menu, then Medical and then What’s Covered.

Beginning of your plan year

- Depending on your plan, BCN pays for certain preventive care and wellness costs throughout the year at no cost to you.
- You pay copayments for certain covered services, like PCP office visits and urgent care.
- You pay for other medical costs until you meet your deductible, if your plan includes a deductible.

Once you've met your deductible (if applicable)

- You continue to pay copayments and coinsurance until the total you've paid for copayments, coinsurance and deductibles meets your out-of-pocket maximum.
- If there’s more than one person on your plan, you may have to meet a family, as well as an individual, out-of-pocket maximum.

Once you've reached the out-of-pocket maximum(s)

- BCN pays for all other covered services. You don’t owe a thing. (Please note your plan may not have an out-of-pocket maximum.)

At the end of the plan year

- Your deductible and out-of-pocket maximum reset for the next year.

Copayment (or copay)
A fixed dollar amount you pay each time you get certain types of care (for example, $25 for a visit to your PCP or $50 for an urgent care visit).

Coinsurance
Your share of the costs of a covered service, calculated as a percentage (for example, you pay 20 percent of the BCN approved amount, and BCN pays 80 percent).

Deductible
The amount you must pay for most health care services before BCN begins to pay. The deductible may not apply to all services.

Out-of-pocket maximum
The most you may have to pay for covered health care services during the year. The out-of-pocket maximum includes your deductible, copays and coinsurance.
1. GETTING STARTED

BCN authorization

Sometimes, special authorization is required for medical services such as hospital care, elective surgeries and specialty drugs. This means your doctor must contact us, and we must approve care before you receive it, or you may be responsible for the cost of the service.

In-network vs. out-of-network care

A network is a group of providers (doctors, hospitals and vendors) that have contracted with BCN to provide health care services. Note: You’re always covered for emergency care.

In-network providers are part of your plan's network. Be sure that your PCP refers you to in-network providers so your care is covered.

Out-of-network providers aren’t part of the network. You can choose to get care from an out-of-network provider, but you’ll pay more. Certain out-of-network services must also be authorized by BCN before you receive them. Otherwise, you’ll be responsible for the entire cost of the service.

If your doctor isn't in BCN's network

To continue paying the in-network cost sharing with a doctor who’s not in your plan’s network, one of these situations must apply to you. If not, out-of-network cost sharing will apply:

- You’re receiving an ongoing course of treatment and changing doctors would interfere with recovery (care may continue through the current course of treatment — up to 90 days).
- You’re in the second or third trimester of pregnancy (care may continue through delivery).
- You have a terminal illness (care may continue for the remainder of your life).

This continuity of care may also apply when your doctor leaves the BCN network. Authorization from BCN is required.

To ask for continuity of care, call Customer Service at 1-800-662-6667.
1. GETTING STARTED

Update your records / LIFE EVENTS

Report address changes or life events to the University within 31 days of when they happen:

- Birth of a child
- Adoption or legal guardianship
- Marriage
- Divorce
- Death
- Name change
- New address or phone number
- Medicare eligibility

Coordination of benefits

WHEN YOU HAVE MORE THAN ONE PLAN

Coordination of benefits means lower costs and the best possible benefits. Tell us if you or anyone in your family has other medical or prescription drug coverage, such as:

- **Spousal coverage:** You have additional medical or prescription coverage through your spouse’s employer.
- **Medicare:** You or someone in your family has Medicare coverage.
- **Dependent coverage:** Your children have coverage with BCN and also through their other parent’s plan.
- **Accident coverage:** You have an automobile or workplace injury and another insurer may be responsible for coverage.

To update your information online, log in as a member at bcbsm.com and click Account Settings.

Advance directives / MAKE YOUR WISHES KNOWN

If you were to become severely injured or too ill to make health care decisions on your own, who do you want to be in charge?

**Advance directives** are legal documents that state your wishes.

**Types of advance directives are:**

- **Durable power of attorney for health care** — allows you to name an individual to make health care decisions for you when you are unable to do so.
- **Do not resuscitate order** — tells providers that you don’t wish to receive CPR if your breathing or your heart stops.

**Coordination of benefits**

When you have more than one health care or prescription drug policy, coordination of benefits determines which plan pays your claims first (this is called your primary plan). If your primary plan doesn’t pay the claim or pays only part, it’s passed on to your secondary plan for payment review.

**Advance directives**

Instructions regarding what future health care actions or medical treatments you want done, and when. These instructions are used when you’re unable to communicate them yourself.

**Michigan doesn’t recognize living wills.**
2. How to Use Your Benefits

Find out how to get care, including routine office visits, specialty care and medical services.

When you need medical care

This chart tells you what to do to get care. **You pay the least when you call your BCN doctor first** for all services from a routine checkup to an injury or symptoms that need prompt attention (with the exception of emergency care).

<table>
<thead>
<tr>
<th>GUIDE TO GETTING MEDICAL CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of care</strong></td>
</tr>
<tr>
<td>Regular and routine care appointments (routine, primary and specialty care)</td>
</tr>
<tr>
<td>Urgent care</td>
</tr>
<tr>
<td>Emergency care</td>
</tr>
<tr>
<td>Hospital care</td>
</tr>
</tbody>
</table>
Your benefits when you travel

Doctors and hospitals that contract with Blue Cross and Blue Shield plans nationwide participate in BlueCard, our care program when you’re away from home.

You can find BlueCard providers by using the Blue National Doctor & Hospital Finder at bcbsm.com.

Learn more about the BlueCard program by calling Customer Service at 1-800-662-6667. You can also read the BlueCard disclosure in this book. See "Information About Us."

PHARMACY COVERAGE

You can fill prescriptions at any Blue Cross participating pharmacy when you travel. Your health care ID card is accepted at thousands of pharmacies nationwide, including most major chains.

EMERGENCY CARE

You’re always covered for emergency care — in Michigan, across the country and around the world. Just show your health care ID card. When traveling outside the United States, you may be required to pay for services and then seek reimbursement. To speed reimbursement, bring back an itemized bill or prescription invoice and any medical records you can get.

Download the reimbursement form at bcbsm.com/billform.

Or call Customer Service at 1-800-662-6667 for the form.

MEDICAL SUPPLIES AND EQUIPMENT

If you need durable medical equipment while traveling, call our partner, Northwood, Inc.*

Call Northwood, Inc. at 1-800-667-8496.

If you need diabetic supplies while traveling, call our partner, J&B Medical Supply Company.**

For more information, call J&B Customer Service at 1-888-896-6233.

Durable medical equipment
Special supplies or equipment, such as wheelchairs and oxygen tanks, that your PCP prescribes.

Diabetic supplies
Diabetic materials that your PCP prescribes, including insulin pumps and blood glucose meters.

*Northwood is an independent company that provides durable medical equipment for Blue Care Network of Michigan.

**J&B Medical Supply Company is an independent company that provides diabetic materials for Blue Care Network of Michigan.
## Guide to Your Benefits When You Travel

<table>
<thead>
<tr>
<th>Where you are</th>
<th>Type of care</th>
<th>What you need to do</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In Michigan</strong></td>
<td><strong>Emergency care</strong></td>
<td>Call 911 or go to the nearest hospital emergency room.</td>
</tr>
<tr>
<td></td>
<td>The symptoms are severe enough that someone with average health knowledge believes that immediate medical attention is needed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Urgent care</strong></td>
<td>Go to the nearest urgent care center. To locate an urgent care center, call Customer Service or visit bcbsm.com/find-a-doctor.</td>
</tr>
<tr>
<td></td>
<td>The condition requires a medical evaluation within 48 hours.</td>
<td></td>
</tr>
</tbody>
</table>
|                                      | **Nonurgent care**            | You’re covered in-network at any BCN provider in Michigan. To find a provider near you, call BCN’s customer service or find one at bcbsm.com/find-a-doctor. |**In the United States but outside Michigan**
|                                      | **Emergency care**            | Call 911 or go to the nearest hospital emergency room.   |
|                                      | **Urgent care**               | Go to the nearest urgent care center. To locate an urgent care center, call BlueCard® at 1-800-810-BLUE (2583). |
|                                      | **Routine care**              | Call Customer Service for details about your health benefits and required authorizations. Call BlueCard at 1-800-810-BLUE (2583) to find a physician at your destination. |
|                                      | To treat or monitor a chronic condition or illness |                                                          |
|                                      | **Other services**            | Call Customer Service for details about your health benefits and to determine which services require authorization. |
|                                      | Such as elective surgeries, hospitalizations, mental health or substance use disorder services |                                                          |
| **Outside the United States**        | **Emergency care**            | Go to the nearest hospital emergency room. You may be required to pay for services and then seek reimbursement. Be sure to get an itemized bill and medical records to speed reimbursement. |

Download the reimbursement form at bcbsm.com/billform.

Or call Customer Service at 1-800-662-6667 for the form.

*If your coverage includes BlueCard®, a program of the Blue Cross and Blue Cross Shield Association, you have nationwide access to Blue plan physicians and hospitals. Learn more about the BlueCard program by reading the disclosure document online at bcbsm.com/bluecarddisclosure, or call Customer Service at 1-800-662-6667 to have a copy sent to you.*
2. HOW TO USE YOUR BENEFITS

Blue Cross Online Visits℠

When you use Blue Cross Online Visits*, you’ll have access to online medical and behavioral health services anywhere in the United States. You and your covered family members can see and talk to:

- A doctor for minor illnesses such as a cold, flu or sore throat when your primary care physician isn’t available. Medical visits are available 24/7.
- A behavioral health clinician or psychiatrist to help work through different challenges such as anxiety, depression and grief. Behavioral health visits are available by appointment only.

HOW TO GET STARTED

Here’s how to use online visits:

- **Mobile:** Download the BCBSM Online Visits℠ app.
- **Web:** Visit bcbsonlinevisits.com.
- **Phone:** Call 1-844-606-1608.

No service key is required.

If you’re new to online visits, sign up and add your Blue Care Network health plan information.

For medical services, an online visit is based on your office visit cost share, or the amount selected in your plan documents. Costs for behavioral health services vary depending on the type of provider and service received. You’ll be charged the appropriate cost share for the service using your existing outpatient behavioral health benefits. Before your online visit, you’ll be prompted to enter your payment information.

*Online medical care doesn’t replace primary care physician relationships.*
2. HOW TO USE YOUR BENEFITS

Lab services

BCN contracts with Joint Venture Hospital Laboratories* to provide clinical laboratory services throughout Michigan. This gives you access to more than 80 hospitals and 200 service centers that provide 24-hour access and a full range of laboratory services.

📞 For information about lab services near you, call 1-800-445-4979.

Pain management

We provide coverage for certain medically necessary treatments to manage pain associated with a condition, because we consider pain management services an integral part of a complete disease treatment plan. Your doctor will coordinate the care you need.

Medical supplies and equipment

Your PCP may order durable medical equipment, such as a wheelchair or oxygen tank, to maintain your quality of life.

Your doctor will write a prescription. BCN only covers basic equipment that you can use at home. If the equipment you want has special features that aren’t medically necessary or are considered a luxury, you can choose to pay the cost difference between the basic item and the one with special features.

When you purchase medical equipment, you might have to share the cost with BCN through copays or coinsurance.

Northwood Inc. partners with BCN to provide durable medical equipment as well as prosthetic and orthotic appliances for members.

📞 To locate a Northwood provider near you, call Northwood at 1-800-667-8496 from 8:30 a.m. to 5 p.m. Monday through Friday.

On-call associates are available after business hours.

J&B Medical Supply Company partners with BCN to provide diabetic materials, including insulin pumps and blood glucose meters.

📞 For more information, call J&B Customer Service at 1-888-896-6233.

*Durable medical equipment and diabetic supplies must be prescribed by your PCP and must be supplied by Northwood or J&B. If you get these items through someone else, you’ll be responsible for the cost.

*JVHL is an independent company that provides lab services for Blue Care Network of Michigan.
2. HOW TO USE YOUR BENEFITS

Behavioral health coverage

All BCN members are covered for behavioral health, including mental health and substance use disorder. Also covered are other types of conditions that cause emotional or mental distress such as depression.

Behavioral health care managers are available 24 hours a day, seven days a week for emergencies at 1-800-482-5982 (TTY users call 711).

GUIDE TO GETTING BEHAVIORAL HEALTH SERVICES

<table>
<thead>
<tr>
<th>Type of care</th>
<th>Description</th>
<th>What you need to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine care</td>
<td>Where no danger is detected and your ability to cope is not at risk.</td>
<td>Tell the behavioral care manager of any special needs to ensure appropriate referral.</td>
</tr>
<tr>
<td>Urgent care</td>
<td>Conditions that are not life-threatening, but face-to-face contact is necessary within a short period of time. Example: severe depression</td>
<td>Call the mental health help number on the back of your BCN ID card.</td>
</tr>
<tr>
<td>Emergency care for conditions that are not life-threatening</td>
<td>Conditions that require rapid intervention to prevent deterioration of your state of mind, which left untreated, could jeopardize your safety.</td>
<td>Call the mental health help number on the back of your BCN ID card.</td>
</tr>
<tr>
<td>Emergency care for life-threatening conditions</td>
<td>A condition that requires immediate intervention to prevent death or serious harm to you or others.</td>
<td>Seek help at the nearest emergency room, or call 911. After the emergency, contact your PCP within 24 hours.</td>
</tr>
</tbody>
</table>

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
- Rest cures
- Acupuncture
- Routine exams related to employment, insurance licensing, a court order or travel
- Self-help programs
Special care for women

We comply with all federal laws relating to the care of female members. These include:

BREAST RECONSTRUCTION FOLLOWING A MASTECTOMY

Our health coverage complies with the Women’s Health and Cancer Rights Act of 1998. It includes the following important protection for breast cancer patients who elect breast reconstruction in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed for treatment of cancer
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and other care to alleviate physical complications of all stages of a mastectomy

HOSPITAL STAYS FOR CHILDBIRTH

The Newborns’ and Mothers’ Health Protection Act of 1996 prohibits health plans from restricting hospital stays for childbirth to less than 48 hours following a vaginal delivery or 96 hours following a cesarean section.

A physician or other health provider doesn’t need to obtain authorization for prescribing a hospital stay up to 48 hours following a vaginal delivery or 96 hours following a cesarean section. However, the attending physician or certified nurse midwife, in consultation with the mother, may discharge the mother or newborn earlier than 48 hours following a vaginal delivery or 96 hours following a cesarean section.
3. Your Drug Benefit

Get to know your prescription drug benefit with information on coverage and how to fill prescriptions.

Your prescription drug coverage

We make every effort to provide the best value for your dollar, and your drug benefit reflects this. To see your drug benefit, which includes your coinsurance and copay amounts for prescriptions, you’ll need to view your prescription drug rider.

To view your drug rider, log in to your account at bcbsm.com. Click My Coverage in the navigation menu. Click Medical in the drop down menu. Click Plan Documents and scroll down to the Certificates and Riders section. If you're using the Blue Cross mobile app, log in to your account. Tap My Coverage, then Medical, then What's Covered, and scroll down the page.

Your drug list

The Custom Select Drug List shows the medications that may be covered under your drug benefit. These medications were selected by a team of doctors, pharmacists and other health care experts for their effectiveness, safety and value.

For the most current Custom Select Drug List of covered medications and requirements, visit bcbsm.com/BCNdruglists.

Download our Mobile App

With an Apple iPhone® or Android™ smartphone, you can use the BCBSM mobile app to research drug prices, see what your plan covers and view and share your virtual ID card. The mobile app connects you securely with the health plan info on your bcbsm.com account when you need it.
How tiers work

Your drug list is organized by tiers, with the most cost-effective drugs in the lower tiers.

**TIER 1 • Lowest copay**
You pay the lowest copay for generic and certain brand-name medications.

**TIER 1A • Lower generic copay**
These generic drugs are used to treat chronic diseases like high blood pressure, high cholesterol, diabetes, heart disease and depression.

**TIER 1B • Higher generic copay**
Includes generic medications that don’t fall into Tier 1A.

**TIER 2 • Preferred brand copay**
This tier includes brand-name drugs that don’t have a generic equivalent. These drugs are generally more expensive than generic medications.

**TIER 3 • Nonpreferred brand copay**
This tier has a higher copay than Tier-1 or Tier-2 drugs, and includes brand-name drugs for which there’s either a generic alternative or a more cost-effective brand.

Specialty drugs

**TIER 4 • Preferred specialty**
These specialty drugs are generally more cost-effective than specialty drugs in Tier 5 and have the lowest specialty drug copay.

**TIER 5 • Nonpreferred specialty**
These specialty drugs have the highest copay because there may be a more cost-effective generic or brand option available.

Specialty drugs treat complex conditions, such as cancer, chronic kidney failure and multiple sclerosis, and may require special handling and monitoring. For these drugs, you’ll pay coinsurance up to a maximum per prescription. All specialty drugs must be obtained from a Walgreens pharmacy.
Keeping down costs with generic drugs

Brand-name medications are expensive. The good news is that generics have identical active ingredients in the same strengths as their brand-name equivalents, but often cost far less. Your prescription will automatically be filled with the generic version of a drug if a generic is available.

**DISPENSE AS WRITTEN**

Sometimes, physicians prescribe brand-name drugs to be "dispensed as written." We don’t cover the cost of DAW drugs. You’re responsible for the full cost of any DAW prescription that you fill.

**Some drugs don’t have a copay**

Under the Affordable Care Act, some members can receive certain commonly prescribed drugs without any cost sharing. To get these drugs, you need a prescription from your doctor, and you must meet plan requirements.

For a complete list of these products, please see the Preventive Drug Coverage list online at [bcbsm.com/BCNdruglists](http://bcbsm.com/BCNdruglists).

**Some drugs need approval**

We review the use of certain drugs to make sure that our members receive the most appropriate and cost-effective drug therapy. For example, you may be required to try one or more preferred drugs to treat your health condition (called step therapy), or your doctor may have to get approval before a drug is covered.

If the drug isn’t approved, you may have to pay the full cost of the drug.

Have your doctor contact the BCN Pharmacy Help Desk to request approval for a drug. Or, call Customer Service at the number on the back of your member ID card.
3. YOUR DRUG BENEFIT

Filling a prescription

AT A RETAIL PHARMACY
More than 2,400 retail pharmacies in Michigan and 70,000 retail pharmacies outside of Michigan accept your BCN member ID card. You may fill all prescriptions (except for specialty drugs) at any of these pharmacies. You may also save on your copays by getting a 30-day supply of your prescription at a retail pharmacy.

SPECIALTY DRUGS
Specialty drugs must be ordered from AllianceRx Walgreens Prime.*

Call AllianceRx Walgreens Prime at 866-515-1355.
Or visit alliancerxwp.com.

Blue Care Network of Michigan doesn’t control this website and isn’t responsible for its general content.

LIMITED DISTRIBUTION SPECIALTY DRUGS
There are times when a specialty drug may not be available through AllianceRx Walgreens Prime. In this case, the pharmacy you use will depend on the drug you’re taking. Refer to the Specialty Drug Pharmacy Benefit Member Guide at bcbsm.com/BCNdruglists, and search for the drug you take.

Some drugs and medical supplies aren’t covered

Certain types of drugs and medical supplies may not be covered under your drug plan. These include:

• Brand-name drugs when there’s a generic version available
• Drugs for weight loss
• Drugs used to treat heartburn and acid reflux (except select generic versions)
• Over-the-counter medications (unless considered preventive by the U.S. Preventive Services Task Force)
• Prescription drugs for which there is an over-the-counter equivalent in both strength and dosage form (unless the drug is considered preventive by the U.S Preventive Services Task Force)
• Compounded drugs — with some exceptions
• Cosmetic drugs

*AllianceRx Walgreens Prime is an independent company that provides specialty pharmacy services for Blue Care Network of Michigan.
3. YOUR DRUG BENEFIT

- Products included as a medical benefit (for example: injectable drugs and vaccines that are usually administered in a doctor’s office)
  
  **Note:** BCN members can get select vaccines at network retail pharmacies (quantity and age restrictions may apply).
- Replacement prescriptions resulting from loss, theft or mishandling
- Drugs not approved by the FDA
- Drugs used for experimental or investigational purposes

Check your drug rider for additional items that may not be covered.
4. Your Benefits at a Glance

This section has an easy-to-read description of frequently used information about your benefits. This is an overview; it’s not a contract. An official description of your benefits is in your Certificate of Coverage and riders.

Understanding your benefits

The table in this section lists some commonly used benefits and their coverage details.

When reading the table, keep in mind that your cost of sharing is lowest when an in-network doctor treats you. When you see a doctor who’s not in our network, you and your doctor are responsible for getting prior approval from BCN for certain services to be covered. You may also have to pay charges that exceed the BCN-approved amount.

The table is intended to be a summary of your benefits and not a contract. It doesn’t include all benefit limitations and exclusions. You also have access to a Summary of Benefits and Coverage, or SBC, customized for you as required by the Affordable Care Act. The SBC has medical examples to illustrate the benefits of your health care coverage.
4. YOUR BENEFITS AT A GLANCE

For information about all your benefits and how your deductibles, coinsurance and copays work, refer to your legal documents, your Certificate of Coverage and riders.

To see your certificate and riders, log in to your account at bcbsm.com. Click My Coverage in the navigation menu, select Medical from the drop-down menu, click Plan Documents and scroll down to Certificates and Riders.

To view your SBC online, log in to your account at bcbsm.com.

To request a paper copy of these documents, call Customer Service at 1-800-662-6667.

COMMONLY USED BENEFITS

<table>
<thead>
<tr>
<th>Annual Deductible</th>
<th>Coinsurance and Out-of-Pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>In-network - $100 per individual; $200 per family deductible per benefit year. Out-of-network - $100 per individual; $200 per family deductible per benefit year. Separate deductible amounts apply for in and out-of-network.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual coinsurance maximum</th>
<th>This plan has no coinsurance maximum.</th>
</tr>
</thead>
</table>

| Out-of-Pocket Maximum - deductibles copays and coinsurance amounts for covered services apply to the out-of-pocket maximum | Out-of-pocket maximum: In-network - $3,500 per individual/$7,000 per family per benefit year; Out-of-network - $3,500 per individual/$7,000 per family per benefit year. The out-of-pocket maximum is integrated; covered medical, prescription drug and hearing benefits are combined to satisfy the overall out-of-pocket maximum. Separate out-of-pocket maximum amounts apply for in and out-of-network, they are not combined. |

<table>
<thead>
<tr>
<th>Physician Office Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care physician visits</td>
<td>$20 copay per primary care physician office visit. Referrals from your PCP are not needed to see a specialist in or out-of-network. Preventive services and screenings as mandated by the Affordable Care Act are covered in full in-network. 20% coinsurance of the approved amount out-of-network. See BCBSM.com for a complete list of preventive services. $20 copay per online visit with a designated online BCN participating provider in-network, 20% coinsurance of the approved amount out-of-network.</td>
</tr>
</tbody>
</table>

| Specialist visits | $20 copay after deductible per specialist office visit in-network. 20% coinsurance of the approved amount out-of-network. PCP Referrals are not required for services received either in or out-of-network. Spinal manipulations are unlimited. Preventive services and screenings as mandated by the Affordable Care Act are covered in full in-network only. |

| Maternity | $20 copay for postnatal maternity visits in-network. Prenatal visits in-network are covered in full. 20% coinsurance of the approved amount after deductible for pre and postnatal maternity visits out-of-network. See Hospital Care below for facility charges. |
4. YOUR BENEFITS AT A GLANCE

COMMONLY USED BENEFITS continued

<table>
<thead>
<tr>
<th>Physician Office Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Allergy office visit</strong></td>
<td>Allergy office visits covered 10% coinsurance after deductible in-network. 20% coinsurance of the approved amount after deductible out-of-network.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immunizations</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric and adult immunizations as recommended by the Advisory Committee on Immunization Practices are covered in full in-network. 20% coinsurance of the approved amount after deductible out-of-network.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency room</strong></td>
<td>$75 copay for emergency room treatment in and out-of-network. ER copay waived if admitted as an inpatient. Your inpatient hospital benefit applies. See Inpatient Hospital.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Urgent care center</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$20 copay after deductible per urgent care visit in and out-of-network</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergent ambulance services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered in full after deductible for in and out-of-network emergency ambulance transport when other transportation would endanger a member’s life</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-emergent ambulance services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered in full after deductible for in and out-of-network emergency ambulance transport when other transportation would endanger a member’s life</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnostic and Therapeutic Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lab and pathology services</strong></td>
<td>Lab and pathology services are covered in full in and out-of-network.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>X-ray</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10% coinsurance after deductible for radiology services in-network; 20% coinsurance of the approved amount after deductible out-of-network. Prenatal ultrasound and other preventive screenings are covered in full in-network only.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient facility visits/diagnostic services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10% coinsurance after deductible for outpatient diagnostic or therapeutic services in-network. 20% coinsurance of the approved amount after deductible out-of-network. Lab and pathology services, prenatal ultrasound, preventive services and screenings as mandated by the Affordable Care Act are covered in full in-network only.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Radiation therapy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10% coinsurance after deductible for radiation therapy in an inpatient or outpatient facility setting in-network. 20% coinsurance of the approved amount after deductible out-of-network.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chemotherapy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10% coinsurance after deductible for chemotherapy in an inpatient or outpatient facility setting in-network. 20% coinsurance of the approved amount after deductible out-of-network. Chemotherapy drugs are covered in full.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dialysis</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10% coinsurance after deductible for dialysis treatment in an inpatient or outpatient facility setting in-network. 20% coinsurance of the approved amount after deductible out-of-network.</td>
<td></td>
</tr>
</tbody>
</table>
### 4. YOUR BENEFITS AT A GLANCE

#### COMMONLY USED BENEFITS continued

<table>
<thead>
<tr>
<th>Hospital Care</th>
<th>Inpatient hospital admission</th>
<th>$150 copay after deductible per inpatient hospital admission in-network; unlimited days. See certificate for specific surgical coinsurance. 20% coinsurance of the approved amount after deductible out-of-network; unlimited days.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn care</td>
<td></td>
<td>10% coinsurance after deductible for newborn care in an inpatient setting in-network. 20% coinsurance of the approved amount after deductible out-of-network.</td>
</tr>
<tr>
<td>Alternatives to Hospital Care</td>
<td>Skilled nursing facility</td>
<td>$150 copay after deductible per admission for services in a skilled nursing facility in-network. 20% coinsurance of the approved amount after deductible out-of-network.</td>
</tr>
<tr>
<td>Skilled nursing facility days</td>
<td></td>
<td>Skilled nursing care in a skilled nursing facility is unlimited. Requires prior authorization by BCN.</td>
</tr>
<tr>
<td>Hospice</td>
<td></td>
<td>$150 copay after deductible per admission for inpatient hospice in-network. 20% coinsurance of the approved amount after deductible out-of-network. Inpatient care requires prior authorization. $150 copay per visit for outpatient hospice in-network. 20% of the approved amount after deductible out-of-network.</td>
</tr>
<tr>
<td>Home care visits</td>
<td></td>
<td>10% coinsurance after deductible for home care visits in-network. 20% coinsurance of the approved amount after deductible out-of-network.</td>
</tr>
<tr>
<td>Surgical Services</td>
<td>Outpatient surgery facility</td>
<td>10% coinsurance after deductible for outpatient surgery in-network. 20% coinsurance of the approved amount after deductible out-of-network. Preventive services and screenings as mandated by the Affordable Care Act are covered in full in-network only. See certificate for specific surgical coinsurance.</td>
</tr>
<tr>
<td>Second surgical opinion</td>
<td></td>
<td>$20 copay after deductible per visit for a second surgical opinion in-network. 20% coinsurance of the approved amount after deductible out-of-network. PCP Referrals are not required for services received either in or out-of-network.</td>
</tr>
<tr>
<td>Surgical assistant</td>
<td></td>
<td>10% coinsurance after deductible for services performed by a surgical assistant in-network. 20% coinsurance of the approved amount after deductible out-of-network.</td>
</tr>
<tr>
<td>Anesthesia</td>
<td></td>
<td>10% coinsurance after deductible for anesthesia in-network. 20% coinsurance of the approved amount after deductible out-of-network.</td>
</tr>
<tr>
<td>Sterilization procedures</td>
<td></td>
<td>Female sterilization is covered in full in-network; 20% coinsurance of the approved amount after deductible out-of-network. Male sterilization is covered 10% coinsurance after deductible in-network; 20% coinsurance of the approved amount after deductible out-of-network.</td>
</tr>
<tr>
<td>Elective abortion procedures</td>
<td></td>
<td>10% coinsurance for first trimester elective abortion in and out-of-network. Limited to one procedure per 24 month period.</td>
</tr>
</tbody>
</table>
## 4. Your Benefits at a Glance

### Commonly Used Benefits continued

<table>
<thead>
<tr>
<th>Surgical Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight reduction procedures (criteria required)</td>
<td>10% coinsurance after deductible for weight reduction procedures in-network. 20% coinsurance of the approved amount after deductible for weight reduction procedures out-of-network. Requires prior authorization by BCN. Limited to one procedure per lifetime.</td>
</tr>
<tr>
<td>Orthognathic surgery</td>
<td>10% coinsurance after deductible for orthognathic surgery in-network. 20% coinsurance of the approved amount after deductible out-of-network.</td>
</tr>
</tbody>
</table>

| Behavioral Health Services (Mental Health Care and Substance Use Disorder) Call 1-800-482-5982 when you need care. |  |
| Inpatient mental health | $150 copay after deductible per admission for inpatient mental health/partial hospitalization in-network. 20% coinsurance of the approved amount after deductible out-of-network. Requires prior authorization by BCN. |
| Inpatient mental health days | Unlimited visits when medically necessary. Requires prior authorization by BCN Behavioral Health management. |
| Inpatient mental health time period | Coordinated by BCN Behavioral Health management |
| Outpatient mental health | $20 copay per visit for outpatient/intensive and online mental health in-network. 20% coinsurance of the approved amount after deductible out-of-network. |
| Outpatient mental health visit limit | Unlimited visits when medically necessary. Requires prior authorization by BCN Behavioral Health management. |
| Outpatient mental health additional visits | Coordinated by BCN Behavioral Health management |

| Inpatient substance use disorder | $150 copay after deductible per admission for inpatient substance use disorder in-network. 20% coinsurance of the approved amount after deductible out-of-network. Requires prior authorization by BCN Behavioral Health management. |
| Inpatient substance use disorder time period | Coordinated by BCN Behavioral Health management |
| Outpatient substance use disorder | $20 copay per visit for outpatient/intensive outpatient substance use disorder in-network. 20% coinsurance of the approved amount after deductible out-of-network. Requires prior authorization by BCN Behavioral Health management. |
| Outpatient substance use disorder visit limit | Unlimited visits when medically necessary. Requires prior authorization by BCN Behavioral Health management. |
| Detoxification - substance use disorder | $150 copay after deductible for inpatient detox services in-network; $20 copay per visit for outpatient detox services in-network; 20% coinsurance of the approved amount after deductible for inpatient and outpatient detox services out-of-network. Requires prior authorization by BCN. |
4. YOUR BENEFITS AT A GLANCE

**COMMONLY USED BENEFITS continued**

<table>
<thead>
<tr>
<th>Durable Medical Equipment</th>
<th>Diabetic Supplies and Prosthetics and Orthotics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Durable medical equipment</strong></td>
<td>Durable medical equipment is 10% coinsurance after deductible in-network. Must be preauthorized and obtained from a BCN supplier. Breast pump to support breast feeding is covered in full. Not covered out-of-network.</td>
</tr>
<tr>
<td><strong>Diabetic supplies</strong></td>
<td>10% coinsurance after deductible for in-network diabetic supplies. Must be preauthorized and obtained from a BCN supplier. Not covered out-of-network.</td>
</tr>
<tr>
<td><strong>Prosthetics</strong></td>
<td>10% coinsurance after deductible for in-network prosthetics. Must be preauthorized and obtained from a BCN supplier. Not covered out-of-network.</td>
</tr>
<tr>
<td><strong>Orthotics</strong></td>
<td>10% coinsurance after deductible for in-network orthotics. Must be preauthorized and obtained from a BCN supplier. Not covered out-of-network.</td>
</tr>
</tbody>
</table>
| **Prescription Drugs** | **Prescription drug coverage**

Custom Select Drug List: All drug tiers - 10% coinsurance. Drugs for the treatment of sexual dysfunction, cough & cold and prenatal vitamins are covered. 30-day supply. Preventive medications and Tier 1A contraceptives are covered in full. Step therapy rules apply. Prior authorization only applies to drugs not on the Custom Select Drug List. Specialty drugs are covered only when obtained from a pharmacy in the BCN Exclusive Pharmacy Network for Specialty Drugs. 90-day retail and mail order are not covered. |
| **Other Services** | **Allergy evaluation/serum/testing**

10% coinsurance after deductible for allergy related services in-network. 20% coinsurance of the approved amount after deductible out-of-network. |
| **Allergy injections** | Allergy injections covered 10% coinsurance after deductible in-network. 20% coinsurance of the approved amount after deductible out-of-network. |
| **Infertility care (criteria required)** | 10% coinsurance after deductible for infertility services in-network. 20% coinsurance of the approved amount after deductible for infertility services out-of-network. Requires prior authorization by BCN. In-vitro fertilization is not covered. |
| **Outpatient physical|occupational and speech therapy/outpatient rehabilitation** | $20 copay per outpatient rehabilitative and habilitative visit in-network. 20% coinsurance of the approved amount after deductible out-of-network. |
| **Outpatient physical|occupational and speech therapy/outpatient rehabilitation limits** | Unlimited visits. |
| **Autism spectrum disorder** | $20 copay per visit for applied behavioral analysis in-network; 20% coinsurance of the approved amount after deductible out-of-network. Outpatient therapy cost sharing applies for autism related speech, physical and occupational therapy with unlimited visits. Requires prior authorization by BCN. |
### COMMONLY USED BENEFITS continued

<table>
<thead>
<tr>
<th>Other Services</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Temporomandibular joint (TMJ)</strong></td>
<td>10% coinsurance after deductible for TMJ services in-network. 20% coinsurance after deductible for TMJ services out-of-network. Requires prior authorization by BCN.</td>
</tr>
<tr>
<td><strong>Hearing aid and evaluation</strong></td>
<td>10% coinsurance after deductible in-network for hearing aids and exam. 20% coinsurance of the approved amount after deductible out-of-network. Limited to one hearing aid per ear every 6 to 24 month consecutive period per benefit year.</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td>$20 copay per visit in-network; 20% coinsurance of the approved amount out-of-network. Routine adult vision exams are limited to 2 vision exams per member per benefit year; and 1 office visit for the filling of prescription contact lenses per member per benefit year. For information about your vision coverage call the customer service number on the back of your ID card.</td>
</tr>
</tbody>
</table>
5. Information For You

This section contains disclosures, documents and information that we're required to provide to you.

BCN: Part of the Blue Cross family

Blue Care Network of Michigan is an affiliate of Blue Cross Blue Shield of Michigan; both are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association. BCN is governed by an 18-member board of directors that includes physicians, members and other private citizens, as well as representatives of large business, small business, labor, hospitals and other health care providers.

As an independent licensee of the Blue Cross and Blue Shield Association, we’re required to tell you that:

• The Blue Cross and Blue Shield Association licenses Blue Care Network to offer certain products and services under the Blue Cross and Blue Shield names.

• Blue Care Network is an independent organization governed by its own board of directors and solely responsible for its own debts and other obligations.

• Neither the association nor any other organization using the Blue Cross or Blue Shield brand names acts as a guarantor of Blue Care Network’s obligations.

• Blue Care Network files an annual report with the Michigan Department of Insurance and Financial Services.
Your rights and responsibilities

As a member, you have rights and responsibilities. A right is what you can expect from us. A responsibility is what we expect from you.

ALL MEMBERS HAVE THE RIGHT TO...

- Receive information about their care in a manner that is understandable to them.
- Receive medically necessary care as outlined in their Member Handbook and Certificate of Coverage and riders.
- Receive considerate and courteous care with respect for their privacy and human dignity.
- Candidly discuss appropriate, medically necessary treatment options for their health conditions, regardless of cost or benefit coverage.
- Participate with practitioners in decision making regarding their health care.
- Expect confidentiality regarding care and that Blue Care Network adheres to strict internal and external guidelines concerning the members’ protected health information, including the use, access and disclosure of that information or any other information that is of a confidential nature.
- Refuse treatment to the extent permitted by law and be informed of the consequences of their actions.
- Voice concerns or complaints about the health plan or their health care by contacting Customer Service or submitting a formal written grievance through the Member Grievance program.
- Receive clear and understandable written information about Blue Care Network, its services, its practitioners and providers and their rights and responsibilities.
- Review their medical records at their physician’s office by scheduling an appointment during regular business hours.
- Make recommendations regarding members’ rights and responsibilities policies.
- Request the following information from Blue Care Network:
  - The current provider network for their plan
  - The professional credentials of the health care providers who are participating providers with Blue Care Network, including participating providers who are board certified in the specialty of pain medicine and the evaluation and treatment of pain
  - The names of participating hospitals where individual participating physicians have privileges for treatment
  - How to contact the appropriate Michigan agency to obtain information about complaints or disciplinary actions against a health care provider
  - Any prior authorization requirement and limitation, restriction or exclusion by service, benefit or type of drug
  - Information about the financial relationships between Blue Care Network and a participating provider
ALL MEMBERS HAVE THE RESPONSIBILITY TO...

- Read their Certificate of Coverage and applicable riders, their Member Handbook and all other materials for members, and call Customer Service with any questions.
- Comply with the plans and instructions for care that they have agreed to with their practitioners.
- Provide, to the extent possible, complete and accurate information that Blue Care Network and its practitioners and providers need in order to provide care for them.
- Make and keep appointments for nonemergent medical care or call if they need to cancel.
- Participate in the medical decisions regarding their health.
- Be considerate and courteous to practitioners, providers, their staff, other patients and Blue Care Network staff.
- Notify Blue Care Network of address changes and additions or deletions of dependents covered by their contracts.
- Protect their BCN ID cards against misuse and call Customer Service immediately if a card is lost or stolen.
- Report to Blue Care Network all other health care coverage or insurance programs that cover their health and their family’s health.
- Understand their health problems and participate in developing mutually agreed-upon treatment goals.

Grievance process

Blue Care Network and your primary care physician are interested in your satisfaction with the services and care you receive. If you have a problem relating to your care, discuss this with your primary care physician first. Often your primary care physician 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 that you can use. You have two years from the date of discovery of a problem to file a grievance about a decision made by BCN. There are no fees or costs.

💻 For the grievance policy, which includes more detail about your grievance rights and how soon we must respond, go to bcsbm.com/BCNresolveproblems.

📞 Or call Customer Service at 1-800-662-6667 from 8 a.m. to 5:30 p.m. Monday through Friday. TTY users can call 711.
5. INFORMATION ABOUT US

FILING A GRIEVANCE

If you disagree with a BCN decision, you may file a grievance. You, or someone authorized by you in writing, must submit a standard grievance in writing.

✉️ By mail: Appeals and Grievance Unit, Blue Care Network, P.O. Box 284, Southfield, MI 48086-5043

📞 Or by fax: 1-866-522-7345

REVIEW BY THE BCN GRIEVANCE PANEL

Your grievance will be reviewed by the BCN Grievance Panel. The individuals who made the first decision are not the same ones involved in the grievance panel. We’ll reply within 30-calendar days for preservice requests and 60-calendar days for postservice requests.

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.

If the panel denies your grievance, we’ll write to you within five days of the panel review (but no more than 30 days for preservice or 60 days for postservice requests) and explain the reasons for the denial. Please note that 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 THE DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

If you don’t agree with our decision or if we were late in responding (add 10 business days if we requested additional 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 grievance no later than 127-calendar days following receipt of our decision. Send your external review request to:

Health Care Appeals Section — Office of General Counsel, Department of Insurance and Financial Services.

✉️ By mail: P.O. Box 30220, Lansing, MI 48909-7720

📞 By phone: 1-877-999-6442, or by fax: 517-284-8838

_outline: difs.state.mi.us/Complaints/ExternalReview.aspx

*Blue Care Network of Michigan doesn’t control this website or endorse its general content.
5. INFORMATION ABOUT US

EXPEDITED REVIEW FOR APPEALS

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 if 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 Customer Service at **1-800-662-6667** or faxing us at **1-866-522-7345**.

Quality assurance

MEDICAL REVIEW STANDARDS

Our medical review staff works closely with your doctor to make sure you get good medical care according to standard medical practice and your health benefits package.

Decisions on a member’s care and service are based solely on the appropriateness of care prescribed in relation to each member’s specific medical condition. Our clinical reviewers don’t have financial arrangements that encourage denial of coverage or service. Nurses and physicians employed by Blue Care Network don’t receive bonuses or incentives based on their review decisions. Medical review decisions are based strictly on medical necessity and providing high-quality care for members within the limits of their plan coverage.

OUR PHYSICIANS HAVE THE CREDENTIALS

Your physician is required to meet our strong network affiliation standards. We screen our physicians to find out if they meet our quality requirements for professional training and medical practice.

💻 Verify the license status of our health care providers at [michigan.gov/healthlicense](http://michigan.gov/healthlicense).

📞 Or call the Michigan Department of Consumer and Industry Services at **517-241-7849**.

WE MONITOR THE CARE YOU GET

Our primary goal is to help you receive appropriate medical care from your physician. Our medical review staff are in close communication with your physician, and we routinely monitor potential underuse of health care services. This activity is part of our comprehensive Utilization Management program that promotes cost-effective and medically appropriate services for members. Call the Customer Service number (with TDD/TTY services) on the back of your BCN ID card to discuss our utilization activities. We’re available by phone during and after normal business hours, and we offer language assistance. Our staff identify themselves by name, title and organization when receiving or returning calls.

*Blue Care Network of Michigan doesn’t control this website or endorse its general content.*
5. INFORMATION ABOUT US

We would like you to know:

• By contract, Blue Care Network physicians are required to make decisions about your care based only on your individual health care needs.
• Blue Care Network monitors member health care services to ensure that doctors provide the most appropriate care for their conditions.
• Blue Care Network doesn’t advertise, market or promote specific products or services to you or your doctors when discussing a member’s health condition.
• Blue Care Network doesn’t have financial ownership arrangements with entities engaged in advertising, marketing or providing goods and services. In limited circumstances, BCN may notify you of new products or treatment opportunities.
• Health care providers, including physicians and hospitals, are never paid for denying services.
• Blue Care Network medical review staff don’t have financial arrangements encouraging denials for medically necessary care or services.

How we determine new health services

We keep up with changes in health care through an ongoing review of new services, procedures and drug treatments. Our goal is to make coverage decisions in the best interest of our members’ health.

A committee of Blue Care Network physicians, nurses and representatives from different areas in the company is responsible for reviewing new technology requests and making recommendations.

New health services are generally published in Good Health, our member magazine.

For more information about how we select new health services, visit bcbsm.com. Type “Blue Care Network Policies and Practices” in the search box.

Quality management

Our quality improvement programs provide doctors with information to help improve care. Call our Quality Management department for more information about our programs and guidelines.

Call our Quality Management department at 248-455-2714.

For health information, call Blue Cross Health & Wellness at 1-800-637-2972.

Accreditation

Since 2000, Blue Care Network has received accreditation for plan performance from the National Committee for Quality Assurance. NCQA is a nationally recognized, independent, not-for-profit organization that measures the quality of America’s health care and health plans.
Privacy practices

NOTICE OF PRIVACY PRACTICES
FOR MEMBERS OF OUR NONGROUP AND UNDERWRITTEN GROUP PLANS INCLUDING MEDICARE ADVANTAGE AND PRESCRIPTION BLUE OPTIONS A AND B.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

AFFILIATED ENTITIES COVERED BY THIS NOTICE
This notice applies to the privacy practices of the following affiliated covered entities that may share your protected health information as needed for treatment, payment and health care operations.

Blue Cross Blue Shield of Michigan
Blue Care Network of Michigan
BCN Service Company
Blue Care of Michigan Inc.

OUR COMMITMENT REGARDING YOUR PROTECTED HEALTH INFORMATION
We understand the importance of your Protected Health Information (hereafter referred to as “PHI”) and follow strict polices (in accordance with state and federal privacy laws) to keep your PHI private. PHI is information about you, including demographic data, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health, the provision of health care to you or the payment for that care. Our policies cover protection of your PHI whether oral, written or electronic.

In this notice, we explain how we protect the privacy of your PHI, and how we will allow it to be used and given out (“disclosed”). We must follow the privacy practices described in this notice while it is in effect. This notice took effect September 30, 2016, and will remain in effect until we replace or modify it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. These revised practices will apply to your PHI regardless of when it was created or received. Before we make a material change to our privacy practices, we will provide a revised notice to our subscribers.

Where multiple state or federal laws protect the privacy of your PHI, we will follow the requirements that provide greatest privacy protection. For example, when you authorize disclosure to a third party, state laws require BCBSM and BCN to condition the disclosure on the recipient’s promise to obtain your written permission to disclose your PHI to someone else.

OUR USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION
We may use and disclose your PHI for the following purposes without your authorization:

To you and your personal representative: We may disclose your PHI to you or to your personal representative (someone who has the legal right to act for you).
5. INFORMATION ABOUT US

For treatment: We may use and disclose your PHI to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) who request it in connection with your treatment. For example, we may disclose your PHI to health care providers in connection with disease and case management programs.

For payment: We may use and disclose your PHI for our payment-related activities and those of health care providers and other health plans, including:
- Obtaining premium payments and determining eligibility for benefits
- Paying claims for health care services that are covered by your health plan
- Responding to inquiries, appeals and grievances
- Coordinating benefits with other insurance you may have

For health care operations: We may use and disclose your PHI for our health care operations, including for example:
- Conducting quality assessment and improvement activities, including peer review, credentialing of providers and accreditation
- Performing outcome assessments and health claims analyses
- Preventing, detecting and investigating fraud and abuse
- Underwriting, rating and reinsurancet activities (although we are prohibited from using or disclosing any genetic information for underwriting purposes)
- Coordinating case and disease management activities
- Communicating with you about treatment alternatives or other health-related benefits and services
- Performing business management and other general administrative activities, including systems management and customer service

We may also disclose your PHI to other providers and health plans who have a relationship with you for certain health care operations. For example, we may disclose your PHI for their quality assessment and improvement activities or for health care fraud and abuse detection.

To others involved in your care: We may, under certain circumstances, disclose to a member of your family, a relative, a close friend or any other person you identify, the PHI directly relevant to that person’s involvement in your health care or payment for health care. For example, we may discuss a claim decision with you in the presence of a friend or relative, unless you object.

When required by law: We will use and disclose your PHI if we are required to do so by law. For example, we will use and disclose your PHI in responding to court and administrative orders and subpoenas, and to comply with workers’ compensation laws. We will disclose your PHI when required by the Secretary of the Department of Health and Human Services and state regulatory authorities.
5. INFORMATION ABOUT US

- **For matters in the public interest:** We may use or disclose your PHI without your written permission for matters in the public interest, including for example:
  - Public health and safety activities, including disease and vital statistic reporting, child abuse reporting, and Food and Drug Administration oversight
  - Reporting adult abuse, neglect or domestic violence
  - Reporting to organ procurement and tissue donation organizations
  - Averting a serious threat to the health or safety of others

- **For research:** We may use and disclose your PHI to perform select research activities, provided that certain established measures to protect your privacy are in place.

- **To communicate with you about health-related products and services:** We may use your PHI to communicate with you about health-related products and services that we provide or are included in your benefits plan. We may use your PHI to communicate with you about treatment alternatives that may be of interest to you. These communications may include information about the health care providers in our networks, about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our enrollees and add value to your benefits plan.

- **To our business associates:** From time to time, we engage third parties to provide various services for us. Whenever an arrangement with such a third party involves the use or disclosure of your PHI, we will have a written contract with that third party designed to protect the privacy of your PHI. For example, we may share your information with business associates who process claims or conduct disease management programs on our behalf.

- **To group health plans and plan sponsors:** We participate in an organized health care arrangement with our underwritten group health plans. These plans, and the employers or other entities that sponsor them, receive PHI from us in the form of enrollment information (although we are prohibited from using or disclosing any genetic information for underwriting purposes). Certain plans and their sponsors may receive additional PHI from BCBSM and BCN. Whenever we disclose PHI to plans or their sponsors, they must follow applicable laws governing use and disclosure of your PHI including amending the plan documents for your group health plan to establish the limited uses and disclosures it may make of your PHI.

You may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Some uses and disclosures of your PHI require a signed authorization:

- **For marketing communications:** Uses and disclosures of your PHI for marketing communications will not be made without a signed authorization except where permitted by law.

- **Sale of PHI:** We will not sell your PHI without a signed authorization except where permitted by law.
5. INFORMATION ABOUT US

- **Psychotherapy notes**: To the extent (if any) that we maintain or receive psychotherapy notes about you, disclosure of these notes will not be made without a signed authorization except where permitted by law.

Any other use or disclosure of your protected health information, except as described in this Notice of Privacy Practices, will not be made without your signed authorization.

**DISCLOSURES YOU MAY REQUEST**

You may instruct us, and give your written authorization, to disclose your PHI to another party for any purpose. We require your authorization to be on our standard form.

📞 To obtain the form, call Customer Service at **1-800-662-6667 or 313-225-9000**.

🖨 Forms are also available at **bcbsm.com**.

**INDIVIDUAL RIGHTS**

You have the following rights. To exercise these rights, you must make a written request on our standard forms.

📞 To obtain the forms, call Customer Service at **1-800-662-6667 or 313-225-9000**.

🖨 Forms are also available at **bcbsm.com**.

- **Access**: With certain exceptions, you have the right to look at or receive a copy of your PHI contained in the group of records that are used by or for us to make decisions about you, including our enrollment, payment, claims adjudication, and case or medical management notes. We reserve the right to charge a reasonable cost-based fee for copying and postage. You may request that these materials be provided to you in written form or, in certain circumstances, electronic form. If you request an alternative format, such as a summary, we may charge a cost-based fee for preparing the summary. If we deny your request for access, we will tell you the basis for our decision and whether you have a right to further review.

- **Disclosure accounting**: You have the right to an accounting of disclosures, we, or our business associates, have made of your PHI in the six years prior to the date of your request. We are not required to account for disclosures we made before April 14, 2003, or disclosures to you, your personal representative or in accordance with your authorization or informal permission; for treatment, payment and health care operations activities; as part of a limited data set; incidental to an allowable disclosure; or for national security or intelligence purposes; or to law enforcement or correctional institutions regarding persons in lawful custody.

  You are entitled to one free disclosure accounting every 12 months upon request. We reserve the right to charge you a reasonable fee for each additional disclosure accounting you request during the same 12-month period.

- **Restriction requests**: You have the right to request that we place restrictions on the way we use or disclose your PHI for treatment, payment or health care operations. We are not required to agree to these additional restrictions; but if we do, we will abide by them (except as needed for emergency treatment or as required by law) unless we notify you that we are terminating our agreement.
5. INFORMATION ABOUT US

- **Amendment:** You have the right to request that we amend your PHI in the set of records we described above under "Access." If we deny your request, we will provide you with a written explanation. If you disagree, you may have a statement of your disagreement placed in our records. If we accept your request to amend the information, we will make reasonable efforts to inform others, including individuals you name, of the amendment.

- **Confidential communication:** We communicate decisions related to payment and benefits, which may contain PHI, to the subscriber. Individual members who believe that this practice may endanger them may request that we communicate with them using a reasonable alternative means or location. For example, an individual member may request that we send an Explanation of Benefits Statement to a post office box instead of to the subscriber’s address.

  To request confidential communications, call Customer Service at 1-800-662-6667 or 313-225-9000.

- **Breach notification:** In the event of a breach of your unsecured PHI, we will provide you with notification of such a breach as required by law or where we otherwise deem appropriate.

**QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices, or a written copy of this notice:

- **Write us at:** Blue Cross Blue Shield of Michigan, Attn: Privacy and Security Official, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226-2998.
- **Or call us at** 313-225-9000.
- **For your convenience, you may also obtain an electronic (downloadable) copy of this notice online at bcbsm.com.**

If you are concerned that we may have violated your privacy rights, or you believe that we have inappropriately used or disclosed your PHI:

- **Call us at** 1-800-552-8278.
- **You may also complete our Privacy Complaint Form online at bcbsm.com.**

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with their address to file your complaint upon request. We support your right to protect the privacy of your PHI. We will not retaliate in any way if you file a complaint with us or with the U.S. Department of Health and Human Services.
We speak your language

If you, or someone you’re helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta.

Important disclosure
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. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide 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.

Tell us what you think. Your opinions matter to BCN and help us improve how we serve our members. Please take a moment to share your thoughts about your enrollment experience. You can also take our online survey at bcbsm.com/bcnfeedback.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before enrolling, I received accurate information about BCN benefits.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The member handbook helps me understand my benefits.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am satisfied with the BCN enrollment process.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My early impression of BCN is favorable.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name: ____________________________
Address: ____________________________
City, State ZIP code: ____________________________

How could we have better met your needs during the enrollment experience?

Thank you for your feedback.

U-M Student
R027302

To return this card to us, just fold to show our address, tape closed and drop in the mail. Postage is prepaid.