BlueElectPlus℠

Self-referral option

The value of an HMO and the choice of where to get care

With our Blue Elect Plus self-referral option, you select a Blue Care Network primary care physician, or PCP, to provide and coordinate your care. Then you have the option to seek care from other doctors, including specialists, without a referral.

Your choice determines your cost

Once you select your PCP, you can seek care from other physicians and specialists **without a referral**.

Your PCP is your health partner

Your PCP is responsible for the care you receive — from basic health services to treatment for illness. Involving your doctor at the start means you have a knowledgeable professional focusing on your total health care.

What you pay depends on where you go.

If the doctor is:	Out-of-pocket costs		
	Copayment	Coinsurance*	Deductible*
Your PCP	PCP office visit copay	Lowest	Lowest
A doctor in your PCP's practice	PCP office visit copay	Lowest	Lowest
A PCP in network, but not in your doctor's practice	Specialist office visit copay	Lowest	Lowest
A specialist in network	Specialist office visit copay	Lowest	Lowest
A health care provider who's not in network	Not applicable	Highest	Highest

*Coinsurance and a deductible may apply to certain services performed in your PCP or in-network specialist's office.

To check if your doctor is in network, go online to **bcbsm.com/find-a-doctor**, or call Customer Service at **1-800-662-6667** (TTY, 711).

Understanding the language of your out-of-pocket costs

- **Copayment:** A fixed amount you pay for a covered health care service, usually when you get the service.
- **Deductible:** The amount you owe for covered health care services before we begin to pay.
- **Coinsurance:** Your share of the costs of a covered health care service, usually a percentage (for example, 20 percent) of the allowance for the service.

In addition to paying more in out-of-pocket costs when you go to a doctor who's not in network, you'll be responsible for whatever the doctor may bill you. That's because we don't negotiate fees with doctors who aren't in network, and the doctor isn't obligated to follow our suggested allowance.

Some services are only covered in network

Some services are only covered when received from a BCN provider (see the A list). But there are also preventive services that you can receive in or out of network (see the B list).

A. Services covered in network only

- Most preventive services as defined by the Affordable Care Act (see List B that follows for exceptions)
- Infertility counseling and treatment
- Adult sterilization
- Durable medical equipment
- Prosthetics and orthotics
- Diabetic supplies
- Weight reduction procedures
- Chiropractic services

B. Preventive services covered in and out of network

- Flu vaccine
- Colonoscopy
- Mammography
- Routine prenatal care

Approvals may be needed

Whether the doctor you see is in network or not, certain services require prior approval by us in order to be covered. Examples are hospitalization, certain radiology services and outpatient therapy. BCN doctors routinely coordinate any needed approvals. **When you go to a doctor who's not in network, you're responsible for getting the required approvals from us**.

Questions?

If you have questions about your Blue Elect Plus coverage, call Customer Service at **1-800-662-6667**. Representatives are available from 8 a.m. to 5:30 p.m. Monday through Friday.

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