

2015

BCN AdvantageSM HMO-POS



Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

BCN Advantage HMO-POS

Summary of Benefits

Elements, Basic, Classic and Prestige plan options

A Medicare Advantage plan offered by Blue Care Network of Michigan.

January 1 — December 31, 2015

www.bcbsm.com/bcna

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

DB 14007 OCT 14

H5883_C_2015HMO-POSSoBR1 CMS Accepted 09192014

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-450-3680. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-450-3680. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-450-3680。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-450-3680。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-450-3680. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-450-3680. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-450-3680 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-450-3680. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-450-3680번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-450-3680. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-450-3680. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-450-3680 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-450-3680. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-450-3680. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-450-3680. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-450-3680. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため

に、無料の通訳サービスがありますご紹介します。通訳をご用命になるには、1-800-450-3680にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

SECTION I – Introduction to Summary of Benefits

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **BCN Advantage HMO-POS**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **BCN Advantage HMO-POS** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **BCN Advantage HMO-POS**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Optional Benefits (you must pay an extra premium for these benefits)

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-800-450-3680.

Things to Know About BCN Advantage HMO-POS

Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. Eastern time.
- From February 15 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

BCN Advantage HMO-POS Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-800-450-3680.
 - If you are not a member of this plan, call toll-free 1-888-563-3307.
 - Our website: <http://www.bcbsm.com/bcna>
-

Who can join?

To join **BCN Advantage HMO-POS**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes these counties in Michigan: Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Branch, Calhoun, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, St. Joseph (only in zip codes 49011, 49030, 49052, 49072, 49093, 49097), Tuscola, Van Buren, Washtenaw, Wayne and Wexford.

Which doctors, hospitals and pharmacies can I use?

BCN Advantage HMO-POS has a network of doctors, hospitals, pharmacies, and other providers. For some services you can use providers that are not in our network. *For more network information, please see section III on Page 34.*

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You pay less if you use these pharmacies.

You can see our plan's provider directory at our website (<http://www.bcbsm.com/providersbcna>).

You can see our plan's pharmacy directory at our website (<http://www.bcbsm.com/pharmaciesbcna>).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get *more than what is covered by Original Medicare*.** Some of the extra benefits are outlined in this booklet.

The **BCN Advantage HMO-POS Elements plan option** covers Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs.

The **BCN Advantage HMO-POS Basic, Classic and Prestige plan options** cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.bcbsm.com/formularybcna>.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

BCN Advantage HMO-POS Basic: The amount you pay for drugs depends on the drug you are taking and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap and Catastrophic Coverage.

BCN Advantage HMO-POS Classic and Prestige plan options: Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap and Catastrophic Coverage.

SECTION II: Summary of Benefits, January 1 – December 31, 2015

BCN Advantage HMO-POS

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services				
Benefit	BCN Advantage Elements	BCN Advantage Basic	BCN Advantage Classic	BCN Advantage Prestige
How much is the monthly premium?	\$0 - \$49 per month. In addition, you must keep paying your Medicare Part B premium. <i>Please refer to the Premium/Cost-sharing Table to find out the premium/cost-sharing in your area.</i>	\$0 per month. In addition, you must keep paying your Medicare Part B premium. Blue Care Network will reduce your Medicare Part B premium by up to \$3.50.	\$91 - \$138 per month. In addition, you must keep paying your Medicare Part B premium. <i>Please refer to the Premium/Cost-sharing Table to find out the premium/cost-sharing in your area.</i>	\$196 - \$262 per month. In addition, you must keep paying your Medicare Part B premium. <i>Please refer to the Premium/Cost-sharing Table to find out the premium/cost-sharing in your area.</i>
How much is the deductible?	This plan has deductibles for some hospital and medical services. \$160 per year for in-network services.	This plan has deductibles for some hospital and medical services, and Part D prescription drugs. \$325 per year for in-network services. \$320 per year for Part D prescription drugs.	This plan has deductibles for some hospital and medical services. \$125 per year for in-network services. This plan does not have a deductible for Part D prescription drugs.	This plan does not have a deductible.

Benefit	BCN Advantage Elements	BCN Advantage Basic	BCN Advantage Classic	BCN Advantage Prestige
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plans protect you by having yearly limits on your out-of-pocket costs for medical and hospital care.			
	Your yearly limit(s) in this plan: • \$3,600 for services you receive from in-network providers.	Your yearly limit(s) in this plan: • \$4,200 for services you receive from in-network providers.	Your yearly limit(s) in this plan: • \$3,400 for services you receive from in-network providers.	Your yearly limit(s) in this plan: • \$3,200 for services you receive from in-network providers.
	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums.	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.		
Is there a limit on how much the plan will pay?	Our plans have a coverage limit every year for certain in-network benefits. Contact us for the services that apply.			
BCN Advantage is an HMO-POS plan with a Medicare contract. Enrollment in BCN Advantage depends on contract renewal.				

Covered Medical and Hospital Benefits

Note:

- Services with a ¹ may require prior authorization.
- Services with a ² may require a referral from your doctor.

Outpatient Care and Services

Benefit	BCN Advantage Elements	BCN Advantage Basic	BCN Advantage Classic	BCN Advantage Prestige
Acupuncture and Other Alternative Therapies	Not covered			
Ambulance¹	• In-network: \$100 copay • Point-of-service: \$100 copay <i>See Page 34 for more about your point-of-service travel benefit.</i> <i>If you go to out-of-network providers you pay the full cost.</i>			
Chiropractic Care^{1,2}	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): • In-network: \$20 copay • Point-of-service: \$20 copay <i>See Page 34 for more about your point-of-service travel benefit.</i> <i>If you go to out-of-network providers you pay the full cost.</i>			

Benefit	BCN Advantage Elements	BCN Advantage Basic	BCN Advantage Classic	BCN Advantage Prestige
Dental Services	<u>Limited dental services</u> (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): • In-network: You pay nothing. • Point-of-service: 0–20% of the cost, depending on the service <u>Preventive dental services:</u> • Cleaning: • In-network: You pay nothing. You are covered for up to 2 every year. • Dental X-ray(s): • In-network: You pay nothing. You are covered for up to 1 every two years. • Oral exam: • In-network: You pay nothing. You are covered for up to 2 every year. <i>See Page 34 for more about your point-of-service travel benefit. If you go to out-of-network providers you pay the full cost. You may pay a point-of-service coinsurance for Medicare-covered services when traveling.</i>			
Diabetes Supplies and Services ¹	Diabetes monitoring supplies: • In-network: You pay nothing. • Point-of-service: You pay nothing. Diabetes self-management training: • In-network: You pay nothing. • Point-of-service: You pay nothing. Therapeutic shoes or inserts: • In-network: You pay nothing. • Point-of-service: You pay nothing.			

Diagnostic Tests, Lab and Radiology Services, and X-Rays^{1, 2} <i>Con't. on next page</i>	Diagnostic radiology services (such as MRIs, CT scans): • In-network: \$20-\$100 copay, depending on the service • Point-of-service: \$0-\$100 copay, depending on the service Diagnostic tests and procedures: • In-network: \$0-\$100 copay, depending on the service • Point-of-service: \$0-\$100 copay, depending on the service Lab services: • In-network: You pay nothing. • Point-of-service: \$0-\$100 copay, depending on the service Outpatient X-rays: • In-network: \$20-\$100 copay, depending on the service • Point-of-service: \$0-\$100 copay,	Diagnostic radiology services (such as MRIs, CT scans): • In-network: \$20-\$100 copay, depending on the service • Point-of-service: \$0-\$100 copay, depending on the service Diagnostic tests and procedures: • In-network: \$0-\$100 copay, depending on the service • Point-of-service: \$0-\$100 copay, depending on the service Lab services: • In-network: You pay nothing. • Point-of-service: \$0-\$100 copay, depending on the service Outpatient X-rays: • In-network: \$20-\$100 copay, depending on the service • Point-of-service:	Diagnostic radiology services (such as MRIs, CT scans): • In-network: \$20-\$75 copay, depending on the service • Point-of-service: \$0-\$75 copay, depending on the service Diagnostic tests and procedures: • In-network: \$0-\$75 copay, depending on the service • Point-of-service: \$0-\$75 copay, depending on the service Lab services: • In-network: You pay nothing. • Point-of-service: \$0-\$75 copay, depending on the service Outpatient X-rays: • In-network: \$20-\$75 copay, depending on the service • Point-of-service: \$0-\$75 copay,	Diagnostic radiology services (such as MRIs, CT scans): • In-network: \$10-\$50 copay, depending on the service • Point-of-service: \$0-\$50 copay, depending on the service Diagnostic tests and procedures: • In-network: \$0-\$50 copay, depending on the service • Point-of-service: \$0-\$50 copay, depending on the service Lab services: • In-network: You pay nothing. • Point-of-service: \$0-\$50 copay, depending on the service Outpatient X-rays: • In-network: \$10-\$50 copay, depending on the service • Point-of-service: \$0-\$50 copay,
---	---	--	--	--

Benefit	BCN Advantage Elements	BCN Advantage Basic	BCN Advantage Classic	BCN Advantage Prestige
Diagnostic Tests, Lab and Radiology Services, and X-Rays^{1, 2} <i>Con't.</i>	depending on the service Therapeutic radiology services (such as radiation treatment for cancer): • In-network: \$25 copay • Point-of-service: \$25 copay	\$0-\$100 copay, depending on the service Therapeutic radiology services (such as radiation treatment for cancer): • In-network: \$25 copay • Point-of-service: \$25 copay	depending on the service Therapeutic radiology services (such as radiation treatment for cancer): • In-network: \$15 copay • Point-of-service: \$15 copay	depending on the service Therapeutic radiology services (such as radiation treatment for cancer): • In-network: You pay nothing. • Point-of-service: You pay nothing.
	<i>Diagnostic tests and procedures include screenings, such as EKG, ultrasound and PET imaging.</i> <i>See Page 34 for more about your point-of-service travel benefit.</i> <i>If you go to out-of-network providers you pay the full cost.</i>			
Doctor's Office Visits^{1, 2}	Primary care physician visit: • In-network: \$20 copay • Point-of-service: \$20 copay Specialist visit: • In-network: \$40 copay • Point-of-service: \$40 copay	Primary care physician visit: • In-network: \$25 copay • Point-of-service: \$25 copay Specialist visit: • In-network: \$45 copay • Point-of-service: \$45 copay	Primary care physician visit: • In-network: \$15 copay • Point-of-service: \$15 copay Specialist visit: • In-network: \$35 copay • Point-of-service: \$35 copay	Primary care physician visit: • In-network: \$10 copay • Point-of-service: \$10 copay Specialist visit: • In-network: \$25 copay • Point-of-service: \$25 copay
	<i>See Page 34 for more about your point-of-service travel benefit.</i> <i>If you go to out-of-network providers you pay the full cost.</i>			

Durable Medical Equipment <i>(wheelchairs, oxygen, etc.)</i> ¹	• In-network: 20% of the cost • Point-of-service: 20% of the cost If you go to a preferred vendor, your cost may be less. Contact us for a list of preferred vendors. <i>See Page 34 for more about your point-of-service travel benefit.</i> <i>If you go to out-of-network providers you pay the full cost.</i>			
Emergency Care	\$65 copay If you are admitted to the hospital within 1 day, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs. <i>There is a \$50,000 lifetime plan coverage limit for emergency services outside the U.S. and its territories.</i>			
Foot Care (podiatry services) ^{1, 2}	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: • In-network: \$40 copay • Point-of-service: \$40 copay	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: • In-network: \$45 copay • Point-of-service: \$45 copay	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: • In-network: \$35 copay • Point-of-service: \$35 copay	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: • In-network: \$25 copay • Point-of-service: \$25 copay
Hearing Services ²	Exam to diagnose and treat hearing and balance issues: • In-network: You pay nothing. • Point-of-service: 0–20% of the cost, depending on the service <i>See Page 34 for more about your point-of-service travel benefit.</i> <i>If you go to out-of-network providers you pay the full cost.</i> <i>You may pay a point-of-service coinsurance for Medicare-covered services when traveling.</i>			

Benefit	BCN Advantage Elements	BCN Advantage Basic	BCN Advantage Classic	BCN Advantage Prestige
Home Health Care ^{1, 2}	• In-network: You pay nothing. • Point-of-service: You pay nothing.			
Mental Health Care ¹	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.			
	• In-network: • \$180 copay per day for days 1 through 6 • You pay nothing per day for days 7 through 90 • Point-of-service: • \$180 copay per day for days 1 through 6 • You pay nothing per day for days 7 through 90	• In-network: • \$225 copay per day for days 1 through 6 • You pay nothing per day for days 7 through 90 • Point-of-service: • \$225 copay per day for days 1 through 6 • You pay nothing per day for days 7 through 90	• In-network: • \$130 copay per day for days 1 through 6 • You pay nothing per day for days 7 through 90 • Point-of-service: • \$130 copay per day for days 1 through 6 • You pay nothing per day for days 7 through 90	• In-network: • \$90 copay per day for days 1 through 6 • You pay nothing per day for days 7 through 90 • Point-of-service: • \$90 copay per day for days 1 through 6 • You pay nothing per day for days 7 through 90

	Outpatient group therapy visit: • In-network: \$40 copay • Point-of-service: \$40 copay Outpatient individual therapy visit: • In-network: \$40 copay • Point-of-service: \$40 copay	Outpatient group therapy visit: • In-network: \$40 copay • Point-of-service: \$40 copay Outpatient individual therapy visit: • In-network: \$40 copay • Point-of-service: \$40 copay	Outpatient group therapy visit: • In-network: \$35 copay • Point-of-service: \$35 copay Outpatient individual therapy visit: • In-network: \$35 copay • Point-of-service: \$35 copay	Outpatient group therapy visit: • In-network: \$25 copay • Point-of-service: \$25 copay Outpatient individual therapy visit: • In-network: \$25 copay • Point-of-service: \$25 copay
	<i>See Page 34 for more about your point-of-service travel benefit. If you go to out-of-network providers you pay the full cost.</i>			
Outpatient Rehabilitation^{1, 2}	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): • In-network: \$30 copay • Point-of-service: \$30 copay Occupational therapy visit: • In-network: \$30 copay • Point-of-service: \$30 copay	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): • In-network: \$30 copay • Point-of-service: \$30 copay Occupational therapy visit: • In-network: \$30 copay • Point-of-service: \$30 copay	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): • In-network: \$20 copay • Point-of-service: \$20 copay Occupational therapy visit: • In-network: \$20 copay • Point-of-service: \$20 copay	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): • In-network: \$15 copay • Point-of-service: \$15 copay Occupational therapy visit: • In-network: \$15 copay • Point-of-service: \$15 copay
<i>Con't. on next page</i>				

Con't. on next page

Occupational therapy visit:

- In-network: \$30 copay
- Point-of-service: \$30 copay

Cardiac (heart) rehab services
(for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):

- In-network: \$30 copay
- Point-of-service: \$30 copay

Occupational therapy visit:

- In-network: \$30 copay
- Point-of-service: \$30 copay

Cardiac (heart) rehab services
(for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):

- In-network: \$20 copay
- Point-of-service: \$20 copay

Occupational therapy visit:

- In-network: \$20 copay
- Point-of-service: \$20 copay

Cardiac (heart) rehab services
(for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):

- In-network: \$15 copay
- Point-of-service: \$15 copay

Occupational therapy visit:

- In-network: \$15 copay
- Point-of-service: \$15 copay

Outpatient group therapy visit:

- In-network: \$40 copay
- Point-of-service: \$40 copay

Outpatient individual therapy visit:

- In-network: \$40 copay
- Point-of-service: \$40 copay

Outpatient group therapy visit:

- In-network: \$40 copay
- Point-of-service: \$40 copay

Outpatient individual therapy visit:

- In-network: \$40 copay
- Point-of-service: \$40 copay

Outpatient group therapy visit:

- In-network: \$35 copay
- Point-of-service: \$35 copay

Outpatient individual therapy visit:

- In-network: \$35 copay
- Point-of-service: \$35 copay

Outpatient group therapy visit:

- In-network: \$25 copay
- Point-of-service: \$25 copay

Outpatient individual therapy visit:

- In-network: \$25 copay
- Point-of-service: \$25 copay

*See Page 34 for more about your point-of-service travel benefit.
If you go to out-of-network providers you pay the full cost.*

Benefit	BCN Advantage Elements	BCN Advantage Basic	BCN Advantage Classic	BCN Advantage Prestige
Outpatient Rehabilitation <i>Con't.</i>	Physical therapy and speech and language therapy visit: • In-network: \$30 copay • Point-of-service: \$30 copay	Physical therapy and speech and language therapy visit: • In-network: \$30 copay • Point-of-service: \$30 copay	Physical therapy and speech and language therapy visit: • In-network: \$20 copay • Point-of-service: \$20 copay	Physical therapy and speech and language therapy visit: • In-network: \$15 copay • Point-of-service: \$15 copay
	<i>Cardiac rehab services include pulmonary rehab services.</i> <i>See Page 34 for more about your point-of-service travel benefit.</i> <i>If you go to out-of-network providers you pay the full cost.</i>			
Outpatient Substance Abuse¹	Group therapy visit: • In-network: \$40 copay • Point-of-service: \$40 copay Individual therapy visit: • In-network: \$40 copay • Point-of-service: \$40 copay	Group therapy visit: • In-network: \$45 copay • Point-of-service: \$45 copay Individual therapy visit: • In-network: \$45 copay • Point-of-service: \$45 copay	Group therapy visit: • In-network: \$35 copay • Point-of-service: \$35 copay Individual therapy visit: • In-network: \$35 copay • Point-of-service: \$35 copay	Group therapy visit: • In-network: \$25 copay • Point-of-service: \$25 copay Individual therapy visit: • In-network: \$25 copay • Point-of-service: \$25 copay
	<i>See Page 34 for more about your point-of-service travel benefit.</i> <i>If you go to out-of-network providers you pay the full cost.</i>			

Outpatient Surgery^{1, 2}	Ambulatory surgical center: • In-network: \$75 copay • Point-of-service: \$0-\$125 copay, depending on the service Outpatient hospital: • In-network: \$0-\$125 copay, depending on the service • Point-of-service: \$0-\$125 copay, depending on the service <i>See Page 34 for more about your point-of-service travel benefit. For point-of-service coverage, you pay \$50 for office surgery, \$75 for ambulatory surgical center surgery, and \$125 for out-patient hospital surgery when traveling.</i>	Ambulatory surgical center: • In-network: \$75 copay • Point-of-service: \$0-\$125 copay, depending on the service Outpatient hospital: • In-network: \$0-\$125 copay, depending on the service • Point-of-service: \$0-\$125 copay, depending on the service <i>See Page 34 for more about your point-of-service travel benefit. For point-of-service coverage, you pay \$50 for office surgery, \$75 for ambulatory surgical center surgery, and \$125 for out-patient hospital surgery when traveling.</i>	Ambulatory surgical center: • In-network: \$60 copay • Point-of-service: \$0-\$100 copay, depending on the service Outpatient hospital: • In-network: \$0-\$100 copay, depending on the service • Point-of-service: \$0-\$100 copay, depending on the service <i>See Page 34 for more about your point-of-service travel benefit. For point-of-service coverage, you pay \$40 for office surgery, \$60 for ambulatory surgical center surgery, and \$100 for out-patient hospital surgery when traveling.</i>	Ambulatory surgical center: • In-network: \$45 copay • Point-of-service: \$0-\$75 copay, depending on the service Outpatient hospital: • In-network: \$0-\$75 copay, depending on the service • Point-of-service: \$0-\$75 copay, depending on the service <i>See Page 34 for more about your point-of-service travel benefit. For point-of-service coverage, you pay \$30 for office surgery, \$45 for ambulatory surgical center surgery, and \$75 for out-patient hospital surgery when traveling.</i>
Over-the-Counter Items	Not Covered			

Benefit	BCN Advantage Elements	BCN Advantage Basic	BCN Advantage Classic	BCN Advantage Prestige
Prosthetic Devices <i>(braces, artificial limbs, etc.)</i> ¹	Prosthetic devices: • In-network: 20% of the cost • Point-of-service: 20% of the cost Related medical supplies: • In-network: 20% of the cost • Point-of-service: 20% of the cost <i>You must go to a preferred vendor. Contact us for a list of preferred vendors. See Page 34 for more about your point-of-service travel benefit. If you go to out-of-network providers you pay the full cost.</i>			
Renal Dialysis ^{1, 2}	• In-network: \$10 copay • Point-of-service: \$10 copay <i>See Page 34 for more about your point-of-service travel benefit. If you go to out-of-network providers you pay the full cost.</i>			
Transportation ¹	• In-network: You pay nothing. <i>You're covered for up to 36 round trips to plan-approved locations through our preferred transportation vendor.</i>			
Urgent Care	\$45 copay	\$45 copay	\$40 copay	\$35 copay
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): • In-network: You pay nothing. • Point-of-service: 0–20% of the cost, depending on the service			

<i>Con't. on next page</i>	Routine eye exam: • In-network: You pay nothing. You are covered for up to 1 visit(s) every year.			
	Eyeglasses or contact lenses after cataract surgery: • In-network: You pay nothing. • Point-of-service: 0–20% of the cost, depending on the service	Eyeglasses or contact lenses after cataract surgery: • In-network: You pay nothing. • Point-of-service: 0–20% of the cost, depending on the service	Contact lenses: • In-network: You pay nothing. Our plan pays up to \$100 every two years for contact lenses from an in-network provider. Eyeglasses (frames and lenses): • In-network: You pay nothing. You are covered for up to 1 every two years. Eyeglass frames: • In-network: You pay nothing. You are covered for up to 1 every two years. Our plan pays up to \$100 every two years for eyeglass frames from an in-network provider.	Contact lenses: • In-network: You pay nothing. Our plan pays up to \$100 every two years for contact lenses from an in-network provider. Eyeglasses (frames and lenses): • In-network: You pay nothing. You are covered for up to 1 every two years. Eyeglass frames: • In-network: You pay nothing. You are covered for up to 1 every two years. Our plan pays up to \$100 every two years for eyeglass frames from an in-network provider.
	<i>See Page 34 for more about your point-of-service travel benefit. If you go to out-of-network providers you pay the full cost. You may pay a point-of-service coinsurance for Medicare-covered services when traveling.</i>			

Benefit	BCN Advantage Elements	BCN Advantage Basic	BCN Advantage Classic	BCN Advantage Prestige
Vision Services <i>Con't.</i>			Eyeglass lenses: • In-network: You pay nothing. You are covered for up to 1 every two years. Eyeglasses or contact lenses after cataract surgery: • In-network: You pay nothing. • Point-of-service: 0–20% of the cost, depending on the service	Eyeglass lenses: • In-network: You pay nothing. You are covered for up to 1 every two years. Eyeglasses or contact lenses after cataract surgery: • In-network: You pay nothing. • Point-of-service: 0–20% of the cost, depending on the service
			<i>See Page 34 for more about your point-of-service travel benefit. If you go to out-of-network providers you pay the full cost.</i> <i>You may pay a point-of-service coinsurance for Medicare-covered services when traveling.</i>	

Preventive Care

- In-network: You pay nothing.
- Point-of-service: You pay nothing.

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavior therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colonoscopy
- Colorectal cancer screening
- Depression screening
- Diabetes screening
- Fecal occult blood test
- Flexible sigmoidoscopy
- Hepatitis C screening
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screening (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including flu shots, hepatitis B shots and pneumococcal shots
- “Welcome to Medicare” preventive visit (one-time)
- Yearly “Wellness” visit

Any additional preventive services approved by Medicare during the contract year will be covered.

See Page 34 for more about your point-of-service travel benefit. If you go to out-of-network providers you pay the full cost.

Hospice

You pay nothing for hospice care from a Medicare-certified hospice.

You may have to pay part of the cost for drugs and respite care.

Inpatient Care

Benefit	BCN Advantage Elements	BCN Advantage Basic	BCN Advantage Classic	BCN Advantage Prestige
Inpatient Hospital Care¹	Our plan covers an unlimited number of days for an inpatient hospital stay. • In-network: • \$180 copay per day for days 1 through 6 • You pay nothing per day for days 7 through 90 • You pay nothing per day for days 91 and beyond • Point-of-service: • \$180 copay per day for days 1 through 6 • You pay nothing per day for days 7 through 90	Our plan covers an unlimited number of days for an inpatient hospital stay. • In-network: • \$225 copay per day for days 1 through 6 • You pay nothing per day for days 7 through 90 • You pay nothing per day for days 91 and beyond • Point-of-service: • \$225 copay per day for days 1 through 6 • You pay nothing per day for days 7 through 90	Our plan covers an unlimited number of days for an inpatient hospital stay. • In-network: • \$130 copay per day for days 1 through 6 • You pay nothing per day for days 7 through 90 • You pay nothing per day for days 91 and beyond • Point-of-service: • \$130 copay per day for days 1 through 6 • You pay nothing per day for days 7 through 90	Our plan covers an unlimited number of days for an inpatient hospital stay. • In-network: • \$90 copay per day for days 1 through 6 • You pay nothing per day for days 7 through 90 • You pay nothing per day for days 91 and beyond • Point-of-service: • \$90 copay per day for days 1 through 6 • You pay nothing per day for days 7 through 90
	<i>See Page 34 for more about your point-of-service travel benefit. If you go to out-of-network providers you pay the full cost.</i>			
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.			

Skilled Nursing Facility (SNF) ¹	Our plan covers up to 100 days in a SNF. • In-network: • \$0 copay per day for days 1 through 20 • \$150 copay per day for days 21 through 100 • Point-of-service: • You pay nothing per day for days 1 through 20 • \$150 copay per day for days 21 through 100 <i>See Page 34 for more about your point-of-service travel benefit. If you go to out-of-network providers you pay the full cost.</i>
--	--

Prescription Drug Benefits

Benefit	BCN Advantage Elements	BCN Advantage Basic	BCN Advantage Classic	BCN Advantage Prestige
How much do I pay?	For Part B drugs such as chemotherapy drugs¹: • In-network: 0-20% of the cost depending on the drug • Point-of-service: 0-20% of the cost, depending on the drug Other Part B drugs¹: • In-network: 0-20% of the cost depending on the drug • Point-of-service: 0-20% of the cost, depending on the drug Our plan does not cover Part D prescription drugs.	For Part B drugs such as chemotherapy drugs¹: • In-network: 0-20% of the cost depending on the drug • Point-of-service: 0-20% of the cost, depending on the drug Other Part B drugs¹: • In-network: 0-20% of the cost depending on the drug • Point-of-service: 0-20% of the cost, depending on the drug		

	See Page 34 for more about your point-of-service travel benefit. If you go to out-of-network providers you pay the full cost.			
	Covered drugs include: • Drugs that usually aren't self-administered • Immunosuppressive drugs if enrolled in Medicare at the time of organ transplant • Drugs used with durable med. equip. (i.e., nebulizers) • Some chemotherapy drugs			
		BCN Advantage Basic	BCN Advantage Classic	BCN Advantage Prestige
		Initial Coverage		
Con't. on next page		After you pay your yearly deductible, you pay 25% of the cost for all drugs covered by this plan until your total yearly drug costs reach \$2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies. If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-	You pay the following until your total yearly drug costs reach \$2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.	

Benefit	BCN Advantage Elements	BCN Advantage Basic	BCN Advantage Classic			BCN Advantage Prestige		
Prescription Drug Benefits, Initial Coverage Con't.		network pharmacy at the same cost as an in-network pharmacy. Brand-name, solid oral dosage drugs you get at a long-term care facility are limited to a 14-day supply with prorated cost-sharing. Brands in Tier 5 are also limited to a 14-day supply.	Preferred Retail Cost-Sharing			Preferred Retail Cost-Sharing		
			Tier	One-month Supply	Three-month Supply	Tier	One-month Supply	Three-month Supply
			Tier 1 (Preferred Generic)	\$3 copay	\$7.50 copay	Tier 1 (Preferred Generic)	\$3 copay	\$7.50 copay
			Tier 2 (Non-Preferred Generic)	\$10 copay	\$25 copay	Tier 2 (Non-Preferred Generic)	\$10 copay	\$25 copay
			Tier 3 (Preferred Brand)	\$40 copay	\$100 copay	Tier 3 (Preferred Brand)	\$35 copay	\$87.50 copay
			Tier 4 (Non-Preferred Brand)	\$80 copay	\$200 copay	Tier 4 (Non-Preferred Brand)	\$75 copay	\$187.50 copay
			Tier 5 (Specialty Tier)	33% of the cost	Not offered	Tier 5 (Specialty Tier)	33% of the cost	Not offered

Con't. on next page			Standard Retail Cost-Sharing			Standard Retail Cost-Sharing		
			Tier	One-month Supply	Three-month Supply	Tier	One-month Supply	Three-month Supply
			Tier 1 (Preferred Generic)	\$3 copay	\$9 copay	Tier 1 (Preferred Generic)	\$3 copay	\$9 copay
			Tier 2 (Non-Preferred Generic)	\$10 copay	\$30 copay	Tier 2 (Non-Preferred Generic)	\$10 copay	\$30 copay
			Tier 3 (Preferred Brand)	\$40 copay	\$120 copay	Tier 3 (Preferred Brand)	\$35 copay	\$105 copay
			Tier 4 (Non-Preferred Brand)	\$80 copay	\$240 copay	Tier 4 (Non-Preferred Brand)	\$75 copay	\$225 copay
			Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Tier 5 (Specialty Tier)	33% of the cost	Not offered

Benefit	BCN Advantage Elements	BCN Advantage Basic	BCN Advantage Classic			BCN Advantage Prestige		
Prescription Drug Benefits, Initial Coverage <i>Con't.</i>			Standard Mail Order Cost-Sharing			Standard Mail Order Cost-Sharing		
			Tier	One-month Supply	Three-month Supply	Tier	One-month Supply	Three-month Supply
			Tier 1 (Preferred Generic)	\$3 copay	\$7.50 copay	Tier 1 (Preferred Generic)	\$3 copay	\$7.50 copay
			Tier 2 (Non-Preferred Generic)	\$10 copay	\$25 copay	Tier 2 (Non-Preferred Generic)	\$10 copay	\$25 copay
			Tier 3 (Preferred Brand)	\$40 copay	\$100 copay	Tier 3 (Preferred Brand)	\$35 copay	\$87.50 copay
			Tier 4 (Non-Preferred Brand)	\$80 copay	\$200 copay	Tier 4 (Non-Preferred Brand)	\$75 copay	\$187.50 copay
			Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Tier 5 (Specialty Tier)	33% of the cost	Not offered
			If you reside in a long-term care facility, you pay the same as at a retail pharmacy.			If you reside in a long-term care facility, you pay the same as at a retail pharmacy.		
			You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.			You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.		

			<i>Brand-name, solid oral dosage drugs you get at a long-term care facility are limited to a 14-day supply with prorated cost-sharing. Brands in Tier 5 are also limited to a 14-day supply.</i>	<i>Brand-name, solid oral dosage drugs you get at a long-term care facility are limited to a 14-day supply with prorated cost-sharing. Brands in Tier 5 are also limited to a 14-day supply.</i>
		Coverage Gap		
Con't. on next page		Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$2,960. After you enter the coverage gap, you pay 45% of the plan's cost for covered brand-name drugs and 65% of the plan's cost for covered generic drugs until your costs total \$4,700, which is the end of the coverage gap. Not everyone will enter the coverage gap.		
			Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. See the chart that follows to find out how much it will cost you.	

Benefit	BCN Advantage Elements	BCN Advantage Basic	BCN Advantage Classic				BCN Advantage Prestige			
Coverage Gap <i>Con't.</i>			Preferred Retail Cost-Sharing				Preferred Retail Cost-Sharing			
			Tier	Drugs Covered	One-month supply	Three-month supply	Tier	Drugs Covered	One-month supply	Three-month supply
			Tier 1 (Preferred Generic)	All	45% of the cost	40% of the cost	Tier 1 (Preferred Generic)	All	\$5 copay	\$12.50 copay
			Standard Retail Cost-Sharing				Standard Retail Cost-Sharing			
			Tier	Drugs Covered	One-month supply	Three-month supply	Tier	Drugs Covered	One-month supply	Three-month supply
			Tier 1 (Preferred Generic)	All	45% of the cost	45% of the cost	Tier 1 (Preferred Generic)	All	\$5 copay	\$15 copay
			Standard Mail Order Cost-Sharing				Standard Mail Order Cost-Sharing			
			Tier	Drugs Covered	One-month supply	Three-month supply	Tier	Drugs Covered	One-month supply	Three-month supply
			Tier 1 (Preferred Generic)	All	45% of the cost	40% of the cost	Tier 1 (Preferred Generic)	All	\$5 copay	\$12.50 copay

		Catastrophic Coverage
		After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,700, you pay the greater of: • 5% of the cost, or • \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copayment for all other drugs. <i>Drugs must be on the BCN Advantage formulary (Drug List) or requested through a formulary exception.</i>

Optional Benefits

(You must pay an extra premium each month for these benefits)

Package 1: Supplemental Dental, Vision and Hearing

Benefit	BCN Advantage Elements	BCN Advantage Basic	BCN Advantage Classic	BCN Advantage Prestige
Benefits include:	• Comprehensive Dental • Eyewear • Hearing Exams • Hearing Aids			
How much is the monthly premium?	Additional \$19.90 per month. You must keep paying your Medicare Part B premium and your \$0-\$49 monthly plan premium.	Additional \$19.90 per month. You must keep paying your Medicare Part B premium and your \$0 monthly plan premium.	Additional \$19.90 per month. You must keep paying your Medicare Part B premium and your \$91–\$138 monthly plan premium.	Additional \$19.90 per month. You must keep paying your Medicare Part B premium and your \$196–\$262 monthly plan premium.
How much is the deductible?	This package does not have a deductible.			
Is there a limit on how much the plan will pay?	Our plan pays up to \$1,700. Our plan has additional coverage limits for certain benefits.			

Premium/Cost-sharing Table for BCN Advantage HMO-POS

Medicare contract H5883

Premiums vary by county in which you permanently reside (rates are based on the use and cost of health care services in each regional segment). 1) Find the county and region that you live in.

2) Look across the plan option columns to find your monthly premium rate.

Region with counties	BCN Advantage premium rates per month			
	Elements	Basic	Classic	Prestige
Region 1 Allegan, Barry, Ionia, Kalamazoo, Kent, Mason, Muskegon, Newaygo, Oceana, Ottawa	\$0	\$0*	\$91	\$196
Region 2 Branch, Calhoun, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Monroe, Montcalm, St. Joseph (zip codes 49011, 49030, 49052, 49072, 49093, 49097), and Van Buren	\$38	\$0*	\$113	\$262
Region 3 Alcona, Alpena, Arenac, Bay, Charlevoix, Cheboygan, Clare, Crawford, Gladwin, Huron, Iosco, Kalkaska, Montmorency, Ogemaw, Oscoda, Presque Isle, Roscommon, Saginaw, Sanilac, Shiawassee, and Tuscola	\$43	\$0*	\$121	\$257
Region 4 Antrim, Benzie, Clinton, Emmet, Genesee, Grand Traverse, Isabella, Lake, Lapeer, Leelanau, Lenawee, Livingston, Manistee, Mecosta, Midland, Missaukee, Osceola, Otsego, St. Clair, and Wexford.	\$30	\$0*	\$103	\$244
Region 5 Macomb, Oakland, Washtenaw, and Wayne	\$49	\$0*	\$138	\$262
Optional Supplemental Dental, Vision and Hearing package	\$19.90			

*BCN Advantage Basic will reduce your monthly Medicare Part B premium by \$3.50.

Additional Information about BCN Advantage HMO-POS

What doctors and hospitals can I use? What does “point-of-service” mean?

BCN Advantage is an HMO-POS plan. HMO stands for Health Maintenance Organization; POS stands for Point-of-Service. “Point-of-Service” means you can use certain providers outside the BCN Advantage network when traveling, usually for your in-network cost-sharing amount.

When you’re **outside of Michigan**, our POS benefit (offered through BlueCard® via the Blue Cross and Blue Shield Association) allows you to get care from providers who participate with Blues plans. **In Michigan**, except for emergency or urgent care, if you go to an out-of-network doctor, you must pay for this care yourself.

Note: Point-of-service is not the same as out-of-network; you pay all costs for services from an out-of-network provider.

Fitness program

Basic, Classic and Prestige plan members can join the SilverSneakers® Fitness program at no cost. SilverSneakers is a leading fitness program for people with Medicare.

- Locations nationwide
- Low-impact classes to improve strength and balance
- Social activities
- Health education events
- SilverSneakers Steps® at-home program

Personal help

Our nurse case managers give personal support when you’re ill. We provide education for members with cancer, COPD, depression, diabetes, heart disease, kidney disease and more.

Bathroom safety items

Your doctor can prescribe bathroom safety items such as shower and bathtub grab bars and benches, commode rails and an elevated toilet seat. We pay 50 percent of the cost up to \$100 per year.

NOTES:

NOTES:

BCN AdvantageSM HMO-POS



**Blue Care
Network
of Michigan**

Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.