



Your guide to  
better health



Blue Cross  
Blue Shield

Confidence comes with every card.®

# Blue Cross Blue Shield of Michigan Member Guide

Blue Preferred Plus (BPP) Michigan only

# Welcome to Blue Cross Blue Shield of Michigan

*A Blue Preferred health care plan with a wide network*



This member guide details your health care benefits in the Blue Preferred Plus Plan for Michigan.

Please take a few moments to look through this booklet.

You will learn about specific medical care and pharmacy benefits for your health care plan. You can also find out about special resources and savings programs exclusively for members and discover the advantages of carrying a Blue Cross ID card.

We have also included customer service information, in case you have questions about your coverage or claims.

Below are a few highlights of what Blue Cross offers in addition to health care coverage:

## **Plan management**

Our online services allow you to take full advantage of managing your health. You can find information about your benefits, claims and much more, such as ordering ID cards. You can also locate and compare participating hospitals and physicians based on factors that are important to you.

## **Outstanding customer service**

Our dedicated customer service representatives are trained to answer your health plan questions and are just a toll-free phone call away. The phone number is on the back of your Blue Cross ID card.

We look forward to delivering the value you deserve from a health care plan you can trust.

## Table of contents

Health care information online .....	2
Your plan .....	3
Your Blue Cross Blue Shield ID card .....	3
Benefits at a glance.....	4
Right care at the right place .....	9
Preventive services.....	10
Immunization.....	13
Choosing a primary care doctor.....	14
Your PCP checklist.....	15
24/7 online doctor visits. ....	16
Coordinated care.....	18
Member resources .....	19
Fitness Your Way .....	20
Blue Cross Blue Shield Global Core.....	21
Tobacco coaching .....	22
Glossary .....	23
Contact information.....	Back cover

# Our website, [bcbsm.com](http://bcbsm.com), is easy to use.

Register at [bcbsm.com](http://bcbsm.com) to access our website for tools and resources to manage your health care.

A **login ID and password** are all you need to check out easy-to-understand graphics that provide a quick snapshot of your deductibles, coinsurance and claims.

## Register Now – we have made it easy for you:

Visit [bcbsm.com](http://bcbsm.com)

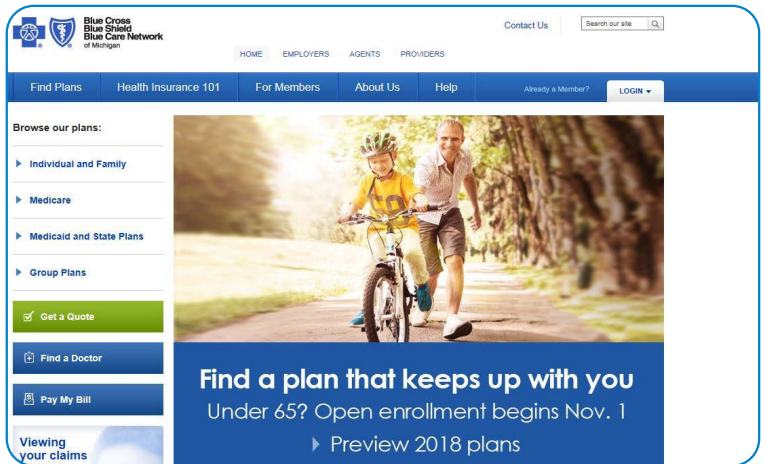
- Click on LOGIN in the upper right corner
- In the LOGIN box, click on Register Now

You will need your Blue Cross ID or Social Security number, and just a couple minutes.

If you are registering for the first time, you will be asked a few brief questions to verify your identity. This security step ensures your personal health information remains private and protected.

Once you register, you will be able to access claims information and Explanation of Benefits. Remember, both you and your covered spouse must register at [bcbsm.com](http://bcbsm.com).

You will have access to a wealth of health care information including Blue365® member discounts.

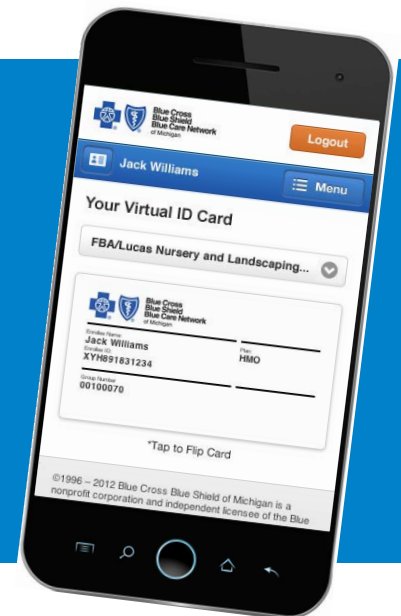


## Problems logging on?

Call our Help Desk at 1-888-417-3479 with questions.

## On the go. Good to go.

- **24/7 access:** With your mobile device, you have another way to access important plan information when you need it most, 24 hours a day, seven days a week.
- **On-the-spot doctor and hospital search:** Make decisions on where to go, when you are on the go.
- **Virtual ID card:** If you forgot to bring your ID card to your doctor appointment, there is no need to worry. You can now access your virtual ID card right from your mobile device.



## Protecting your privacy

Your privacy is just as important to us as it is to you. That is why our site is password-protected and you can view only the health information you are authorized to see. Spouses and adult dependents 18 years or older can access only their own health information.

# Your plan

The Blue Preferred Plus Plan provides your health care through a broad list of PPO providers.\*

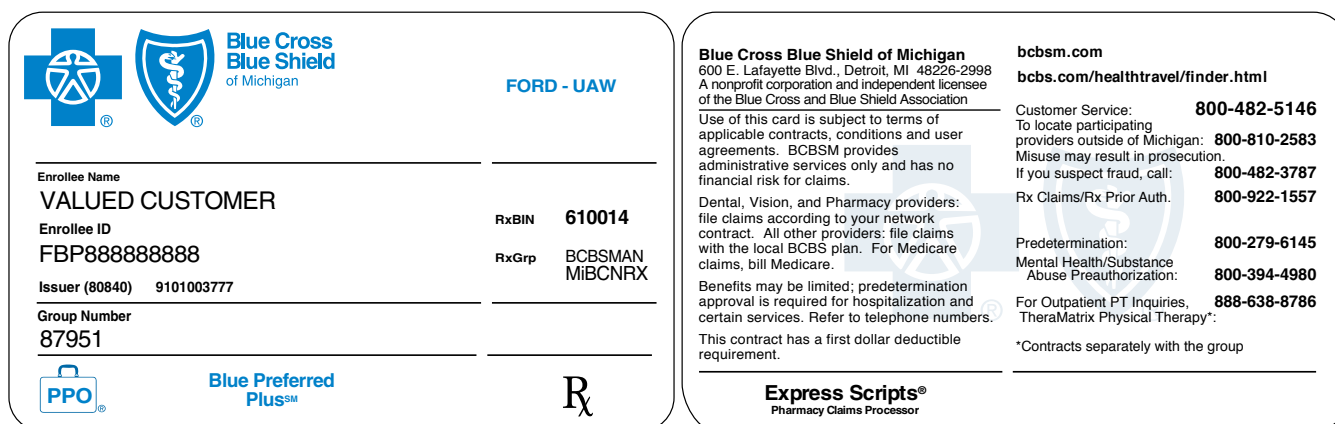
Our nationwide provider network gives you access to some of the most respected hospitals and physicians in the United States. Our network is so extensive, chances are that your current physician and community hospital are already in-network providers. To ensure the highest standards of care, Blue Cross Blue Shield has established rigorous standards for participating providers.

You are always encouraged to use in-network providers. If you seek care from an out-of-network or nonparticipating provider, there could be additional out-of-pocket costs, which may be substantial.

\*Medicare-primary members are not subject to in-network restrictions or sanctions.

## Your Blue Cross Blue Shield ID card

Before taking advantage of everything Blue Cross has to offer, spend a few moments getting to know some of the features of the card that makes it all happen.



### What is on the front of your ID card?

- Only the enrollee's name appears on the ID card. Dependents are listed in our records, never on the card.
- The enrollee ID number assists your doctor in identifying you and your covered dependents.
- The issuer code and number tells your doctor that Blue Cross is your insurance carrier and we provided you with the card.
- The suitcase shows you are part of our Blue Cross Blue Shield Global Core, offering coverage wherever you travel. The "PPO" identifies your provider network.

### What is on the back of your ID card?

- Various customer service phone numbers are listed to answer any questions you may have about your coverage.

## Benefits at a glance UAW Ford Hourly Blue Preferred Plus (BPP)

	In-network	Out-of-network
<b>Member's Responsibility (deductibles, coinsurance, copays and dollar maximums)</b>		
<b>Deductible – per calendar year</b>	\$150 per member \$300 per family	\$500 per member \$1,000 per family
<b>Coinsurance</b>	0% (Covered at 100% after deductible)	20% (Covered at 80% after deductible)
Annual out-of-pocket maximums <i>After out-of-pocket maximum is reached, plan pays 100% allowed amount for covered services. Copayments do not apply to out-of-pocket maximum.</i>	Not applicable	Unlimited per member Unlimited per family
<b>Copayments</b>		
Office visit	50% copay	<b>Not covered</b>
Telemedicine/BlueCross online visits <i>Copay waived for 1<sup>st</sup> visit, per member, per lifetime</i>	\$10 copay	<b>Not covered</b>
Retail health visit	25% copay	<b>Not covered</b>
<b>Urgent care visit</b>	\$50 copay	\$50 copay
Emergency room visit <i>Copay waived if admitted, placed into observation care or sent by company medical</i>	\$100 copay	\$100 copay
<b>Physician office services</b>		
Office visits	50% copay	<b>Not covered</b>
<b>Medical services billed with an office visit</b>	Covered – 100% after deductible	Covered – 80% after deductible
Retail health visit	25% copay	Not covered
<b>Preventive care services</b>		
Health maintenance exam – one per calendar year	Covered - 50% copay	<b>Not covered</b>
Annual gynecological exam – one per calendar year	Covered - 50% copay	<b>Not covered</b>
Well baby care – up to 6 visits prior to age	Covered – 100%	Covered – 90%
Well child-care – age 2 and over	Covered - 50% copay	<b>Not covered</b>
Pap smear screening – one per calendar year	Covered – 100%	Covered – 90%
Mammography screening –one baseline at age 40; Covered annually at age 50 <i>Includes 3D mammography</i>	Covered – 100%	Covered – 80% after deductible
Prostate specific antigen (PSA) screening – one per calendar year; age 40 and older	Covered – 100%	Covered – 80% after deductible
Colorectal cancer screenings – once every 5 to 10 years; age 50 and older	Covered – 100%	Covered – 80% after deductible
Cologuard – Once every 3 years; age 50 and older	Covered – 100%	Covered – 80% after deductible
Immunizations <i>Following Advisory Committee on Immunization Practices (ACIP) guidelines</i>	Covered – 100%	Covered – 80% after deductible

## Benefits at a glance UAW Ford Hourly Blue Preferred Plus (BPP)

	In-network	Out-of-network
<b>Emergency medical care</b>		
Emergency room visit <i>Health-threatening or disabling condition</i>	Covered – \$100 copay <i>(Copay waived if admitted, placed into observation care or sent by company medical)</i>	Covered – \$100 copay <i>(Copay waived if admitted, placed into observation care or sent by company medical)</i>
Non-emergency visit to emergency room	<b>Not covered</b>	<b>Not covered</b>
Urgent care visit – billed as a professional service	Covered – \$50 copay	<b>Not covered</b>
Urgent care visit – billed as a facility service	Covered – 100% after deductible	Covered – 80% after deductible
Ambulance services <i>Ground, air, and boat transportation are covered when medical criteria are met and includes ambulance treatment without transport</i>	Covered – 100% after deductible	Covered – 80% after deductible
<b>Diagnostic services</b>		
Specialty/advanced imaging (MRI, MRA, PET and CAT scans) and nuclear medicine <i>Preauthorization required in Michigan only</i>	Covered – 100% after deductible	Covered – 80% after deductible
X-rays	Covered – 100% after deductible	Covered – 80% after deductible
Laboratory and pathology <i>Quest Diagnostics is the preferred provider network in Michigan only</i>	Covered – 100% after deductible	Covered – 80% after deductible
<b>Maternity services</b>		
Prenatal care visits	Covered – 100% after deductible	Covered – 80% after deductible
Postnatal care visits	Covered – 100% after deductible	Covered – 80% after deductible
Delivery and nursery care	Covered – 100% after deductible	Covered – 80% after deductible
Infertility treatment	<b>Not covered</b>	<b>Not covered</b>
<b>Hospital care</b>		
Semi-private room, inpatient physician care, general nursing care, hospital services and supplies <i>Preauthorization required for hospital admission</i>	Covered – 100% after deductible	Covered – 80% after deductible <i>Non-participating hospital rates = \$500 per day for room and board and \$50 per day for ancillaries</i>
Inpatient medical care	Covered – 100% after deductible	Covered – 80% after deductible
Observation care <i>Includes care immediately following surgery or diagnostic testing</i>	Covered – 100% after deductible	Covered – 80% after deductible
<b>Alternatives to hospital care</b>		
Skilled nursing facility care <i>Must use participating providers Contact customer service for assistance at 800-482-5146</i>	Covered – 100% after deductible	Covered – 100% after deductible
Home health care <i>Must use participating providers Contact customer service for assistance at 800-482-5146</i>	Covered – 100% after deductible	Covered – 100% after deductible
Hospice care <i>Must use participating providers Contact customer service for assistance at 800-482-5146</i>	Covered – 100% after deductible	Covered – 100% after deductible
Private duty nursing	<b>Not covered</b>	<b>Not covered</b>

	In-network	Out-of-network
<b>Surgical services</b>		
Surgery (includes related surgical services)	Covered – 100% after deductible	Covered – 80% after deductible
Voluntary sterilization – males	Covered – 100% after deductible	Covered – 80% after deductible
Voluntary sterilization – females	Covered – 100% after deductible	Covered – 80% after deductible
Bariatric surgery	Covered – 100% after deductible	Covered – 80% after deductible
<b>Human organ transplants</b>		
Specified organ transplants <i>Preauthorization required for organic material and services through the Human Organ Transplant Program</i> <i>Preauthorization required for hospital admission</i>	Covered – 100% after deductible	Covered – 80% after deductible
Kidney, cornea, bone marrow and skin <i>Preauthorization required for hospital admission</i>	Covered – 100% after deductible	Covered – 80% after deductible
<b>Behavioral health services – (Mental health and substance use disorder)</b>		
Inpatient mental health care <i>Preauthorization required, contact customer service at 800-482-5146 for assistance</i>	Covered – 100% after deductible	Covered – 80% after deductible
Outpatient mental health care	Covered – 100% after deductible	<b>Not covered</b>
Inpatient substance use disorder treatment <i>Preauthorization required, contact customer service at 800-482-5146 for assistance</i>	Covered – 100% after deductible	Covered – 80% after deductible
Outpatient substance use disorder treatment	Covered – 100% after deductible	<b>Not covered</b>
<b>Autism spectrum disorders, diagnoses and treatment – Up to and including age 18</b>		
Applied Behavioral Analysis (ABA) treatment <i>Preauthorization required, contact customer service at 800-482-5146 for assistance</i> <b>Note:</b> Diagnosis of an autism spectrum disorder and a treatment recommendation for ABA services must be obtained by an approved autism evaluation center (AAEC) prior to seeking ABA treatment.	Covered – 100% after deductible	Covered – 80% after deductible
Occupational and speech therapy <i>Occupational and speech therapy with an autism diagnosis is unlimited</i>	Covered – 100% after deductible	Covered – 80% after deductible
<b>Therapy services – Outpatient coverage limited to 60 combined visits, per condition, per calendar year</b>		
Inpatient physical, speech and occupational therapy	Covered – 100% after deductible	Covered – 80% after deductible
Outpatient speech and occupational therapy	Covered – 100% after deductible	Covered – 80% after deductible
Outpatient physical therapy <b>Benefit administered by TheraMatrix<sup>1</sup>.</b>	Services through TheraMatrix covered at 100% <b>Contact TheraMatrix at 888-638-8786 for details<sup>1</sup></b>	Preapproval from TheraMatrix required <b>Contact TheraMatrix at 888-638-8786 for details<sup>1</sup></b>
<b>Chiropractic services</b>		
Spinal X-rays	Covered – 100% after deductible	Covered – 80% after deductible
Chiropractic office visits	<b>Not covered</b>	<b>Not covered</b>
Spinal or osteopathic manipulations	<b>Not covered</b>	<b>Not covered</b>



	In-network	Out-of-network
<b>Medical equipment, supplies and appliances</b>		
Durable medical equipment (DME)/medical supplies	Covered – 100%	Covered – 80% until \$500 out-of-pocket maximum, per family is met, then covered at 100%
Diabetic supplies (glucose meter, diabetic test strips, lancets, etc.)	Covered – 100%	Covered – 80% until \$500 out-of-pocket maximum, per family is met, then covered at 100%
Prosthetic and orthotic (P&O) appliances	Covered – 100%	Covered – 80% until \$500 out-of-pocket maximum, per family is met, then covered at 100%
Shoe inserts and arch supports – one pair per calendar year	Covered – 100%	Covered – 80% until \$500 out-of-pocket maximum, per family is met, then covered at 100%
Continuous glucose monitoring systems (CGMS) <i>Covered with appropriate clinical indicators</i> <i>Contact customer service at 800-482-5146 for assistance</i>	Covered – 100% after deductible	Covered – 80% after deductible
<b>Other services</b>		
Allergy testing and allergy injections	Covered – 100% after deductible	Covered – 80% after deductible
Allergy serum <i>Contact customer service for assistance at 800-482-5146</i>	<b>Covered under prescription drug program</b>	<b>Covered under prescription drug program</b>
Cardiac rehabilitation	Covered – 100% after deductible	Covered – 80% after deductible
Diabetic education	Covered – 100% after deductible	Covered – 80% after deductible
Clinical trials <i>Routine services associated with approved clinical trials are covered consistent with Medicare policy</i>	Covered – 100% after deductible	Covered – 80% after deductible
Chemotherapy	Covered – 100% after deductible	Covered – 80% after deductible
Hyperbaric oxygen treatment	Covered – 100% after deductible	Covered – 80% after deductible
Injections	Covered – 100% after deductible	Covered – 80% after deductible
<b>Hearing care</b>		
Hearing aid <i>Must use participating provider</i> <i>Contact customer service for assistance at 800-482-5146</i>	Covered – 100% up to \$2,200 maximum every three (3) years	Covered – 100% up to \$2,200 maximum every three (3) years
Audiometric exam and hearing evaluation test <i>Must use participating provider</i> <i>Contact customer service for assistance at 800-482-5146</i>	Covered – 100% every three (3) years	Covered – 100% every three (3) years
<b>Vision care</b>		
Vision exam, glasses or contacts <b>Benefit administered by SVS Vision, Inc.</b>	<b>Contact SVS Vision, Inc. at 800-225-3095 for details<sup>1</sup></b>	<b>Contact SVS Vision, Inc. at 800-225-3095 for details<sup>1</sup></b>

	In-network	Out-of-network
<b>Prescription drug – (Co-administered by BCBSM and Express Scripts, Inc.)</b>		
Retail – 34-day supply <i>Contact Blue Cross at 800-482-5146 for assistance</i>	\$6 copay – generic drugs \$12 copay – brand name drugs \$17 copay – erectile dysfunction drugs	Prescriptions and refills obtained from a non-network pharmacy are covered at 75% of the approved amount, less the indicated in-network copay
Home delivery – 90-day supply <i>Contact Express Scripts, Inc. at 800-778-0735 for assistance</i>	\$12 copay – generic drugs \$17 copay – brand name drugs \$21 copay – erectile dysfunction drugs	<b>Not covered</b>
Walgreens Smart90™ – 90-day supply <i>Contact Blue Cross at 800-482-5146 for assistance</i>	\$12 copay – generic drugs \$17 copay – brand name drugs \$21 copay – erectile dysfunction drugs	<b>Not covered</b>
Diabetic test strips, lancets and glucometers	\$0 copay	Supplies obtained from a non-network pharmacy are covered at 75% of the approved amount
Preventive immunizations	\$0 copay	Immunizations administered by a non-network pharmacy are covered at 75% of the approved amount

<sup>1</sup> TheraMatrix (888-638-8786) and SVS, Inc. (800-225-3095) contract directly with Ford Motor Company and there is no affiliation to Blue Cross Blue Shield of Michigan.

*This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible, coinsurance and/or copay. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.*

# Choose the right place to go for care

Where you and your family go for health care services matters. You could be spending more time and money than you need to. Here are some helpful guidelines on where and when to seek medical care.

Option	Receive care for symptoms, conditions or situations such as:	Advantages	Average time for care	How to find
<b>24-Hour Nurse Line</b>	<ul style="list-style-type: none"> <li>Deciding if you can self-treat a condition or need to see a doctor, visit an urgent care center or an emergency room</li> <li>Discussing treatment options for nonemergency situations</li> <li>Other general medical questions</li> </ul>	<ul style="list-style-type: none"> <li>No cost</li> <li>Available 24/7</li> <li>Staffed with registered nurses</li> </ul>	<b>12 minutes</b>	<p>Talk to a registered nurse for free:</p> <p><b>Blue Cross</b> members can call: <b>1-800-775-BLUE (2583)</b></p>
<b>24/7 online doctor visits</b>	<ul style="list-style-type: none"> <li>Sinusitis (sinus problems)</li> <li>Conjunctivitis (Pink Eye)</li> <li>Bronchitis</li> <li>Upper respiratory infection</li> <li>Nasal congestion</li> <li>Allergies</li> <li>Influenza (flu)</li> <li>Cough</li> </ul>	<ul style="list-style-type: none"> <li>Available any time your doctor isn't available</li> <li>No appointments or waiting rooms</li> <li>Care is delivered by smartphone, tablet or computer</li> <li>You can send a visit summary to your primary doctor</li> </ul>	<b>5 minutes</b>	<p>Mobile – download the BCBSM Online Visits<sup>SM</sup> app Web – Go to <a href="http://bcbsmonlinevisits.com">bcbsmonlinevisits.com</a> Phone – <b>1-844-733-3627</b></p> <p>Add your Blue Cross health plan information</p>
<b>Doctor's office</b>	<ul style="list-style-type: none"> <li>Sore throat and cough</li> <li>Painful urination</li> <li>Low-grade fever</li> <li>Earache</li> <li>Colds and flu</li> </ul>	<ul style="list-style-type: none"> <li>Some extended hours</li> <li>Trusted, ongoing relationship</li> <li>Can generally be reached after hours by phone</li> </ul>	<b>60 minutes</b>	<p>Visit your primary care doctor. If you don't have one, find a primary care doctor near you using our <i>Find a Doctor</i> feature at <a href="http://bcbsm.com">bcbsm.com</a>.</p>
<b>Retail health center</b>	<ul style="list-style-type: none"> <li>Mild allergy symptoms</li> <li>Skin rash</li> <li>Eye irritation or redness</li> </ul>	<ul style="list-style-type: none"> <li>Evening and weekend hours</li> </ul>	<b>60 minutes</b>	<p>Find a retail health center by using our <i>Find a Doctor</i> feature at <a href="http://bcbsm.com">bcbsm.com</a>.</p>
<b>Urgent care center</b>	<ul style="list-style-type: none"> <li>Minor burns, cuts and scrapes</li> <li>Sprains and strains</li> <li>Minor asthma issues</li> </ul>	<ul style="list-style-type: none"> <li>Walk-in appointments available</li> <li>Convenient locations</li> </ul>	<b>60 to 90 minutes</b>	<p>Ask your primary care doctor to recommend a nearby urgent care center or find one using our <i>Find a Doctor</i> feature at <a href="http://bcbsm.com">bcbsm.com</a>.</p>
<b>Emergency room</b>	<ul style="list-style-type: none"> <li>Life-threatening conditions</li> <li>Chest pain</li> <li>Possible major broken bones</li> <li>Sudden blurred vision</li> <li>Poisoning</li> <li>Unconscious state</li> </ul>	<ul style="list-style-type: none"> <li>Available 24/7</li> <li>Suitable for emergency situations</li> </ul>	<b>4 hours</b>	<p>Call 9-1-1 or visit your local hospital.</p>

## Preventive Services *Ford Hourly Blue Preferred Plus (BPP)*

Preventive Service	Frequency/Limitations
<b>Physical Examinations</b>	
Well adult –health maintenance exam (HME) (routine physical)	– 1 per calendar year – <i>Subject to 50% co-pay</i>
Well baby/child exam	– 6 visits prior to age 2
<b>Laboratory Screening Services</b>	
Lipid disorder screenings	– 1 every 5 years; males and females age 20 and over
Fecal occult blood test	– 1 per calendar year; males and females age 50 and over
<b>Infectious Disease Screening</b>	
Hepatitis C (HCV) screening	– 1 per calendar year – Males, females and children at any age at risk
<b>Men's Health</b>	
Prostate specific antigen (PSA)	– Males age 40 and over – 1 per calendar year – 2 <sup>nd</sup> screening test allowed if first test indicates a level 4.0 or higher
<b>Women's Health</b>	
OB/GYN Exam	– 1 per calendar year – Females at any age – <i>Subject to 50% co-pay</i>
Cervical cancer and dysplasia screening Papanicolaou (PAP) smear	– 1 per calendar year – Females at any age
Procurement of PAP smear	– 1 per calendar year – Females at any age
Mammogram/breast cancer screening	– 1 baseline at age 40 – 1 per calendar year age 50 and over
<b>Colorectal Cancer Screening</b>	
Colonoscopy	– Males and females age 50 and over – 1 every 10 years
Cologuard	– Males and females age 50 and over – 1 every 3 years
Barium Enema	– Males and females age 50 and over – 1 every 5 years unless received colonoscopy in past 10 years
Sigmoidoscopy	– Males and females age 50 and over – 1 every 5 years unless received colonoscopy in past 10 years
Proctoscopic Exam (without biopsy)	– Males and females age 40 and over – 1 every 3 years

## Preventive Services *Ford Hourly Blue Preferred Plus (BPP)*

Preventive Service	Frequency/Limitations
<b>Immunizations*</b>	
Cholera vaccine Hepatitis A vaccine Hepatitis B vaccine HPV Influenza type B (HIB) Japanese Encephalitis virus vaccine Meningococcal vaccine MMR/ MMRV Pneumococcal vaccine Poliovirus vaccine Rabies vaccine Rotavirus vaccine Tetanus, Diphtheria, Pertussis vaccine Typhoid vaccine Varicella virus vaccine (chicken pox) Yellow Fever vaccine	<ul style="list-style-type: none"> <li>– Follow CDC/Advisory Committee on Immunization Practices (ACIP) guidelines for age and frequency limitations: <a href="http://www.cdc.gov/vaccines/schedules/">www.cdc.gov/vaccines/schedules/</a></li> <li>* Effective 2/1/20, access to all listed immunizations will be expanded allowing coverage at a pharmacy (both through the medical and pharmacy benefit). Immunizations will remain covered at a doctor's office and retail health clinic.</li> </ul>
Influenza (Flu)	– 1 per calendar year
Shingles	<ul style="list-style-type: none"> <li>– Zoster: Age 60 and older</li> <li>– Shingrix: Age 50 and older</li> </ul>

*This is intended as an easy-to-read summary and provides an overview of your in-network preventive benefits. This is not an all-inclusive list and is subject to change. This list is updated and posted on an annual basis only. Additional restrictions, including diagnosis, location, age limitations and provider type may apply to all listed services. **For a complete description of current benefits, please contact the customer service number on the back of your ID card.***



## Preventive health services

Under the provisions of the Patient Protection and Affordable Care Act of 2010 (PPACA), in-network preventive health services are covered in full (paid at 100%) with no co-payment, coinsurance or deductible when the main purpose of the office visit is to receive preventive care. That means that you can get physical exams, certain routine check-ups, vaccines, screenings and more without paying out-of-pocket at the doctor's office.

### Why is preventive care important?

Because visiting your provider regularly for check-ups can help keep you healthy and prevent serious and costly medical conditions.

The preventive services guidelines are based on the recommendations of the following agencies:

United States Preventive Services Task Force (USPSTF) at [ahrq.gov](http://ahrq.gov) (Search USPSTF)

Advisory Committee on Immunization Practices (ACIP) at [cdc.gov/vaccines](http://cdc.gov/vaccines)

American Academy of Pediatrics/Bright Futures Initiative (AAP) at [brightfutures.aap.org](http://brightfutures.aap.org)

### Important things to remember:

- Certain preventive services are covered when received from an out-of-network provider (pap smear, PSA screening, proctoscopic exam, mammograms and colonoscopy).
- Preventive care does not include maintenance care, diagnosed medical conditions or services performed to diagnose a probable medical condition when symptoms are presented.
- The physician or other health care provider should code routine annual physicals as preventive and should not use diagnostic procedure codes.
- If a medical condition is diagnosed or considered probable during the preventive physical exam, any supplemental tests will be coded as diagnostic services. Ask the physician to bill these separately from the preventive physical exam to ensure that the exam is paid as preventive.
- Diagnostic tests performed to investigate existing symptoms or to monitor on-going conditions are not covered as preventive care but are covered as a medical benefit.

## Here's why you need to immunize

Immunizations help protect you or your child from disease. They also help reduce the spread of disease to others and prevent epidemics.

In many cases when you get a vaccine, you get a tiny amount of the organism that causes the disease. This amount is not enough to give you the actual disease. But it is enough to cause your immune system to make antibodies that can recognize and attack the organism if you are ever exposed to it.

Immunizations and vaccinations are covered to prevent the following diseases and conditions:

- Diphtheria
- Tetanus
- Pertussis
- Poliomyelitis (polio)
- Haemophilus influenzae type B
- Pneumococcus bacterium
- Measles
- Mumps
- Rubella
- Varicella
- Hepatitis A
- Hepatitis B
- Human papilloma virus
- Rotavirus
- Meningococcal disease
- Influenza
- Zoster shingles



## Choosing a primary care doctor

If you don't already have a primary care doctor, visit [bcbsm.com](http://bcbsm.com) to get started.

Once there, click on *Find a Doctor*. If you don't have access to a computer or you need assistance, please call us at the phone number on the back of your ID card.

Selecting a primary care doctor for you and your family is an important decision. Your doctor is your partner in maintaining your good health and providing care for most of your basic health care needs, including:

- Regular checkups
- Health screenings and immunizations
- Treatment for illness or injury
- Treatment for chronic conditions like asthma and diabetes

Your primary care doctor can also coordinate specialty care, lab tests and hospitalizations.

Primary care doctors are family or general practice doctors, internists and pediatricians.

Maintaining a relationship with your primary care doctor is important because he or she may be able to see trends or symptoms you may not notice. Your doctor also knows your family history and risks. With routine tests, your doctor may be able to catch health concerns early.





# Your primary care physician checklist

Use this checklist to help take you through the process of finding, making an appointment and interacting with your primary care physician.

## 1 Find a doctor:

- Log in at **bcbsm.com**, click on *Find a Doctor*, and enter the first three letters of your ID card number to begin your search.
- Call Blue Cross customer service at 1-800-482-5148.

## 2 Before you call:

- Write down questions and concerns.
- Gather a list of current medication and immunization records.
- Locate your health plan ID card and photo ID.

## 3 When calling, tell them:

- Your name and if you are a new or existing patient.
- Reason you're seeing the doctor.
- Days and times that work for you.

### Ask:

- For any forms that can be sent before your visit.
- What else you need to bring.
- About the cancellation policy.

## 4 For your appointment:

### Bring:

- Health plan ID card and photo ID.
- Any papers or forms sent ahead of time.
- Health information (medical records), including you and your family's health history.
- List of prescriptions and over-the-counter medicines.
- Herbal remedies and vitamins.
- Prescription refills.
- Someone to help you talk to your doctor, if needed.

- Pay your copayment, if you have one.
- Let your doctor know about allergies to medications or if you have allergies.
- Ask questions or voice concerns.

## 5 After your appointment:

- Follow your doctor's advice.
- Schedule any follow-up appointments.
- Not comfortable with your doctor? Find a new one, if you need to.

## 24/7 online doctor visits

With telemedicine, you can get quality health care, anytime, anywhere.\*

### Life is online 24/7

You're used to the convenience of banking, shopping and taking care of personal business online when you're pressed for time, or when it's convenient for you. Health care doesn't have to be any different. Why not see a board-certified doctor online too?

### No appointment needed

You can get fast, convenient, affordable online health care 24 hours a day, seven days a week, wherever you are in the U.S.\* Just choose an available doctor, click and go. It's as simple as using your mobile device or computer to meet with a doctor face-to-face, online, when:

- Your primary doctor isn't available.
- You can't leave your home or workplace.
- You're on vacation or traveling for work.
- You're looking for affordable after-hours care.

### It's for the whole family

Family members on your plan can also use 24/7 online health care. Just add children younger than age 18 to your account. Your spouse, and children age 18 and over, should create their own accounts.

\*Some states have visit and prescribing restrictions. Online health care doesn't replace primary doctor relationships.





## When should I use an online doctor?

You can use BCBSM Online Visits<sup>SM</sup> for minor illnesses, such as:

- Sinus and respiratory infections
- Colds, flu and seasonal allergies
- Minor burns, cuts and scrapes
- Skin rash
- Painful urination
- Eye irritation or redness
- Sore throat
- Earache
- Vomiting

## How do I get started with 24/7 online health care?

Sign up now:

Mobile – Download the BCBSM Online Visits<sup>SM</sup> app

Web – Go to **bcbsmonlinevisits.com**

Phone – Call 1-844-733-3627

- Add your Blue Cross health care plan information

**Important:** You may be charged incorrectly if you don't enter your plan information.

## How does it work?

Fast and easy:

- Sign up to create your account.
- Log in by web, or launch the app from your smartphone or tablet.
- Choose an available doctor who's right for you.
- Talk to your doctor and get a prescription, if needed.\*
- At the end of your visit, you'll get a full report to share with your family doctor or other health care providers.
- You can also view your explanation of benefits statement and claims for online health care at **bcbsm.com**.

# Blue Cross Coordinated Care

## What is it?

This program identifies members with complex or chronic conditions that could benefit from care management support and connects them to care.

## How does it work?

A registered nurse leads a Blue Cross care team that works with members to help them develop a plan to better manage their conditions.

Doctors, dietitians and social workers are among the specialists that make up the Blue Cross care team. Together, they help members:

- Identify health risks
- Better understand treatment options
- Connect with support in local communities
- Find behavioral health services and other care

Members can conveniently stay connected to their care plans through the BCBSM Coordinated Care app.

## Where do I start?

Member identified for the program will receive a call from a registered nurse to get started.

Protect your privacy and well-being. Participation in the Coordinated Care and Case Management programs is strictly voluntary for members. Our goal is to help you and your family to understand your illness, move toward self-management and make the most of your health care resources. We follow every law and regulation to protect the confidentiality of your health information. No information is shared without your consent, unless permitted by privacy laws.





## Valuable member resources

# Get Connected to Health and Well-being

Blue Cross® Health & Well-Being gives you access to many online resources that can help you stay healthy, get better or improve your quality of life while living with a health condition.

Take the online health assessment to get a personalized health score and a snapshot of any current health risks. In an easy-to-read, interactive format, the health assessment asks you questions designed to evaluate your health.

In addition, the Blue Cross Health & Well-Being website offers Digital Health Assistant programs, a Personal Health Record, health trackers, videos, healthy recipes, health information, interactive tools and more. Just log in to your account at [bcbsm.com](http://bcbsm.com) and click on Health & Well-Being in the navigation menu and then WebMD to access all these great resources.

## Cash in on discounts

As a member, you'll have access to exclusive discounts on a variety of healthy products and services from groceries and fitness gear to travel and gym memberships. For information about these offers and more, log in to your member account at [bcbsm.com](http://bcbsm.com) and then click Member Discounts with Blue365®.

WebMD Health Services is an independent company supporting Blue Cross Blue Shield of Michigan by providing health and wellness services.



Blue Cross  
Blue Shield  
Blue Care Network  
of Michigan

Confidence comes with every card.®

# A special fitness offer:

**\$29 a month gym membership**  
(with \$29 enrollment fee + three-month commitment)



**Blue365®** has teamed up with **Tivity Health™ Fitness Your Way™** to help you meet your fitness goals without breaking the bank. Fitness Your Way offers you the flexibility to work out at any of its locations nationwide, on your time and on a budget you can live with.

- On your budget
  - Only \$29 a month, per person\*
  - Requires a three-month commitment
- \*Taxes may apply. Must be at least 18 years old.
- On your time
  - More than **10,000** national and local participating fitness locations including LA Fitness, Snap Fitness and Anytime Fitness
  - Visit any participating location — anytime, anywhere — as often as you like
  - 24/7 access to well-being support, health articles and online health coaching
- Meet your goals
  - Stay motivated with social networking, rewards and the Daily Challenge
  - Easy online tools to **track exercise goals and activity**, and ask an expert a question

## Enroll today

1. Log in to your member account at [bcbsm.com](http://bcbsm.com)
2. Click on Member Discounts with Blue365 on the right side of your home page
3. Search for the Fitness Your Way deal, click Redeem Now then Continue to be directed to the Fitness Your Way home page.
4. Once you're on the Fitness Your Way site, you can:
  - Search by ZIP code for participating locations.
  - Review the *Frequently Asked Questions* before enrolling.

You can also enroll by phone at 1-888-242-2060, Monday through Friday, 8 a.m. to 9 p.m. in all U.S. time zones. Offer is subject to change at any time.



**Blue365®**

Because health is a big deal™

The Blue365 program is brought to you by the Blue Cross Blue Shield Association. The Blue Cross and Blue Shield Association is an association of independent, locally operated Blue Cross and Blue Shield Plans. Blue365 offers access to savings on items that members may purchase directly from independent vendors, which are different from items that are covered under health plan policies with Blue Cross Blue Shield of Michigan or Blue Care Network, its contracts with Medicare, or any other applicable federal health care program. Neither Blue Cross Blue Shield of Michigan, Blue Care Network nor the Blue Cross and Blue Shield Association recommends, endorses, warrants or guarantees any specific vendor or item.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

# Blue Cross Blue Shield Global Core

## *Coverage at home and when you are out and about*

As one of our valued members, you enjoy access to more than 90 percent of hospitals and 80 percent of doctors in the United States — more than any other insurer provides. But the advantages do not end there.

When you use a participating Blue Cross doctor, simply show your ID card, and let your doctor and Blue Cross handle the rest. After you receive care, you should not have to complete any claim forms. Later, you will receive an explanation of benefits from your Plan.

If your doctor does not participate in our network, all you need to do is mail your claim information to us. In return, you will receive an easy-to-read explanation of your treatment costs and what we paid on your behalf. You may have to pay a cost share amount for elective, non-emergency services that are out of network.

## Benefits that travel with you.....

Whether you are at home or traveling in the United States, you are covered thanks to Blue Cross Blue Shield Global Core. The program connects your doctor to an electronic system that delivers your benefit information anywhere in the country.

Simply carry your ID card with you at all times. You will not need to complete any claim forms or pay up front for medical services, except for your usual out-of-pocket expenses (non-covered services, deductible, copayment and coinsurance).

## Emergency care around the world.....

As a Blue Cross member, you take your health care benefits with you when you travel abroad. The Blue Cross Blue Shield Global Core program provides access to medical assistance services, doctors and hospitals around the world. Call Blue Cross Blue Shield Global Core service center at 1-800-810-BLUE (2583) or call collect at 1-804-673-1177, 24 hours a day, seven days a week. An assistance coordinator, along with a medical professional, will arrange a physician appointment or hospitalization, if necessary.

## Check before you travel.....

For added peace of mind when you travel, find Global Core doctors and hospitals by using the doctor and hospital finder at **bcbsglobalcore.com** or by calling 1-800-810-2583 before leaving home.

# Give up tobacco products. For good.



Try the Blue Cross Tobacco Coaching program, and take the first step toward better health.

Quitting tobacco products can be difficult, but we can help you achieve your goal of becoming tobacco-free.

Blue Cross Blue Shield of Michigan's Tobacco Coaching program, powered by WebMD®, provides you with the support and resources you need to establish and embrace a tobacco-free life. The 12-week program includes over-the-phone coaching for quitting all types of tobacco products, including electronic cigarettes and other vaping devices. And, it's offered at no extra cost to you.

To be eligible for the program, you must:

- Be ready to set a quit date within the next 30 days
- Have used a tobacco product within the past seven days of your initial call to WebMD

When you engage in the program, you'll receive:

- Five calls from a specially trained health coach over a 12-week period
- Unlimited calls to a health coach
- Online resources

And, about seven months after the program ends, your health coach will contact you to check on your progress.

Health coaches are available seven days a week, so it's easy to schedule your coaching appointments at a time that's convenient for you. Health coaches are available:

- **Monday through Thursday**  
9 a.m. to 11:30 p.m.
- **Friday**  
9 a.m. to 8 p.m.
- **Saturday**  
9:30 a.m. to 6 p.m.
- **Sunday**  
1 to 11:30 p.m.

Call **1-855-326-5102** to schedule your first Tobacco Coaching session. All hours are Eastern time.

WebMD Health Services is an independent company supporting Blue Cross Blue Shield of Michigan by providing health and well-being services.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.





# Glossary of health coverage and medical terms

Here are some commonly used health coverage terms defined.

**Allowed amount** – Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference.

**Coinsurance** – Your share of the costs of a covered health care service, calculated as a percent (for example, 10%) of the allowed amount for the service. You pay coinsurance plus any deductibles you owe. For example, if the health insurance or plan’s allowed amount for an X-ray is \$100 and you have met your deductible, your coinsurance payment of 10% would be \$10. The health insurance or plan pays the rest of the allowed amount.

**Copayment** – A fixed amount (for example, \$25) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

**Cost share** – Refers to your amount of the deductible, coinsurance and out-of-pocket maximum.

**Deductible** – The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$300, your plan will not pay anything until you have met your \$300 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

**Durable medical equipment (DME)** – Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

**Emergency medical condition** – An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

**Excluded Services** – Health care services that your health insurance or plan does not pay for or cover.

**Home health care** – Services a person receives at home.

**Hospice** – Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

**Hospitalization** – Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

**Hospital outpatient care** – Care in a hospital that usually does not require an overnight stay.

**In-network coinsurance** – The percent (for example, 10%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network coinsurance usually costs you less than out-of-network coinsurance.

**In-network copayment** – A fixed amount (for example, \$25) you pay for covered health care services to providers who contract with your health insurance or plan. In-network copayments usually are less than out-of-network copayments.

**Medically necessary** – Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

**Network** – The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

**Out-of-network coinsurance** – The percent (for example, 35%) you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan. Out-of-network coinsurance usually costs you more than in-network coinsurance.

# Glossary of health coverage and medical terms

*continued*

**Out-of-network copayment** – A fixed amount (for example, \$30) you pay for covered health care services from providers who do not contract with your health insurance or plan. Out-of-network copayments usually are more than in-network copayments.

**Out-of-pocket maximum** – The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your copayments, balance-billed charges or health care your health insurance or plan doesn't cover.

**Plan** – A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

**Preauthorization** – A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization is not a promise your health insurance or plan will cover the cost

**Preferred provider** – A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a “tiered” network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also “participating” providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

**Prescription drugs** – Drugs and medications that, by law, require a prescription.

**Primary care provider** – A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

**Provider** – A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

**Rehabilitation services** – Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings..

**Skilled nursing care** – Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

**Specialist** – A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

**Urgent care** – Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.



*So you're never out of touch, here are some phone numbers to keep handy.*

### Blue Cross Blue Shield Customer Service:

If you're a Blue Cross Blue Shield member and need to reach Customer Service, call the phone number on the back of your Blue Cross Blue Shield ID card.

Blue Cross and all other states ..... 1-800-482-5146  
*8 a.m. to 8 p.m. Monday through Friday*

### Other important Blue Cross numbers:

Anti-Fraud Hotline ..... 1-800-482-3787

BCBS Global Core to locate a provider if you are traveling ..... 1-800-810-BLUE (2583)  
*24 hours a day, seven days a week*

Blue Cross Health & Wellness for BCBSM members  
(Health coach hotline)..... 1-800-775-2583  
*24 hours a day, seven days a week*

### Other important numbers:

Ford National Employee Service Center (NESC) for membership updates ... 1-800-248-4444  
Ford website: **myfordbenefits.com**

Home delivery prescription drugs (Express Scripts) ..... 1-800-482-5146  
Website: **express-scripts.com**

Dental (Delta Dental)..... 1-844-223-8520  
Website: **DeltaDentalMI.com**

Vision (SVS, Inc.) ..... 1-800-225-3095  
Vision website: **svsvision.com**

Theramatrix ..... 1-888-638-8786  
Website: **Theramatrix.com**



Administered by Blue Cross Blue Shield of Michigan, a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association