



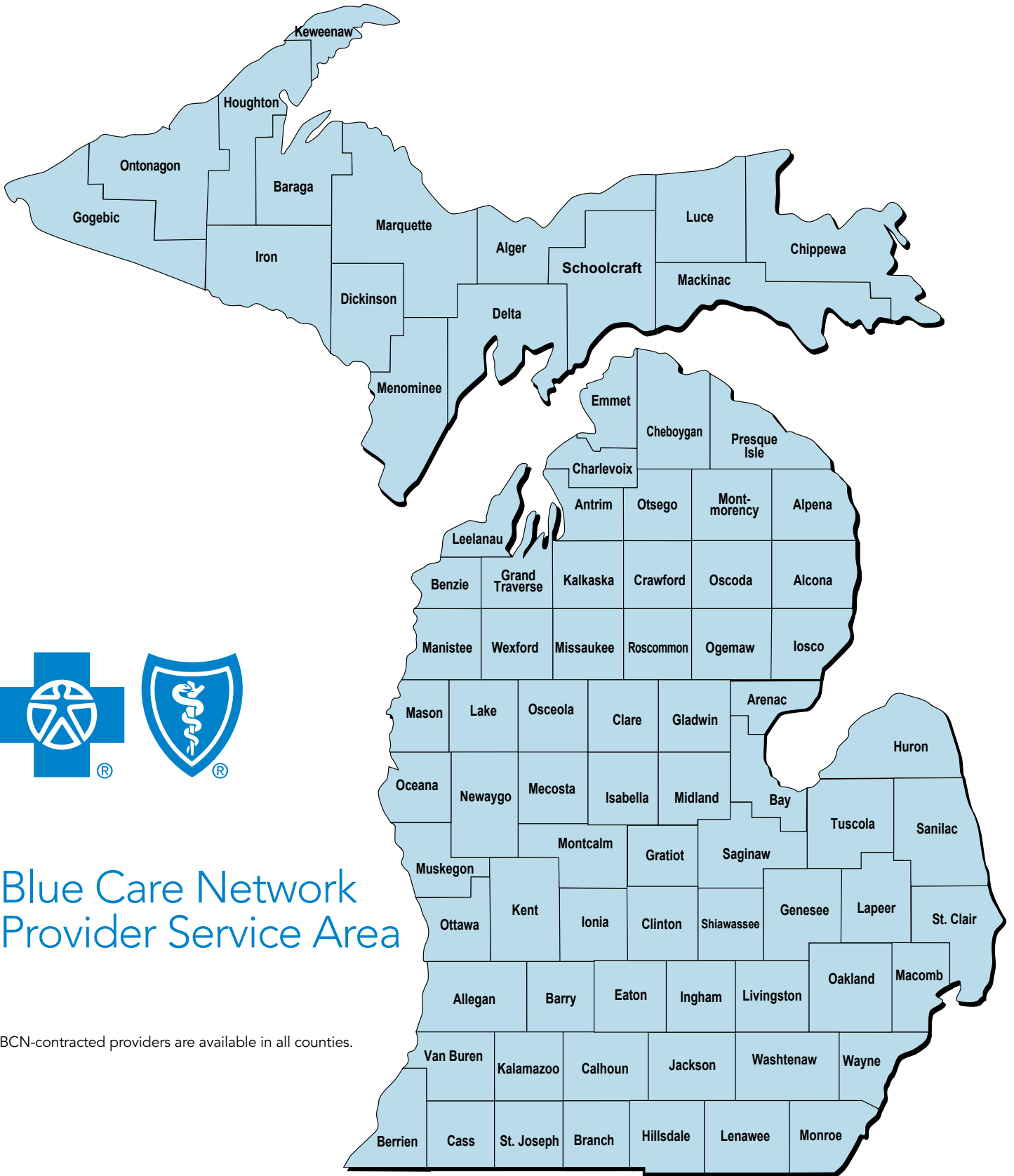
Blue Care
Network
of Michigan

Confidence comes with every card.®

Blue Care Network Member Guide

HMO PLAN FOR FORD HOURLY EMPLOYEES





Blue Care Network Provider Service Area

BCN-contracted providers are available in all counties.





Quick Reference



IMPORTANT OR FREQUENTLY USED PHONE NUMBERS

Phone numbers, as well as mail and online options, are listed throughout the book as contact information.

CUSTOMER SERVICE: 1-800-662-6667, TTY: 711

(8 a.m. to 5:30 p.m. Monday through Friday)

Talk to a representative about your plan or benefits.

BEHAVIORAL HEALTH SERVICES: 1-800-482-5982

Talk to a behavioral health manager in an emergency about issues that cause emotional or mental distress, including substance abuse issues. For more information, see Page 15.

24-HOUR NURSE LINE: 1-855-624-5214

Get answers to health care questions any time, anywhere with support from registered nurses. For more information, see Page 17.

CARE WHILE YOU TRAVEL: 1-800-810-BLUE (2583)

Find a doctor, urgent care facility or hospital that participates in BlueCard®, our care program when you're away from home. For more information, see Page 22.

WELCOME TO Blue Care Network

With the largest HMO network across Michigan, Blue Care Network builds relationships with doctors, hospitals and customers to offer quality products and wellness programs to our members.

Blue Care Network administers your employer's benefit plan and provides all health-related programs for members of the plan. Blue Care Network provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.



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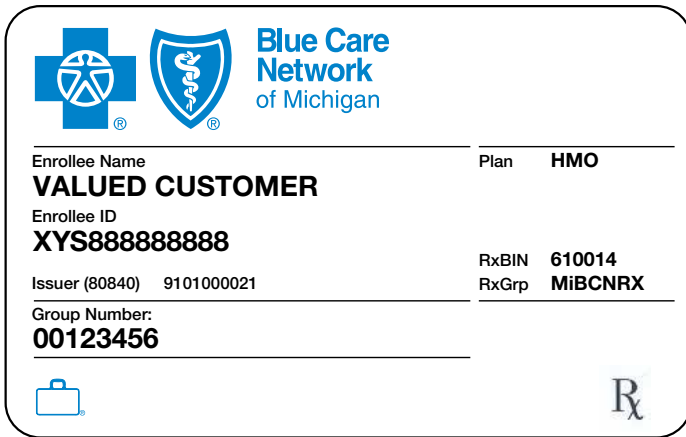
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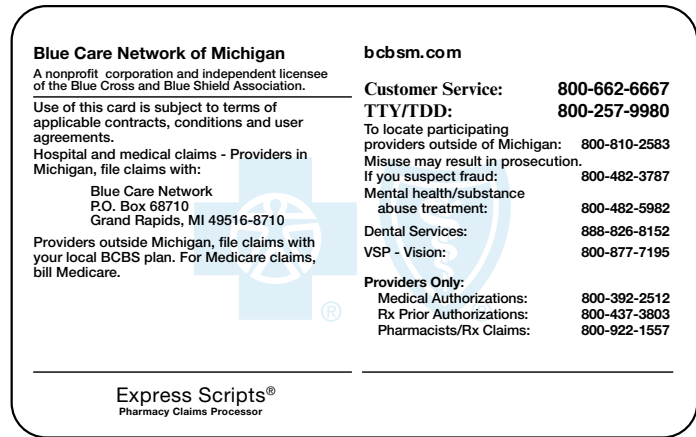
Your Blue Care Network ID card



Blue Care Network of Michigan

Enrollee Name	Plan	HMO
VALUED CUSTOMER		
Enrollee ID		
XYS888888888		
Issuer (80840)	9101000021	RxBIN 610014
		RxGrp MiBCNRX
Group Number:	00123456	



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

Use of this card is subject to terms of applicable contracts, conditions and user agreements.

Hospital and medical claims - Providers in Michigan, file claims with:
Blue Care Network
P.O. Box 68710
Grand Rapids, MI 49516-8710

Providers outside Michigan, file claims with your local BCBS plan. For Medicare claims, bill Medicare.

bcbsm.com

Customer Service: 800-662-6667
TTY/TDD: 800-257-9980

To locate participating providers outside of Michigan: **800-810-2583**
Misuse may result in prosecution.
If you suspect fraud: **800-482-3787**
Mental health/substance abuse treatment: **800-482-5982**
Dental Services: **888-826-8152**
VSP - Vision: **800-877-7195**

Providers Only:
Medical Authorizations: **800-392-2512**
Rx Prior Authorizations: **800-437-3803**
Pharmacists/Rx Claims: **800-922-1557**

Express Scripts®
Pharmacy Claims Processor

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 you have coverage through Blue Care Network and we provided you with the card.
- The suitcase shows you're part of our BlueCard program, offering coverage wherever you travel.

THE BACK OF YOUR ID CARD

- The magnetic stripe contains electronic information that helps your doctor's office or hospital file your claim with us.
- Various Customer Service phone numbers are listed so you can get answers to questions you may have about your coverage.



Blue Cross mobile app

USE OUR MOBILE APP TO MANAGE YOUR HEALTH CARE PLAN

Our mobile app provides the tools you need to make an informed decision. You can:

- Look up your authorizations and referrals
- Check your deductible and out-of-pocket balances
- Track your service claims and explanation of benefits statements
- See what your plan covers so you're more informed when you need care
- Manage your prescriptions, and look up costs of prescribed drugs
- Find a doctor or hospital in your network by location, specialties and procedure

Plus, you can access your member ID card, health and well-being resources and more.

HOW TO REGISTER

1. Search **BCBSM** in the **App Store**® or **Google Play**™. Or text **APP** to **222764**.*
2. Open the app on your mobile device.
3. Tap *Register*.

With your BCN member ID card in hand, go through the registration screens, and type in your information. Make sure to:

- Read the privacy policy
- Set up security questions and answers that you can easily remember
- Create a strong password with a minimum of eight characters, using at least one uppercase letter, one lowercase letter and one number

Know sooner when updates are posted to your member account:

- Register your phone number to receive text messages.
- Sign up to receive emails, and select the communications you want to receive.

THAT'S IT. YOU'RE REGISTERED.

For more information about the mobile app, visit bcbsm.com/app.

*You'll be sent a Blue Cross mobile app download link. Message and data rates may apply. Visit bcbsm.com for our *Terms and Conditions of Use and Privacy Practices*.

WebMD Health Services is an independent company supporting Blue Care Network by providing health and wellness services.

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New!

Get answers 24/7 with the MIBlue Virtual Assistant an interactive, automated chat feature.



Your primary care physician:

YOUR CONNECTION TO CARE

WHY CHOOSE A PRIMARY CARE PHYSICIAN

Selecting a primary care physician is an important first step to a healthier lifestyle. Your doctor will become your partner in maintaining your good health and will manage most of your care.

PCP care starts with regular checkups, health screenings and immunizations. It includes treatment for illness, injury and chronic conditions, like a heart condition or asthma. Your primary care physician also arranges for specialty care, lab tests and hospitalization.

CONNECT TO CARE

You must select a primary care physician as soon as you become a member so you can get the care you need. If you need to change your selection, log in to your member account at bcbsm.com or through the Blue Cross mobile app.

YOU HAVE CHOICES

Each member of your family can select a primary care physician, or you can choose one for your whole family. Your BCN primary care physician may be an M.D. (medical doctor) or a D.O. (osteopathic doctor). Your PCP must be from one of the following categories:

- **Family medicine and general practice:** Practitioners who treat patients of all ages, from newborns to adults
- **Internal medicine:** Internists trained to identify and treat adult and geriatric medical conditions
- **Internal medicine/pediatrics:** Physicians trained in internal medicine and pediatrics who treat infants, children, adolescents and adults
- **Pediatrics:** Pediatricians who treat infants, children and adolescents 18 years and younger

HOW TO SELECT A PRIMARY CARE PHYSICIAN

With thousands of qualified primary care physicians in our network, how do you decide?

Log in to your member account at bcbsm.com or through the Blue Cross mobile app to search for physicians by county and city. You can also search for a doctor by hospital affiliation and extended office hours.

If you want more information, call the doctor's office. Here are some questions to ask:

- How many years has the doctor been in practice?
- What languages are spoken in the office?
- Does the doctor make referrals to the specialist you're now seeing?

WHICH DOCTOR DID YOU SELECT?

We need to know who you picked.

If you selected a primary care physician through your member account and clicked *Submit*, you've given us the information we need.

You can also call Customer Service and tell us which PCP you selected.

INFORMATION

To reach Customer Service, call the number on the back of your member ID card from 8 a.m. to 5:30 p.m. Monday through Friday. The TTY number is **711**.

Woman's Choice program

YOU CHOOSE. NO REFERRAL NEEDED.

Woman's Choice is a self-referral program. This means for routine women's health services, you may visit certain contracted specialists without a referral from your primary care physician.

Find a Woman's Choice doctor at bcbsm.com/find-a-doctor.

WOMEN'S HEALTH SERVICES

Woman's Choice health specialists include obstetrician-gynecologists, gynecologic oncologists, reproductive endocrinologists, maternal and fetal medicine specialists, neonatologists, perinatologists and certified nurse midwives. Your women's health specialist may perform or order various services* **without** your primary care physician's referral.

GYNECOLOGICAL CARE — NO REFERRAL NEEDED

- Bone density studies
- Breast exams and mammograms
- Contraceptive management
- Diagnosis and in-office surgical and nonsurgical treatment of gynecological and bladder infections
- Gynecological exams, Pap smears
- Laboratory** and pathology services related to gynecological problems
- Pelvic ultrasounds

OBSTETRICAL CARE — NO REFERRAL NEEDED

- Fetal nonstress tests
- Laboratory** and pathology services related to obstetrical care
- Maternity ultrasounds

You need your primary care physician's or OB-GYN's referral for these services*:

- Surgical procedures performed in an outpatient facility
- Hospital admission other than infant delivery

Your provider must notify us before performing these services*:

- Amniocentesis
- Gynecological surgical procedures
- Hospital admissions for infant delivery and other obstetric conditions
- Treatment of suspected or confirmed malignancies

**Benefits vary by plan. To check your coverage, log in to your account at bcbsm.com or through the Blue Cross mobile app.*

***Must be sent to Joint Venture Hospital Laboratories.*

TIP

Consider selecting a women's health specialist who belongs to the same physician group as your primary care physician or has privileges at the same hospital. This makes it easier for the two to care for you as a team.

QUESTIONS?

Call the number on the back of your member ID card between 8 a.m. and 5:30 p.m. Monday through Friday. The TTY number is **711**.

Referrals

COORDINATING CARE WITH YOUR DOCTOR

Your primary care physician provides your care or coordinates it through our referral process. When you need specialty care, he or she will provide a referral that authorizes your treatment or services from another health care provider. Referrals are provided to the health care provider electronically, on paper or by telephone. This process allows your doctor to coordinate the care you're receiving. Some primary care physicians are affiliated with certain groups of doctors and hospitals and will generally refer you to them for any care you need. This helps them better coordinate your care.

- It's important to confirm that your primary care physician refers you to an in-network specialist to ensure you receive coverage for treatment. You don't need a referral for emergency care. You may need special approval from us for certain services and for services from specialists who aren't part of your plan's network.
- Your referral for treatment with a specialist can range from 90 days to 365 days.
- Changing your primary care physician while a specialist is treating you may change your treatment referral. Check with your new PCP.
- If your primary care physician doesn't refer you, you may be responsible for the cost of services.



NOTE

All referrals must come from your primary care physician.



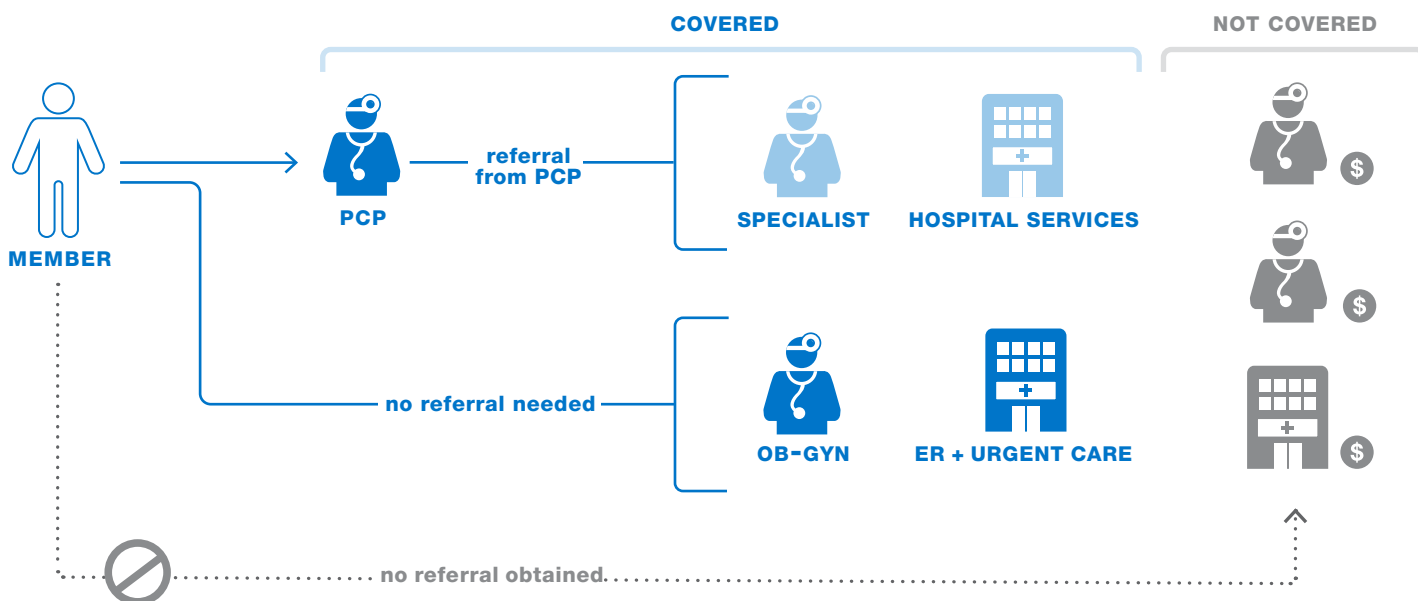
NOTE

You don't need a referral for behavioral health, but you must be seen by a network provider.



NOTE

No referral needed when female members see a network gynecologist or obstetrician for annual well-woman visits and obstetrical care (Woman's Choice program).



Partners in Care

SOME BCN SERVICES ARE PROVIDED THROUGH SUBCONTRACTED ARRANGEMENTS WITH VENDORS.

DURABLE MEDICAL EQUIPMENT

When you're recovering from an operation or an illness, your primary care physician may order special equipment, such as a wheelchair or oxygen tank, to maintain your quality of life. These types of items are called durable medical equipment. Northwood Inc. partners with Blue Care Network to provide durable medical equipment as well as prosthetic and orthotic appliances for members. We only cover basic equipment that you can use at home. If the equipment you want has special features that aren't medically necessary or are considered a luxury, you can choose to pay the cost difference between the basic item and the one with special features.

DIABETIC SUPPLIES

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

NOTE: Both durable medical equipment and diabetic supplies must be prescribed by your primary care physician and must be supplied by Northwood or J&B. If you get these items through someone else, you'll be responsible for the cost.

GUIDE TO OUR PARTNERS IN CARE

SERVICE FUNCTION	PROVIDER	TELEPHONE	HOURS
Durable medical equipment	Northwood, Inc.	1-800-667-8496	8:30 a.m. to 5 p.m. Monday through Friday
Diabetic Supplies	J&B Med. Supply	1-888-896-6233	
Laboratory Services (outpatient)	JVHL (Joint Venture Hospital Laboratories)*	1-800-445-4979	8:30 a.m. to 5 p.m. Monday through Friday

**JVHL is an independent company that provides lab services for Blue Care Network.*



Ford Motor Company benefits-at-a-glance

BENEFITS-AT-A-GLANCE FOR FORD MOTOR COMPANY

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It's not a contract. Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable *Blue Care Network Benefit Document* and amendments. Payment amounts are based on the Blue Care Network approved amount, not including any deductible, coinsurance and copayment amounts required by the plan. If there's a discrepancy between this *Benefits-at-a-Glance* and any applicable plan documents, the plan document will control. This coverage is provided pursuant to a contract entered into in the State of Michigan and shall be construed under the jurisdiction and according to the laws of the State of Michigan. Services must be provided or arranged by your primary care physician or health plan.

Note: The deductible will apply to certain services as defined below.



Member's responsibility: deductible, copayments, coinsurance and out-of-pocket maximum	
Deductible Note: Coinsurance and select fixed dollar copays apply once the deductible has been met.	None
Fixed dollar copays	\$25 for primary care physician office visits \$25 for referral physician visits \$50 for urgent care visits \$100 for emergency room visits
Annual out-of-pocket maximum — includes deductibles, copays and coinsurance amounts for all covered services — including prescription drug copays	\$8,150 per member \$16,300 per contract per calendar year
Preventive services — as defined by the Affordable Care Act and included in your <i>Benefit Document</i>	
Health maintenance exam	Covered – 100%
Annual gynecological exam	Covered – 100%
Pap smear screening – laboratory services only	Covered – 100%
Well-baby and child care visits	Covered – 100%
Immunizations – pediatric and adult	Covered – 100%
Prostate specific antigen screening – laboratory services only	Covered – 100%
Routine colonoscopy	Covered – 100%
Mammography	Covered – 100%
Voluntary female sterilization	Covered – 100%
Breast pumps (Durable medical equipment guidelines apply. Limited to no more than one per 24-month period.)	Covered – 100%
Maternity prenatal care	Covered – 100%
Physician office services	
Office visits	Covered – \$25 copay
Online office visits	Covered – \$10 copay
Specialist care – when referred for other than preventive services	Covered – \$25 copay

Ford Motor Company benefits-at-a-glance

Emergency medical care	
Hospital emergency room – copay waived if admitted to the hospital, sent via ambulance by the company, or placed under observation.	Covered – \$100 copay
Retail health clinics	Covered – \$50 copay
Urgent care	Covered – \$50 copay
Ambulance services – ground and air (medically necessary)	Covered – 100%
Diagnostic services	
Laboratory and pathology tests	Covered – 100%
Diagnostic test and X-rays	Covered – 100%
High technology imaging (MRI, CAT, PET)	Covered – 100%
Radiation therapy	Covered – 100%
Maternity services provided by a physician	
Postnatal and nonroutine prenatal care – see “Preventive services” section for prenatal care	Covered – \$25 copay
Delivery and nursery care	Covered – 100% for professional services; see “Hospital care” section for facility charges
Hospital care	
General nursing care, hospital services and supplies	Covered – 100%
Outpatient surgery – See your <i>Benefit Document</i> for select surgical coinsurance	Covered – 100%
Alternatives to hospital care	
Skilled nursing facility	Covered – 100%
Hospice care	Covered – 100% when authorized
Home health care	Covered – 100%
Surgical services	
Surgery – includes all related surgical services and anesthesia	Covered – 100%
Voluntary male sterilization – see “Preventive services” section for voluntary female sterilization	Covered – 100%; office visit copay may apply
Elective abortion (one procedure per two-year period of membership)	Covered – 100%; office visit copay may apply
Human organ transplants (subject to medical criteria)	Covered – 100%
Reduction mammoplasty (subject to medical criteria)	Covered – 100%
Male mastectomy (subject to medical criteria)	Covered – 100%
Temporomandibular joint syndrome (subject to medical criteria)	Covered – 100%
Orthognathic surgery (subject to medical criteria)	Covered – 100%
Weight reduction procedures (subject to medical criteria) – limited to one procedure per lifetime	Covered – 100%



Mental health care and substance use disorder treatment	
Inpatient or residential mental health care	Covered – 100%
Inpatient substance use disorder care	Covered – 100%
Outpatient mental health care	Covered – 100%
Outpatient substance use disorder care	Covered – 100%
Autism spectrum disorders, diagnosis and treatment	
Applied behavioral analyses treatment	Covered – \$25 copay
Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder through age 18	Covered – 100%
Other covered services, including mental health services, for autism spectrum disorder	See your outpatient mental health benefit and medical office visit benefit
Other services	
Allergy testing and therapy	Covered – 100%; office visit copay may apply
Allergy office visits	Covered – \$25 copay
Allergy injections	Covered – 100%
Chiropractic spinal manipulation – when referred	Covered – \$25 copay
Outpatient physical medicine services, speech and occupational therapy – subject to meaningful improvement within 60 days	Covered – 100%; limited to 60 visits per medical episode per calendar year
Infertility counseling and treatment (excluding In-vitro fertilization)	Covered – 100%
Durable medical equipment	Covered – 100%
Prosthetic and orthotic appliances	Covered – 100%
Diabetic supplies	Covered – 100%
Prescription drugs	<p>Retail up to a 90-day supply:</p> <ul style="list-style-type: none"> • Tier 1 – \$6 copay • Tier 2 – \$13 copay • Tier 3 – not covered • Sexual dysfunction drugs – \$19 copay <p>Step therapy and prior authorization may apply to select drugs. Tier 1A-female contraceptives and other preventive medications are covered in full.</p> <p>Specialty Drugs covered when purchased through the BCN Exclusive Pharmacy Network.</p>
Mail order prescription drugs	<p>Mail order up to a 90-day supply:</p> <ul style="list-style-type: none"> • Tier 1 – \$6 copay • Tier 2 – \$13 copay • Tier 3 – not covered
Hearing	One hearing aid and exam every 36 months. covered – 100%

Understanding your drug benefit

You have prescription drug coverage with us. For information about what you pay when you fill a prescription, log in to your account at bcbsm.com. Then click on *My Coverage* in the navigation menu and then click *Prescription*.

PROVIDING BETTER VALUE

Our list of drugs is grouped into categories, or tiers, with the safest and least expensive drugs in the lower tiers. Your copayment, or out-of-pocket cost, is defined by one of these tiers.

- **Tier 1 – Lowest copayment**
These drugs are your most cost-effective option for treatment.
- **Tier 2 – Higher copayment**
These brand-name drugs cost more because there is no generic equivalent.
- **Tier 3 – Highest copayment or not covered**
These drugs aren't on our list of approved drugs. You may pay a higher copayment or the entire cost of these drugs.

GET MORE FOR LESS

You can order up to a 90-day supply of the medications you use regularly from your retail pharmacy and pay only two copayments instead of three. You can also get refills by mail order for a reduced copayment.

GO GENERIC

Generic drugs are made with the same active ingredients as their brand-name equivalents, making them safe and effective treatment options. Because they cost much less than brand-name drugs, your prescription will automatically be filled with a generic drug when medically appropriate.

DRUG MANAGEMENT ENSURES SAFETY

Here are some ways we ensure that your prescriptions are safe, affordable and appropriate.

- Our prior authorization program includes step therapy, which requires you to try one or more cost-effective drugs before using a more expensive brand-name product.
- Our quantity limits review ensures that the dose prescribed for you is safe.
- Our pharmacy claims system is programmed to identify harmful drug interactions.

TRANSITION FILL

During your first three months as a new member, you may qualify for a special benefit.

- If you're taking a drug that requires approval or step therapy, you may be eligible for a one-time courtesy fill of your prescription.
- Up to a 30-day prescription is available for most drugs for one copayment.



Your explanation of benefits statement


Your explanation of benefits statement shows you the costs associated with the medical care you've received. When a claim is filed under your benefit plan, you'll receive an EOB showing what was billed, any Blue Cross discounts, what we paid, and what you pay. You can find all of your claims explained online by logging in to your account at bcbsm.com or through the mobile app.

EOB STATEMENT DETAILS

- 1 This identifies who this EOB statement is for.
- 2 Summarizes claims by doctor, hospital, or other health care provider as follows:
 - A This represents the amount submitted to us on the claim.
 - B What you saved by being a member.
 - C What we paid and amounts your other insurance(s) paid.
 - D What you pay. You may have already paid or may still owe this amount. You should never be asked to pay more than this amount.
- 3 Shows the balances to date for deductibles and out-of-pocket maximums for your current benefit period.
- 4 Important information about your coverage, tips to lower health care costs, and ways to improve overall health.

EXPLANATION OF BENEFIT PAYMENTS

THIS IS NOT A BILL



Statement Date : 1/13/2020

0012345-1234
PAUL MEMBER
12345 MAIN STREET
HEALTH WAY MI 99999-9999

Customer Service
Web: View your benefits and manage your plan online at bcbsm.com.
Call: 1-800-999-9999 (toll free)
Mail: BCN MEMBER SERVICES
 CUSTOMER SERVICE
 ANY TOWN MI 99999-9999

1 Patient Name: PAUL MEMBER
Patient Born In: JULY 1990
Enrollee Name: PAUL MEMBER
Enrollee ID: *****1234
Group Name: COMPANY NAME
Group Number: 0012345-1234
Coverage: MEDICAL

To report suspected fraud, call 1-800-482-3787.

2 Claim Summary (for Claim Detail, see below)

	A Total Charges	B minus Discount *	C minus Plan Paid	D minus Other Insurance Paid	D equals Amount You Pay
Hospital, Doctor or Other Health Care Provider					
DOCTOR A	\$ 66.00	\$ 41.26	\$ 19.79	\$ 0.00	\$ 4.95
	\$ 66.00	\$ 41.26	\$ 19.79	\$ 0.00	\$ 4.95

* Blue Cross negotiates discounts with hospitals, doctors and other health care providers to help save you money.

3 Summary of Deductibles and Out-of-pocket Maximums
 (These totals are based on our information to date and may not reflect all outstanding claims.)

Totals for Individual
BENEFIT PERIOD: Jan. 01, 2020 through Dec. 31, 2020

In-network deductible applied to date: \$ 6,850
 In-network out-of-pocket maximum applied to date: \$ 5,140.24

4 Helpful Information

Did you know that good oral health impacts your overall health? Gum disease can increase the severity of diseases like heart disease and diabetes. See your dentist for a healthier you!

Make your life easier! Get all your benefit statements online. It's simple. It's safe. It's secure. Your EOB statements are available to you any time, any day, whenever you choose. Register now at BCBSM.com/login.

The statement shown is general and for illustrative purposes only. Your actual statement may look slightly different depending on your benefit plan.

5 This section shows detailed information about each claim we processed.

It provides additional detail about the types of cost sharing applied to the claim. The sum of all claims in this section for the same provider should match the numbers in the *Claim Summary* section.

E Information your provider puts on the claim to identify the medical service you received.

F The unique number we assign to a claim. You can reference this number if you need to call us about this claim.

5 Claim Detail		Enrollee ID: *****1234	Patient: PAUL MEMBER
Provider Name:	DOCTOR A	Total Charge	\$ 66.00
Provider Status:	PARTICIPATING	Amount approved by Blue Cross for this service	24.74
Service Dates:	00/00/00	In-network coinsurance you pay	4.95
Service Type:	OTHER MED SERVICES	Your plan paid this provider on 12/05/14	19.79
E Procedure:	INJECTION IRON DEXTRAN	Discount	41.26
Procedure Code:	00000	Total Covered	\$ 61.05
Claim Received:	00/00/00	Amount You Pay	\$ 4.95
F Claim Number:	9999999999991		

Page 2 of your statement shows your appeal rights and what you can do if you disagree with any of the benefit decisions made for a claim. You can also find definitions for terms used on the statement.

Important information you should know about your Explanation of Benefit Payments statement

<p>Your appeal rights</p> <p>If this statement shows a balance for a reduced or denied service, and you disagree with the amount, Customer Service might be able to help. The phone number is on the back of your ID card and the top right corner of page 1 of this form.</p> <p>If you ask, we must give you access to and copies of the documents related to your claim. We won't charge you for the copies. Within the limits of other privacy laws that we must obey, upon request, we'll share treatment and diagnosis codes with you. We'll also include the meaning of the codes reported by health care providers.</p> <p><small>To ask for an internal appeal when you disagree with our decision, you must</small></p>	<p>Help with terms you might see on this statement</p> <p>Amount approved – Our maximum payment allowed for a service. For some patients, this amount is decided by Medicare or other insurers.</p> <p>Amount you pay – This amount is your share of the cost for health services and is based on the benefits in your Blue Cross health care plan. Your health care provider should not ask you to pay more than this amount.</p> <p>Benefit period – The time period (usually one year) during which your deductibles and coinsurance accumulate.</p> <p>Blue Cross paid – The amount we paid based on the benefits in your health care plan. We tell you who we sent the payment to and when.</p>
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If you have questions, call the number on the front of your statement.

Log in at bcbsm.com or through the mobile app to see a personal snapshot of your coverage, including recent claims, deductible and coinsurance balances and other information.

And, when you [sign up for paperless EOB statements](#), you'll avoid clutter and receive an email notification when a new statement is available online. It's easy – log in to your member account, go to your settings and choose *Paperless Options*.



Behavioral health coverage

CARE FOR YOUR MIND AND YOUR BODY

All members are covered for behavioral health services, including mental health or substance use disorder care. Also covered are other conditions that cause emotional or mental distress such as life adjustment issues, depression and alcoholism.

CALL ON A CARE MANAGER

Our care managers are available 24 hours a day, seven days a week for behavioral health emergencies. For routine care issues, you can reach a care manager from 8 a.m. to 5 p.m. Monday through Friday at **1-800-482-5982**. TTY users call **711**. You don't need a referral from your primary care physician.

A care manager will evaluate your needs and arrange for the appropriate services.

Rest assured that your personal health information, including discussions you have with the care manager, are confidential.

IN AN EMERGENCY

If you need emergency care for a life-threatening condition, seek help at the nearest emergency room or call **911**.

FOR URGENT CARE

Care managers can arrange care for urgent conditions that require same-day intervention, but aren't emergencies.

For immediate help, call the mental health help number on the back of your member ID card 24 hours a day, seven days a week. You don't need to go through your primary care physician.

GETTING CARE OUT OF NETWORK

If you're receiving treatment from a behavioral health professional who's not contracted with BCN, you or your health care provider must request transitional care services from our Behavioral Health Services department at **1-800-482-5982**. We must approve the request for care to be covered.

To find a behavioral health specialist log in to your member account at bcbsm.com or through the mobile app.



24-Hour Nurse Line

HAVE A HEALTH-RELATED QUESTION? CALL OUR 24-HOUR NURSE LINE

Is it a cold? Should you seek care? You can speak with a health care professional without having to schedule an appointment.

CONNECTING YOU TO CARE

You can speak with a registered nurse 24 hours a day, seven days a week by calling **1-855-624-5214**. Whether it's as simple as how to use a thermometer to take an infant's temperature or as complex as learning about a surgical procedure, a registered nurse is ready to answer your questions. This free and confidential service can help you determine your next steps while providing you with peace of mind.

OPTIONS, ADVICE AND MORE

Our team of nurses can discuss treatment options and provide advice on how to handle situations that in the past would have prompted everything from unnecessary anxiety to a needless trip to the emergency room.

You can call a registered nurse for:

- **Health information** — Our nurses will talk with you about your health care questions or concerns.
- **Symptom management** — Our nurses will assess your symptoms to determine the appropriate level of care and medical follow-up needed. They can also provide self-care tips so you can feel better faster.
- **Health decision support** — Get advice making decisions about treatment options for a condition or disease.

You can also access the AudioHealth Library® while on the line to get additional information on topics including:

- Common and chronic conditions
- Illness prevention tips
- Identifying warning signs
- How to administer self-care

If you have questions about your plan benefits, call the Customer Service number on the back of your member ID card.

Blue Cross Online VisitsSM

You can use your smartphone, tablet or computer anywhere in the U.S. to meet with:

- A doctor for minor illnesses such as a cold, flu or sore throat when their primary care doctor isn't available.
- A behavioral health professional or psychiatrist to help work through different challenges such as anxiety or grief.

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

WHAT'S INCLUDED IN ONLINE VISITS

MEDICAL CARE

Use it when you're traveling or at home with a sick child. Or when your primary care doctor isn't available. Visits last about 10 minutes although the doctor will spend as much time as needed. You can see a doctor on demand or by appointment 24 hours a day, seven days a week.

BEHAVIORAL HEALTH CARE

Online visits give you more choices for behavioral health care. Talk to therapists and psychiatrists about life's challenges from the comfort of home.

- **Therapy visits**
Therapists such as psychologists, licensed clinical social workers, marriage and family therapists and professional counselors use talk therapy. Therapy is available to adults and children age 10 and older by appointment. Visits typically last 45 minutes.
- **Psychiatry visits**
Psychiatrists can make diagnoses and prescribe and manage medications. Psychiatry is available to adults age 18 and over and visits are by appointment only.

PRESCRIPTIONS

Doctors may write prescriptions, if appropriate. They don't write prescriptions for controlled substances.

SIGN UP NOW

- **Mobile** – Download the BCBSM Online VisitsSM app
- **Web** – Visit bcbsmonlinevisits.com
- **Phone** – Call **1-844-606-1608**

Add your Blue Cross or Blue Care Network health care plan information.

Remember to coordinate all care through your primary care doctor.



Choices 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	Cost	Average time for care	How to find
24-Hour Nurse Line	<ul style="list-style-type: none"> Deciding if you can self-treat a condition or need to see a doctor, visit an urgent care center or an emergency room Discussing treatment options for nonemergency situations Getting answers to general medical questions 	<ul style="list-style-type: none"> No cost Available 24/7 Staffed with registered nurses 	\$0	12 minutes	Talk to a registered nurse for free by calling 1-855-624-5214 .
Blue Cross Online VisitsSM	<ul style="list-style-type: none"> Sore throat and cough Painful urination Low-grade fever Earache Colds and flu Mild allergy symptoms Skin rash Eye irritation or redness Minor burns, cuts and scrapes Sprains and strains Minor asthma issues 	<ul style="list-style-type: none"> Available any time your doctor isn't available No appointments or waiting rooms Care is delivered by smartphone, tablet or computer You can send a visit summary to your primary doctor Behavioral health available 	\$10	About 10 minutes	Sign up for your online account one of the following ways: Mobile – Download the BCBSM Online Visits SM app Web – Visit bcbsmonlinevisits.com Phone – Call 1-844-606-1608
Retail health clinics		<ul style="list-style-type: none"> Conveniently located in retail settings close to where you live and work 	\$50	45 minutes	Use <i>Find a Doctor</i> tool at bcbsm.com . From your mobile device, visit bcbsm.com , and click <i>Find a Doctor</i> .
Primary care physician		<ul style="list-style-type: none"> Some extended hours Trusted, ongoing relationship Can generally be reached after hours by phone 	\$25	60 minutes	Visit your primary care physician. If you don't have a PCP, find one near you using <i>Find a Doctor</i> at bcbsm.com .
Urgent care center		<ul style="list-style-type: none"> Evening and weekend hours Walk-in appointments available Convenient locations 	\$50	60 to 90 minutes	Ask your primary care physician to recommend a nearby urgent care center or find one using <i>Find a Doctor</i> at bcbsm.com . From your mobile device, visit bcbsm.com and click on <i>Find Urgent Care</i> for turn-by-turn navigation to the closest urgent care center.
Emergency room		<ul style="list-style-type: none"> Life-threatening conditions Chest pain Possible broken bones Sudden blurred vision Poisoning Unconscious state 	<ul style="list-style-type: none"> Available 24/7 Suitable for conditions that require immediate medical attention 	\$100	4 hours



Visit bcbsm.com for more information.

Retail health clinics

You have smart, convenient choices for minor health care when your primary care physician isn't available. One choice for minor illnesses and injuries, such as a cold, flu or rash, is a retail health clinic.

Found at certain drug store chains or store fronts, these clinics are conveniently located and have evening and weekend hours.

FINDING A LOCAL OR NATIONAL CLINIC

To find a contracted clinic visit [bcbsm.com](https://www.bcbsm.com) and click *Find a Doctor*.

We're growing our Michigan network and will continue to add locations, including clinics at other drug store chains and retail locations. We currently work with the FastCare® and CVS MinuteClinic™. See locations on the next page.



GRAND RAPIDS AREA

Spectrum Health Walk-in Clinic
4075 32nd Ave
Hudsonville, MI 49426

LANSING AREA

Sparrow FastCare
Inside Meijer
12821 Cross Over Drive
DeWitt, MI 48820

Sparrow FastCare
716 North Clippert Street
Lansing, MI 48912

Sparrow FastCare
Inside Meijer
2055 West Grand River Avenue
Okemos, MI 48864

KALAMAZOO AREA

Bronson FastCare
5623 Gull Road
Kalamazoo, MI 49048

Bronson FastCare
6220 West Main Street
Kalamazoo, MI 49009

Bronson FastCare
Inside Meijer
5121 South Westnedge Avenue
Portage, MI 49002

SAGINAW AREA

Covenant FastCare
3360 Tittabawassee Road
Saginaw, MI 48604

SOUTHEAST MICHIGAN AREA

Ann Arbor Minute Clinic
209 South State Street
Ann Arbor, MI 48104

Canton Minute Clinic
45300 Cherry Hill Road
Canton, MI 48187

Clawson Minute Clinic
1402 West 14 Mile Road
Clawson, MI 48017

Fraser Minute Clinic
33021 Garfield Road
Fraser, MI 48026

Grosse Pointe Minute Clinic
17120 Kercheval Avenue
Grosse Pointe, MI 48230

Macomb Township Minute Clinic
21777 21 Mile Road
Macomb Township, MI 48044

Milford Minute Clinic
720 General Motors Road
Milford, MI 48381

Northville Minute Clinic
44300 Five Mile Road
Northville, MI 48168
39350 Nine Mile Road Northville,
MI 48167

UPPER PENINSULA AREA

War Memorial Hospital FastCare
Inside Meijer
1138 West 3 Mile Road
Sault Ste. Marie, MI 49783

Rochester Hills Minute Clinic
3010 Walton Boulevard
Rochester Hills, MI 48309

Shelby Township Minute Clinic
2115 25 Mile Road
Shelby Township, MI 48316
46960 Van Dyke Avenue
Shelby Township, MI 48317

Southfield Minute Clinic
30920 Southfield Road
Southfield, MI 48076

Walled Lake Minute Clinic
100 West Maple Road
Walled Lake, MI 48390

Waterford Minute Clinic
4995 Highland Road
Waterford, MI 48328

Wyandotte Minute Clinic
2025 Fort Street
Wyandotte, MI 48192

MinuteClinic™ and FastCare® are independent companies that provide retail health care on behalf of Blue Care Network of Michigan members.

Coordination of benefits

WHEN YOU HAVE MORE THAN ONE INSURANCE PLAN

When you enrolled in your plan, we asked you for information about any additional coverage you or your dependents may have. When we know about other coverage you may have, we can coordinate benefits with the other insurer. You can be assured of getting the best possible benefits.

Examples of other coverage you may have include:

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



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

RESPOND TO OUR QUESTIONNAIRE

To help us coordinate your coverage, we may send you a coordination of benefits questionnaire. The questionnaire asks about:

- Other health coverage you or someone in your family may have, including Medicare
- Other prescription drug coverage you or someone in your family may have
- The cause of a recent injury, including any that are work-related
- Details about a recent automobile or motorcycle accident

If you receive this questionnaire, please fill it out and return it to us as quickly as possible. If we don't receive this information, we may not be able to process your claim.

To update your information online, visit bcbsm.com/cob and select *Blue Care Network Coordination of Benefits Form*.

FOR MORE INFORMATION

If you have questions, call our Coordination of Benefits area at **1-800-808-6321**.



BlueCard



COVERAGE THAT TRAVELS

As a member with BlueCard coverage, you can receive benefits when you're away from home. So can your dependents.

Always carry your member ID card for access to service. You may have to pay your usual out-of-pocket expenses (deductible, copays and coinsurance) for services. But you shouldn't have any other up-front health care expenses if you use a Blue plan provider.




ARRANGE FOR CARE BEFORE YOU GO

Check with your primary care physician to arrange for coordinated care and required authorizations. For behavioral health services (substance abuse care and mental health services), call the mental health help number on the back of your member ID card 24 hours a day, seven days a week. A care manager will evaluate your needs and arrange for services.

AWAY FROM HOME

Your coverage includes BlueCard, a program of the Blue Cross and Blue Shield Association. With this program, you have nationwide access to Blue plan physicians and hospitals. Learn more by reading the disclosure statement in your *Member Handbook*. Or call Customer Service at the number on the back of your member ID card to have a copy sent to you.

The chart below tells you how to access and arrange care when you're away from home.

If you're traveling	And you need	Here's what you do
In Michigan 	EMERGENCY CARE (The symptoms are severe enough that someone with average health knowledge believes that immediate medical attention is needed.)	Call 911 or go to the nearest emergency room.
	URGENT CARE (The condition requires a medical evaluation within 48 hours.)	Go to the nearest urgent care center. To locate an urgent care center, call Customer Service, or visit bcbsm.com/find-a-doctor .
	NON-URGENT CARE	Call your primary care physician to coordinate services that don't require immediate attention.
In the United States but outside Michigan 	EMERGENCY CARE	Call 911 or go to the nearest emergency room.
	URGENT CARE	Go to the nearest urgent care center. To locate an urgent care center, call BlueCard at 1-800-810-BLUE (2583) . (You may receive a bill for services received if the facility isn't part of the BlueCard network.)
	ROUTINE CARE (To treat or monitor a chronic condition)	Call the number on the back of your BCN ID card for details about your health benefits and required authorizations. Call BlueCard at 1-800-810-BLUE (2583) to find a physician at your destination.
	OTHER SERVICES (Such as elective surgeries, hospitalizations, mental health or substance use disorder services)	Call the number on the back of your BCN ID card for details about your health benefits and to determine which services have authorization requirements.
Outside the United States 	EMERGENCY CARE	Go to the nearest emergency room. (You may be required to pay for services and then seek reimbursement.)



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, powered by Wellframe¹.

WHERE DO I START?

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

** Wellframe is an independent company supporting Blue Cross Blue Shield of Michigan by providing the BCBSM Coordinated care mobile app. The Apple App Store[®] is a service mark of Apple Inc., registered in the U.S. and other countries. Google Play[™] is a trademark of Google LLC.*

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.

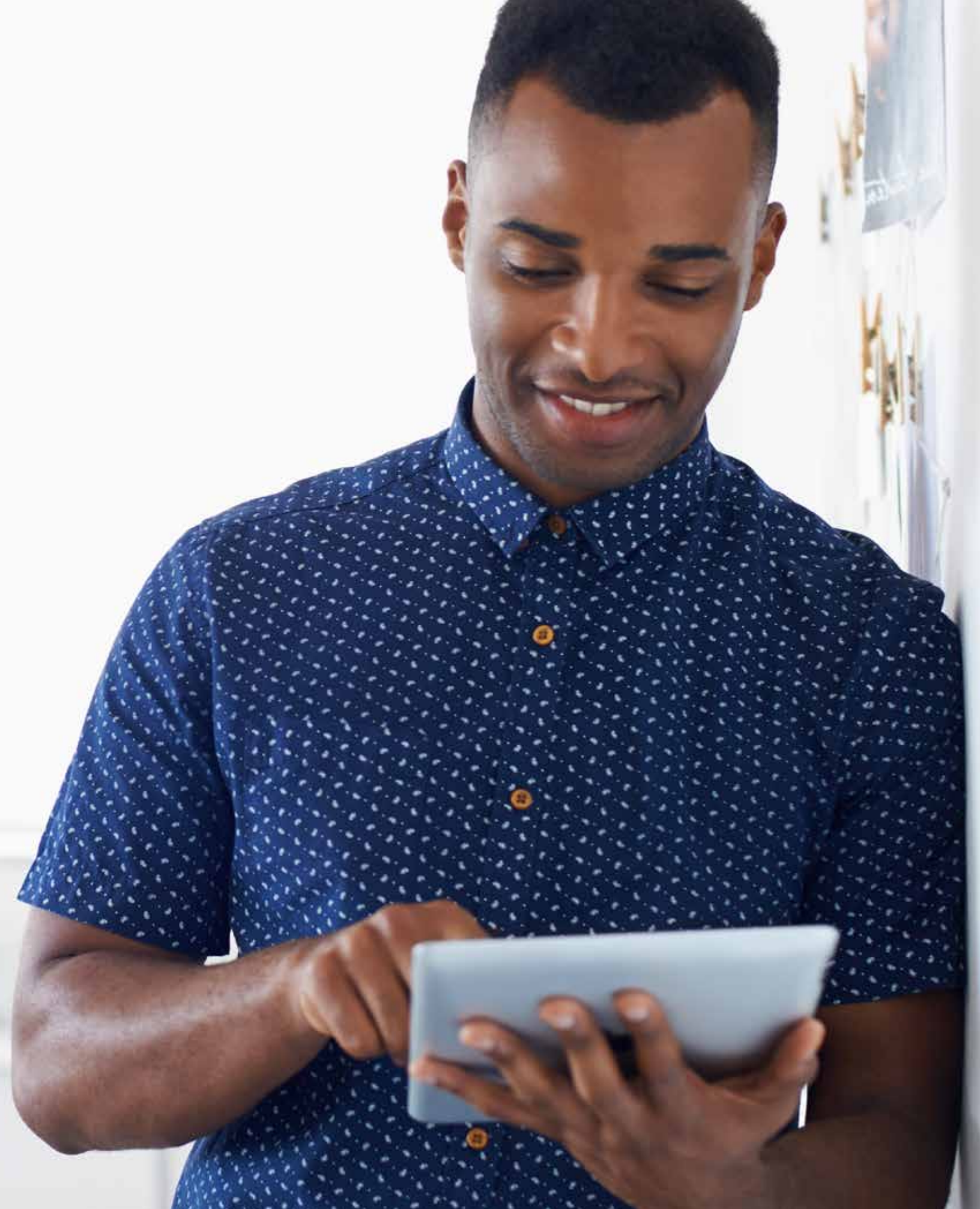
In addition, the Blue Cross Health & Well-Being website offers Digital Health Assistant programs, a Personal Health Record, health trackers, videos, healthy recipes, health information, interactive tools and more. Just log in to your account at bcbsm.com and click on *Health & Well-Being* in the navigation 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 and then click *Member Discounts with Blue365®*.

WebMD Health Services is an independent company supporting Blue Care Network by providing health and wellness services.







**Blue Care
Network**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

