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BCN Advantage<sup>SM</sup> HMO  
ConnectedCare

## Summary of Benefits

January 1, 2022 — December 31, 2022

This is a summary document, to get a complete list of services we cover, call Customer Service and ask for the *Evidence of Coverage* (phone numbers are printed on the back cover of this booklet).

BCN Advantage is a Health Maintenance Organization (HMO). To join **BCN Advantage HMO ConnectedCare**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area for **BCN Advantage HMO ConnectedCare** includes these counties in Michigan: Arenac, Genesee, Iosco, Kalamazoo, Livingston, Macomb, Oakland, Saginaw, St. Clair, Washtenaw and Wayne.

**BCN Advantage HMO ConnectedCare** has a network of doctors, hospitals, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. For some services you can use providers that are not in our network. You can see our plan's provider directory at our website at [www.bcbsm.com/providersmedicare](http://www.bcbsm.com/providersmedicare), or call us and we will send you a copy of the provider directory.

Out-of-network/non- contracted providers are under no obligation to treat BCN Advantage members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

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

[www.bcbsm.com/medicare](http://www.bcbsm.com/medicare)



# Medicare Advantage Plans

# Premium/Cost-sharing Table for BCN Advantage HMO ConnectedCare

Premiums vary by county in which you permanently reside (rates are based on the use and cost of health care services in each regional segment). You must continue to pay your Medicare Part B premium.

- 1) Find the county that you live in.
- 2) Look across the plan option column to find your monthly premium rate.

Counties	BCN Advantage HMO ConnectedCare Monthly Premium
<b>Arenac, Genesee, Iosco, Kalamazoo, Livingston, Macomb, Oakland, Saginaw, St. Clair, Washtenaw and Wayne</b>	\$58
<b>Optional Supplemental Dental, Hearing and Vision Package 1</b>	\$13.50
<b>Optional Supplemental Dental, Hearing and Vision Package 2</b>	\$35.50

Deductible and limits on how much you pay for covered services			
<b>Deductible</b>	\$0 annually This plan does not have a deductible for Part D prescription drugs.		
<b>Deductible – Optional Supplemental Dental, Hearing and Vision Package 1</b>	There is no deductible.		
<b>Deductible – Optional Supplemental Dental, Hearing and Vision Package 2</b>	There is no deductible.		
<b>Maximum Out-of-Pocket Responsibility</b> <i>(does not include prescription drugs)</i>	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;">\$3,800 annually</td> <td style="vertical-align: top;"> <p>The most you pay for copays, coinsurance and other costs for medical services for the year.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered for hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>You will still need to pay your monthly plan premiums, Medicare Part B premiums, and cost sharing for your Part D drugs.</p> </td> </tr> </table>	\$3,800 annually	<p>The most you pay for copays, coinsurance and other costs for medical services for the year.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered for hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>You will still need to pay your monthly plan premiums, Medicare Part B premiums, and cost sharing for your Part D drugs.</p>
\$3,800 annually	<p>The most you pay for copays, coinsurance and other costs for medical services for the year.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered for hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>You will still need to pay your monthly plan premiums, Medicare Part B premiums, and cost sharing for your Part D drugs.</p>		

Benefits	BCN Advantage HMO ConnectedCare	What you should know
<b>Note:</b> Services with * may require prior authorization.		
<b>Inpatient Hospital Coverage*</b>	\$225 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90 \$0 copay per day for days 91 and beyond	The copays are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care for 60 days in a row. Our plan covers an unlimited number of days for an inpatient hospital stay. If you go to out-of-network providers you pay the full cost.
<b>Outpatient Hospital Coverage*</b> <ul style="list-style-type: none"><li>• Ambulatory surgical center</li>         <li>• Outpatient hospital</li></ul>	\$0 copay for Medicare-covered arthroplasty knee and hip services in an ambulatory surgical center.  \$100 copay for Medicare-covered outpatient surgery in an ambulatory surgical center.  \$0 copay for Medicare-covered palliative care.  \$225 copay for Medicare-covered outpatient hospital surgery.	If you go to out-of-network providers you pay the full cost.
<b>Doctor Visits</b> <ul style="list-style-type: none"><li>• Primary</li><li>• Specialists*</li></ul>	\$0 copay  \$40 copay	If you go to out-of-network providers you pay the full cost. Specialist services may require referral.
<b>Preventive Care</b>  Our plan covers many Medicare-covered preventive services, including: <ul style="list-style-type: none"><li>• Abdominal aortic aneurysm screening</li><li>• Alcohol misuse screening and counseling</li></ul>	You pay nothing.	Any additional preventive services approved by Medicare during the contract year will be covered.

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<b>Note:</b> Services with * may require prior authorization.		
<ul style="list-style-type: none"> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease risk reduction visit</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (Colonoscopy, Flexible sigmoidoscopy, Guaiac-based fecal occult blood test, Fecal immunochemical test, DNA based colorectal screening every 3 years)</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• Glaucoma screening</li> <li>• HIV screening</li> <li>• Immunizations, including flu shots, hepatitis B shots, pneumococcal shots</li> <li>• Intensive behavioral therapy for obesity</li> <li>• Medical nutrition therapy services</li> <li>• Medicare Diabetes Prevention Program</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Screening for lung cancer with low dose computed tomography</li> <li>• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> <li>• Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> </ul>		
<b>Emergency Care</b>	\$90 copay	<p>You may go to any emergency room if you reasonably believe you need emergency care.</p> <p>If you are admitted to the hospital within three days, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>You have coverage for worldwide emergency medical care. There is a combined \$50,000 lifetime plan coverage limit for emergency care, urgent care and transportation services outside the U.S. and its territories.</p>

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<b>Note:</b> Services with * may require prior authorization.		
<p><b>Urgently Needed Services</b></p>	<p>\$0 copay for Medicare-covered urgently needed services in a primary care physician's office.</p> <p>\$45 copay for Medicare-covered urgently needed services in an urgent care center.</p>	<p>You have coverage for worldwide emergency medical care. There is a combined \$50,000 lifetime plan coverage limit for emergency care, urgent care and transportation services outside the U.S. and its territories.</p>
<p><b>Diagnostic Services/Labs/Imaging*</b></p> <ul style="list-style-type: none"> <li>• Diagnostic tests and procedures</li> <li>• Lab services</li> <li>• COVID-19 testing</li> <li>• Diagnostic radiology service (e.g., X-rays, MRI)</li> <li>• Outpatient X-rays (e.g., X-rays, MRI)</li> <li>• Therapeutic radiology services</li> </ul>	<p>\$20 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$20 – \$100 copay, depending on service.</p> <p>\$20 – \$100 copay, depending on service.</p> <p>\$25 copay</p>	<p>Prior authorization is required for some services by your doctor or other network provider. Please contact the plan for more information.</p> <p>Lab services must be rendered at a participating Joint Venture Hospital Lab (JVHL).</p> <p>If you go to out-of-network providers you pay the full cost.</p>
<p><b>Hearing Services</b></p> <ul style="list-style-type: none"> <li>• Hearing exam to diagnose and treat hearing and balance issues</li> </ul>	<p>\$0 copay for Medicare-covered hearing services from a primary care provider.</p> <p>\$40 copay for Medicare-covered hearing services from a specialist.</p>	<p>If you go to out-of-network providers you pay the full cost.</p>

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<p><b>Dental Services</b></p> <p><b>Limited dental services</b> (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)</p> <p><b>Preventive dental services</b></p> <ul style="list-style-type: none"> <li>• Cleaning (for up to two every year)</li> <li>• Dental X-rays (one set of up to four bitewing X-rays, or one set of up to six periapical films every two years)</li> <li>• Oral exam (up to two every year)</li> </ul>	<p>\$0 – \$225 copay, depending on the Medicare-covered dental services</p> <p>\$0 copay</p>	<p>If you go to out-of-network providers you pay the full cost.</p> <p>For preventive dental services, you must obtain services from a participating dentist. Please visit <a href="http://www.mibluedentist.com">www.mibluedentist.com</a> and search for PPO dentists in the BCN Advantage network or contact Customer Service.</p>
<p><b>Vision Services*</b></p> <ul style="list-style-type: none"> <li>• Exam to diagnose and treat diseases and conditions of the eye</li> <li>• Eyeglasses or contact lenses after Medicare-covered cataract surgery</li> <li>• Routine eye exam</li> </ul>	<p>\$0 - \$40 copay, depending on the Medicare-covered service</p> <p>\$0 copay for eyeglasses or contact lenses after Medicare-covered cataract surgery.</p> <p>\$0 copay for up to one routine eye exam every 12 months</p>	<p>If you go to out-of-network providers you pay the full cost.</p> <p>Routine vision care must be from a VSP Choice Network provider. To locate a VSP Choice Network provider, call the Customer Service number on the back of this booklet or visit <a href="http://www.vsp.com">www.vsp.com</a>.</p>

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<b>Note:</b> Services with * may require prior authorization.		
<p><b>Mental Health Services*</b></p> <ul style="list-style-type: none"> <li>• Inpatient visit</li>   <li>• Outpatient group therapy visit</li>   <li>• Outpatient individual therapy visit</li> </ul>	<p>\$225 copay per day for days 1 through 6</p> <p>\$0 copay per day for days 7 through 90</p> <p>\$40 copay for outpatient group or individual therapy visit</p>	<p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care for 60 days in a row. If you go into a hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital copay for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p><b>Skilled Nursing Facility* (SNF)</b></p>	<p>\$0 copay per day for days 1 through 20</p> <p>\$188 copay per day for days 21 through 100</p>	<p>Our plan covers up to 100 days in a SNF.</p>

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<p><b>Physical Therapy*</b></p> <ul style="list-style-type: none"> <li>Physical therapy, occupational therapy, and speech and language therapy visit</li> </ul>	\$30 copay	
<p><b>Ambulance</b></p> <ul style="list-style-type: none"> <li>Ground or Air</li> </ul>	\$230 copay	Copay is for each one-way trip.
<p><b>Transportation</b></p> <p>Qualified members who have been selected to be a part of Blue Cross Coordinated Care Core<sup>SM</sup>, our care management program for members with special health needs, may be eligible for non-emergency medical transportation provided by a plan-approved transportation provider, to medical appointments, physical therapy, a pharmacy or other plan-approved locations.</p>	<p>Qualified members pay \$0.</p> <p>For qualified members who reside in Wayne, Oakland, Macomb and Washtenaw counties, non-emergency medical transportation is covered for up to 28 days after each acute care hospital discharge.</p>	<p>Your Care Manager must arrange your transportation with the plan-approved transportation provider. Members residing in all other counties do not have coverage for transportation services.</p>
<p><b>Medicare Part B Drugs*</b></p> <ul style="list-style-type: none"> <li>Part B drugs such as chemotherapy/radiation drugs</li> <li>Other Part B drugs</li> </ul>	20% coinsurance	Services may require prior authorization and/or step therapy.
<p><b>Bathroom Safety</b></p> <p>Eligible members who receive a physician order may use the annual plan benefit maximum towards supplemental bathroom safety items such as:</p> <ul style="list-style-type: none"> <li>Shower/bathtub grab bar</li> <li>Tub stool or transfer bench</li> <li>Commode rails</li> <li>Elevated toilet seats</li> </ul>	<p>\$0 copay</p> <p>Covered in full up to \$100 annual plan benefit maximum</p>	<p>Physician order is required.</p> <p><i>Installation and in-home assessment are not covered.</i></p> <p>Member must obtain medical equipment through BCN's DME Supplier, Northwood, at 1-800-667-8496, 8:30 a.m. to 5 p.m. Eastern time, Monday through Friday. TTY users call 711. When outside of the plan's service area, members must contact Northwood.</p>



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<b>Note:</b> Services with * may require prior authorization.		
<p><b>Blue Cross Online Visits Medical</b></p> <p>Members can get 24 hours a day, 7 days a week online health care for minor illnesses and symptoms through Blue Cross Online Visits<sup>SM</sup> or from their in-network provider.</p> <p>Examples of symptoms that can be addressed in an online visit:</p> <ul style="list-style-type: none"> <li>• Respiratory and sinus infections</li> <li>• Colds, flu and seasonal allergies</li> <li>• Eye irritation or redness</li> <li>• Strains and sprains</li> </ul> <p><b>Behavioral Health</b></p> <p>Members can get 24 hours a day, 7 days a week online health care for mental health through Blue Cross Online Visits<sup>SM</sup> or from an in-network behavioral health provider who offers online visits.</p>	<p>\$0 copay for telehealth services provided by a primary care physician or mental health provider</p>	<p>Members have the option of getting primary care and behavioral health care either through an in-person visit or by telehealth. If you choose to get one of these services by telehealth, then you must use a network provider who offers the service by telehealth.</p> <p>You can also use Blue Cross Online Visits to access telehealth services. Visit <a href="http://bcbsmonlinevisits.com">bcbsmonlinevisits.com</a> for more information.</p> <p>Please note: You must have video capability for visits through a smartphone or computer. If your camera isn't working, please call 1-844-606-1608 to speak with a service rep.</p>

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<p><b>Cardiac rehabilitation services*</b></p> <p>Comprehensive programs of cardiac rehabilitation services that include exercise, education, and counseling are covered for members who meet certain conditions with a doctor's order.</p> <p>The plan also covers intensive cardiac rehabilitation programs that are typically more rigorous or more intense than cardiac rehabilitation programs.</p>	<p>\$0 copay for Medicare-covered cardiac rehabilitation and intensive cardiac rehabilitation services.</p>	
<p><b>Chiropractic Care*</b></p> <ul style="list-style-type: none"> <li>• Manipulation of the spine to correct a subluxation (when one or more bones in your spine moves out of position)</li> <li>• Routine care/other</li> </ul>	<p>\$20 copay</p> <p>\$20 – \$40 copay, depending on the service.</p>	<p>One routine office visit per year.</p> <p>Routine chiropractic visits give members coverage for one set of X-rays (up to three views) per year performed by a chiropractor. Cost share is the same as diagnostic X-rays.</p>

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<p><b>Durable Medical Equipment/Supplies*</b></p> <ul style="list-style-type: none"> <li>• Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</li> <li>• Prosthetics (braces, artificial limbs, etc.)</li> <li>• Diabetes supplies (monitoring, shoes or inserts)</li> </ul>	<p>20% coinsurance of the cost for Medicare-covered items</p> <p>20% coinsurance of the cost for Medicare-covered items</p> <p>\$0 copay</p>	<p>Member must obtain diabetic supplies (except diabetic shoes) from BCN’s supplier, J&amp;B Medical Supply Company at 1-888-896-6233 from 8 a.m. to 6 p.m. Monday through Friday, Eastern time. TTY users call 711.</p> <p>Member must obtain diabetic shoes and inserts from BCN’s DME supplier, Northwood at 1-800-667-8496, 8:30 a.m. to 5 p.m. Monday through Friday, Eastern time. TTY users call 711.</p> <p>When outside of the plan’s service area, members must contact the appropriate vendor listed above.</p> <p>Prosthetics must be obtained from a preferred vendor. Contact us for a list of preferred vendors.</p>
<p><b>Health Fitness Program</b></p> <p>Members are covered for a fitness benefit through SilverSneakers®. SilverSneakers is a comprehensive program that can improve overall well-being and social connections. Designed for all levels and abilities, SilverSneakers provides convenient access to a nationwide fitness network, a variety of programming options and activities beyond the gym that incorporate physical well-being and social interaction.</p>	<p>You Pay \$0 for health fitness program.</p> <p>SilverSneakers and SilverSneakers FLEX are registered trademarks of Tivity Health, Inc. SilverSneakers LIVE and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.</p>	

Benefits	BCN Advantage HMO ConnectedCare	What you should know
<b>Note:</b> Services with * may require prior authorization.		
<p><b>Health Fitness Program, continued</b></p> <p>Benefits include:</p> <ul style="list-style-type: none"> <li>• At participating locations nationwide, you can take classes plus use exercise equipment and other amenities</li> <li>• SilverSneakers FLEX® gives you options to get active outside of traditional gyms (like recreation centers, malls, and parks)</li> <li>• SilverSneakers LIVE™ classes and workshops taught by instructors trained in senior fitness</li> <li>• 200+ workout videos in the SilverSneakers On-Demand™ online library</li> <li>• SilverSneakers GO™ mobile app with digital workout programs</li> <li>• Thousands of locations</li> <li>• Online fitness and nutrition tips</li> <li>• Social connections through events such as shared meals, holiday celebrations, and class socials</li> </ul> <p>Go to <b>www.silversneakers.com</b> to learn more or call 1-866-584-7352, 8 a.m. to 8 p.m. Eastern time, Monday through Friday. TTY users call 711.</p>		

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<b>Home Health Care*</b>	\$0 copay	Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc. Custodial care is not a benefit.
<b>Home Infusion Therapy*</b> Intravenous or subcutaneous administration of drugs or biologicals to an individual at home.	0% coinsurance for Medicare-covered home infusion therapy services.	
<b>Hospice</b>	<p>\$0 copay for hospice care from a Medicare-certified hospice.</p> <p>You may have to pay part of the cost for drugs and respite care.</p> <p>Hospice is covered outside of our plan.</p> <p>Please contact us for more details (phone numbers are on the back of this booklet).</p>	

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<b>Note:</b> Services with * may require prior authorization.		
<p><b>Meal Benefit</b></p> <p>Qualified members who have been selected to be a part of Blue Cross Coordinated Care Core<sup>SM</sup>, our care management program for members with special health needs and have been discharged from a hospital may be eligible for a two-week (14 day) meal benefit. Members are eligible for this benefit during the 30-day period after they return home from the hospital. An assessment with your Blue Cross nurse care manager is required to determine eligibility for the meal benefit. If you qualify for this benefit your Blue Cross Care Manager will make a referral to the plan-approved meal provider</p>	<p>\$0 copay for qualified members.</p>	<p>Qualified members will receive up to 28 meals over 14 days from plan-approved meal provider. Twenty-eight (28) meals will be delivered to your home in a refrigerated cooler pack in two shipments (14 meals per shipment). Meals can be tailored to meet certain dietary needs.</p> <p>There is no annual limit to the number of occurrences. Members can receive up to 28 meals following each hospital discharge.</p>
<p><b>Outpatient Substance Abuse*</b></p> <ul style="list-style-type: none"> <li>Individual or Group therapy visit</li> </ul>	<p>\$40 copay each visit</p>	

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<b>Note:</b> Services with * may require prior authorization.		
<p><b>Over-the-Counter (OTC) Allowance: Advantage Dollars</b> (from authorized vendor only)</p> <p>Over-the-Counter (OTC) items are drugs and health related products that do not need a prescription. Covered items include but are not limited to antacids, cough drops, denture adhesive, eye drops, ibuprofen, toothpaste and first aid items.</p> <p>Food items are covered for members with certain conditions.</p> <p>There are four ways to use your benefit:</p> <ol style="list-style-type: none"> <li>1) <b>In-store:</b> You will receive an allowance card in the mail. You can use this card to purchase many common items at local retailers. You can find a complete list of participating retailers online at <a href="http://bcbsm.com/medicareotc">bcbsm.com/medicareotc</a>.</li> <li>2) <b>Online.</b> Go to <a href="http://bcbsm.com/medicareotc">bcbsm.com/medicareotc</a> and follow the prompts to place an order using the online catalog.</li> <li>3) <b>Mail.</b> You may request a printed catalog by calling 1-855-856-7878, from 8 a.m. - 11 p.m. Eastern time, Monday through Friday (TTY: 711). Complete and mail the order form included with the catalog.</li> <li>4) <b>Telephone.</b> Select items using the requested printed or online catalog and call 1-855-856-7878, from 8 a.m. - 11 p.m. Eastern time, Monday through Friday (TTY: 711), to place an order. Items will be mailed to you.</li> </ol>	<p>Members receive a \$25 per quarter allowance, no rollover.</p>	<p>You will receive one OTC card which can be used for purchasing approved nonprescription, over-the-counter drugs and health-related items at participating retail locations. The dollar benefit amount will be automatically reloaded each quarter (January 1, April 1, July 1, October 1). Unspent allowance dollars will not carry forward into the next quarter or the next calendar year.</p> <p>In addition to the over-the-counter benefit, plan identified members diagnosed with certain health conditions can use their quarterly allowance to buy approved foods. The food benefit will be available to plan-identified members who have been diagnosed with: diabetes, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), stroke, hypertension, coronary artery disease (CAD), and/or rheumatoid arthritis or have known risk factors associated with exposure to COVID-19. See Special supplemental benefits for the chronically ill below.</p> <p>Note: All purchases must be made through the plan's approved vendor or purchased at participating retail locations.</p>

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<p><b>Pulmonary rehabilitation services*</b></p> <p>Comprehensive programs of pulmonary rehabilitation are covered for members who have moderate to very severe chronic obstructive pulmonary disease (COPD) and an order for pulmonary rehabilitation from the doctor treating the chronic respiratory disease.</p>	<p>\$0 copay for each Medicare-covered pulmonary rehabilitation service rendered in an office setting.</p>	
<p><b>Renal dialysis</b></p>	<p>20% coinsurance</p>	
<p><b>Special Supplemental Benefits for the Chronically Ill</b></p> <p><b>Food Benefit</b></p> <p>Members with certain health conditions can use their quarterly Over-the-Counter Allowance (OTC): Advantage Dollars to buy approved foods.</p> <p>This benefit will be available only to plan-identified members who have been diagnosed with:</p> <ul style="list-style-type: none"> <li>• Diabetes</li> <li>• Chronic obstructive pulmonary disease (COPD)</li> <li>• Congestive heart failure (CHF)</li> <li>• Stroke</li> <li>• Hypertension</li> <li>• Coronary artery disease (CAD)</li> <li>• Rheumatoid arthritis</li> <li>• Have known risk factors associated with exposure to COVID-19</li> </ul>	<p>Members receive a \$25 per quarter OTC allowance, no rollover.</p>	<p>Your Advantage Dollars account will be loaded automatically with the appropriate allowance amount on January 1, April 1, July 1, and October 1.</p> <p>Please note this benefit works in conjunction with the <b>Over-the-Counter (OTC) Allowance: Advantage Dollars</b> benefit and is limited to the maximum OTC allowance.</p> <p>See <b>Over-the-Counter (OTC) Allowance: Advantage Dollars</b> benefit for more information on the over-the-counter items benefit.</p>



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<p><b>Supervised Exercise Therapy (SET)*</b></p> <p>SET is covered for members who have symptomatic peripheral artery disease (PAD) and a referral for SET from the physician responsible for PAD treatment.</p> <p>Up to 36 sessions over a 12-week period are covered if the SET program requirements are met.</p> <p>The SET program must:</p> <ul style="list-style-type: none"> <li>• Consist of sessions lasting 30-60 minutes, comprising a therapeutic exercise-training program for PAD in patients with claudication</li> <li>• Be conducted in a hospital outpatient setting or a physician's office</li> <li>• Be delivered by qualified auxiliary personnel necessary to ensure benefits exceed harms, and who are trained in exercise therapy for PAD</li> <li>• Be under the direct supervision of a physician, physician assistant, or nurse practitioner/clinical nurse specialist who must be trained in both basic and advanced life support techniques</li> </ul> <p>SET may be covered beyond 36 sessions over 12 weeks for an additional 36 sessions over an extended period of time if deemed medically necessary by a health care provider.</p>	<p>\$0 copay for Medicare-covered supervised exercise therapy visits.</p>	

Benefits	BCN Advantage HMO ConnectedCare	What you should know
<b>Note:</b> Services with * may require prior authorization.		
<p><b>Worldwide Coverage</b></p> <p>Worldwide coverage consists of:</p> <ul style="list-style-type: none"> <li>• Worldwide emergency coverage</li> <li>• Worldwide urgent coverage</li> <li>• Worldwide emergency transportation.</li> </ul>	<p>\$90 copay for worldwide emergency care services.</p> <p>\$45 copay for worldwide urgent care services.</p> <p>\$230 copay for each one-way trip for worldwide emergency transportation.</p>	<p>If you need care when you're outside of the United States, you have coverage for emergency and urgently needed services only.</p> <p>You have coverage for worldwide emergency medical care.</p> <p>You have coverage for worldwide emergency transportation.</p> <p>There is a combined \$50,000 lifetime plan coverage limit for emergency care, urgent care, and transportation services outside the U.S. and its territories.</p>

# BCN Advantage HMO ConnectedCare

## Phase 1: The Deductible Stage

Because there is no deductible for the plan, this stage does not apply to you.

As part of the Senior savings model, you pay no more than \$35 for a 30-day supply of select insulins.

## Phase 2: The Initial Coverage Stage

You begin in this stage when you fill your first prescription of the year. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total \$4,430.

**Your share of the cost when you get a *one-month* (31-day) supply of a covered Part D prescription drug:**

	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$5	\$0
Tier 2: Generic	\$18	\$10
Tier 3: Preferred Brand	\$47	\$42
Select preferred insulin (Senior Savings Model)	\$35	\$35
Tier 4: Non-Preferred Drug	48%	48%
Tier 5: Specialty Tier	33%	33%

**Your share of the cost when you get a *long-term* (32- to 90-day) supply of a covered Part D prescription drug:**

	<b>Standard retail and standard mail-order cost sharing (in-network)</b>	<b>Preferred retail and preferred mail-order cost sharing (in-network)</b>
Tier 1: Preferred Generic	\$15	\$0
Tier 2: Generic	\$54	\$0
Tier 3: Preferred Brand	\$141	\$126
Select preferred insulin (Senior savings model)	\$105	\$105
Tier 4: Non-Preferred Drug	48%	48%
Tier 5: Specialty Tier	Not Covered	Not Covered

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at [www.bcbsm.com/medicare-evidence-of-coverage](http://www.bcbsm.com/medicare-evidence-of-coverage).

### Phase 3 & 4: The Coverage Gap & The Catastrophic Stages

You have coverage for some Tier 1 generics during the coverage gap stage. During this stage, you will pay either \$0 at a Preferred pharmacy or \$5 at a Standard pharmacy for a 31-day supply of these medications. You also have additional coverage in the Coverage Gap stage for select insulins. You pay no more than \$35 for a 30-day supply.

Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage* online at [www.bcbsm.com/medicare-evidence-of-coverage](http://www.bcbsm.com/medicare-evidence-of-coverage).

*Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations. You can see the most complete and current information about which drugs are covered on our website ([www.bcbsm.com/formularymedicare](http://www.bcbsm.com/formularymedicare)).*

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost sharing. You may pay less if you use these pharmacies. You can see our plan's pharmacy directory at our website ([www.bcbsm.com/pharmaciesmedicare](http://www.bcbsm.com/pharmaciesmedicare)).

## Optional Supplemental Benefits

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

<b>Package 1: Supplemental Dental, Vision and Hearing</b>	
<b>Benefit</b>	<b>BCN Advantage HMO ConnectedCare</b>
<b>Benefits include:</b>	<ul style="list-style-type: none"> <li>• Comprehensive Dental               <ul style="list-style-type: none"> <li>• Eyewear</li> <li>• Hearing Exams</li> <li>• Hearing Aids</li> </ul> </li> </ul>
<b>How much is the monthly premium?</b>	<p>Additional \$13.50 per month.</p> <p>You must keep paying your Medicare Part B premium and your \$58 monthly plan premium.</p>
<b>How much is the deductible?</b>	This package does not have a deductible.
<b>Is there a limit on how much the plan will pay?</b>	<p style="text-align: center;"><b><i>Each benefit has its own dollar maximum and cannot be combined with another benefit.</i></b></p> <p style="text-align: center;"><i>Comprehensive Dental: \$1,500 annual maximum dental benefit every year</i></p> <p style="text-align: center;"><i>Eyewear: \$200 maximum vision allowance every 12 months</i></p> <p style="text-align: center;"><i>Hearing Aid Fitting Exams: \$0 for one hearing aid fitting and evaluation every three years.</i></p> <p style="text-align: center;"><i>Hearing Aids: \$1,200 (\$600 per ear) every 3 years</i></p>
<p><b>Dental – Optional Supplemental Benefit – Package 1</b></p> <p>In addition to preventive dental, we cover:</p>	<p>Comprehensive Dental: \$1,500 annual maximum dental benefit every year.</p> <p><b>In Network</b></p> <p>\$0 cost-share for fluoride treatments and brush biopsies</p> <p><b>50% coinsurance for:</b></p> <ul style="list-style-type: none"> <li>• Resin and amalgam fillings</li> <li>• Crowns</li> <li>• Crown repairs</li> <li>• Adjunct crown services</li> <li>• Root canals</li> <li>• Simple extractions</li> </ul> <p>For in-network benefits, you must receive optional supplemental dental services from a participating provider.</p>

Benefit	BCN Advantage HMO ConnectedCare
<p><b>Vision – Optional Supplemental Benefit – Package 1</b>            Every 12 months, we cover <b>one</b> of the following:</p> <ul style="list-style-type: none"> <li>• Elective contacts</li> <li>• One pair of lenses</li> <li>• One frame</li> <li>• One complete pair of eyeglasses (lenses and frames)</li> </ul> <p>If elective contact lenses are chosen, they are unlimited up to the maximum vision benefit.</p>	<p>The optional eye wear benefit provides a \$200 maximum vision allowance every 12 months and may be used for either (a) elective contact lenses or (b) one frame.</p> <p>Standard eyeglass lenses are covered in full every 12 months.</p> <p>Supplemental vision benefits are provided in conjunction with enhanced vision benefit. Frequency limits apply.</p>
<p><b>Hearing – Optional Supplemental Benefit – Package 1</b></p>	<p>\$0 cost share for one routine hearing exam every year</p> <p>\$0 cost share for one hearing aid fitting and evaluation every three years</p> <p>Hearing Aids: up to a \$1,200 (\$600 per ear) allowance, every three years</p>

## Optional Supplemental Benefits

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

### Package 2: Supplemental Dental, Vision and Hearing

Benefit	BCN Advantage HMO ConnectedCare
<b>Benefits include:</b>	<ul style="list-style-type: none"> <li>• Comprehensive Dental               <ul style="list-style-type: none"> <li>• Eyewear</li> <li>• Hearing Exams</li> <li>• Hearing Aids</li> </ul> </li> </ul>
<b>How much is the monthly premium?</b>	<p>Additional \$35.50 per month.</p> <p>You must keep paying your Medicare Part B premium and your \$58 monthly plan premium.</p>
<b>How much is the deductible?</b>	This package does not have a deductible.
<b>Is there a limit on how much the plan will pay?</b>	<p><b><i>Each benefit has its own dollar maximum and cannot be combined with another benefit.</i></b></p> <p><i>Comprehensive Dental: \$2,500 annual maximum dental benefit every year</i></p> <p><i>Eyewear: \$300 maximum vision allowance every 12 months</i></p> <p><i>Hearing Aid Fitting Exams: \$0 for one hearing aid fitting and evaluation every three years.</i></p> <p><i>Hearing Aids: \$2,500 (\$1,250 per ear) every 3 years</i></p>
<p><b>Dental – Optional Supplemental Benefit – Package 2</b></p> <p>In addition to preventive dental, we cover:</p>	<p>Comprehensive Dental: \$2,500 annual maximum dental benefit every year.</p> <p><b>In Network</b></p> <p>\$0 cost-share for fluoride treatments and brush biopsies</p> <p><b>25% coinsurance for:</b></p> <ul style="list-style-type: none"> <li>• Resin and amalgam fillings</li> <li>• Dentures</li> <li>• Bridges</li> <li>• Onlays</li> <li>• Crowns</li> <li>• Crown repairs</li> <li>• Adjunct crown services</li> <li>• Root canals</li> <li>• Simple extractions</li> <li>• Endodontics and periodontics</li> <li>• Oral surgery</li> <li>• Consultation exams</li> <li>• Anesthesia</li> </ul> <p>For in-network benefits, you must receive optional supplemental dental services from a participating provider.</p>

Benefit	BCN Advantage HMO ConnectedCare
<p><b>Vision – Optional Supplemental Benefit – Package 2</b>            Every 12 months, we cover <b>one</b> of the following:</p> <ul style="list-style-type: none"> <li>• Elective contacts</li> <li>• One pair of lenses</li> <li>• One frame</li> <li>• One complete pair of eyeglasses (lenses and frames)</li> </ul> <p>If elective contact lenses are chosen, they are unlimited up to the maximum vision benefit.</p>	<p>The optional eye wear benefit provides a \$300 maximum vision benefit every 12 months and may be used for either (a) elective contact lenses or (b) one frame.</p> <p style="text-align: center;">Standard eyeglass lenses are covered in full every 12 months.</p> <p>Supplemental vision benefits are provided in conjunction with enhanced vision benefit. Frequency limits apply.</p>
<p><b>Hearing – Optional Supplemental Benefit – Package 2</b></p>	<p>\$0 cost share for one routine hearing exam every year</p> <p>\$0 cost share for one hearing aid fitting and evaluation every three years</p> <p>Hearing Aids: up to a \$2,500 (\$1,250 per ear) allowance, every three years</p>



## For more information

A complete list of services is found in the *Evidence of Coverage*. For a copy of the *Evidence of Coverage*, go to [www.bcbsm.com/medicare-evidence-of-coverage](http://www.bcbsm.com/medicare-evidence-of-coverage), or contact Customer Service at 1-800-450-3680 from 8 a.m. to 8 p.m., Eastern time, seven days a week from October 1 through March 31; 8 a.m. to 8 p.m., Eastern time, Monday through Friday from April 1 through September 30, for more information. TTY users call 711.

You can order a copy of the “Medicare & You” handbook at [www.medicare.gov](http://www.medicare.gov), or you can call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.





For more information, please call us at the phone number below or visit us at [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare).

If you are not a member of this plan, call toll-free 1-888-563-3307. TTY users should call 711. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 9 p.m. Eastern time. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 9 p.m. Eastern time.

If you are a member of this plan, call toll-free 1-800-450-3680. TTY users should call 711. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. Eastern time. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as audio CD and large print. This document may be available in a non-English language. For additional information, call us at 1-800-450-3680. TTY users should call 711.

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