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BCN AdvantageSM HMO-POS
Community Value

Summary of Benefits

January 1, 2021 — December 31, 2021

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 with a Point-of-Service (POS) option. To join **BCN Advantage HMO-POS Community Value**, 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-POS Community Value** includes these counties in Michigan: Genesee, Livingston, Macomb, Oakland, St. Clair, Washtenaw, and Wayne.

BCN Advantage HMO-POS Community Value 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, 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-POS plan with a Medicare contract.
Enrollment in BCN Advantage depends on contract renewal.*

www.bcbsm.com/medicare



Medicare Advantage Plans

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

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-POS Community Value Monthly Premium |
|---|---|
| Genesee, Livingston and St. Clair | \$20 |
| Macomb, Oakland, Washtenaw and Wayne | \$20 |

| Deductible and limits on how much you pay for covered services | | |
|---|--|--|
| Deductible | In-network: \$0 annually Point-of-service: \$250 This plan does not have a deductible for Part D prescription drugs. | |
| Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i> | \$4,500 annually | The most you pay for copays, coinsurance and other costs for medical services for the year. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. You will still need to pay your monthly plan premiums, Medicare Part B premiums, and cost sharing for your Part D drugs. Point-of-Service: Services received under your point-of-service benefit apply toward your maximum out-of-pocket. |
| Note: Your primary care provider (PCP) is the best resource for coordinating your care and can help you find an in-network specialist. However, BCN Advantage doesn't require a referral for you to make an appointment with an in-network specialist. Some in-network specialists may still need to confirm with your PCP that you need specialty care. | | |

| Benefits | BCN Advantage HMO-POS Community Value | What you should know |
|---|---|---|
| Note: Services with * may require prior authorization. | | |
| <p>Inpatient Hospital Coverage*</p> | <p>\$300 copay per day for days 1 through 6</p> <p>\$0 copay per day for days 7 through 90</p> <p>\$0 copay per day for days 91 and beyond</p> | <p>See Page 23 for more about your point-of-service travel benefit.</p> <p>The copays are based on benefit periods.</p> <p>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.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>Point-of-service deductible applies</p> <p>If you go to out-of-network providers within our service area, you pay the full amount.</p> |
| <p>Outpatient Hospital Coverage*</p> <ul style="list-style-type: none"> • Ambulatory surgical center • Outpatient hospital | <p>In-network: \$0 – \$100 copay</p> <p>Point-of-service: 35% coinsurance</p> <p>In-network: \$0 – \$225 copay</p> <p>Point-of-service: 35% coinsurance</p> | <p>See Page 23 for more about your point-of-service travel benefit.</p> <p>Services may require prior authorization.</p> <p>Point-of-service deductible applies</p> <p>If you go to out-of-network providers you pay the full cost.</p> |
| <p>Doctor Visits</p> <ul style="list-style-type: none"> • Primary • Specialists | <p>In-network: \$0 copay</p> <p>Point-of-service: 35% coinsurance</p> <p>In-network: \$35 copay</p> <p>Point-of-service: 35% coinsurance</p> | <p>See Page 23 for more about your point-of-service travel benefit.</p> <p>Point-of-service deductible applies</p> <p>If you go to out-of-network providers you pay the full cost.</p> <p>Specialist services may require a referral.</p> |

| Benefits | BCN Advantage HMO-POS Community Value | What you should know |
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| Note: Services with * may require prior authorization. | | |
| <p>Preventive Care</p> <p>You pay nothing.</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse screening and counseling • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Flexible sigmoidoscopy, Guaiac-based fecal occult blood test, Fecal immunochemical test, DNA based colorectal screening every 3 years) • Depression screening • Diabetes screenings • Glaucoma screening • HIV screening • Immunizations, including flu shots, hepatitis B shots, pneumococcal shots • Intensive behavioral therapy for obesity • Medical nutrition therapy services • Medicare Diabetes Prevention Program • Prostate cancer screenings (PSA) • Screening for lung cancer with low dose computed tomography • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • “Welcome to Medicare” preventive visit (one-time) | | <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> |

| Benefits | BCN Advantage HMO-POS Community Value | What you should know |
|---|---------------------------------------|---|
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| Emergency Care | \$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 one day, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</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> |
| Urgently Needed Services | \$0 – \$45 copay | <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> |

| Benefits | BCN Advantage HMO-POS Community Value | What you should know |
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| Note: Services with * may require prior authorization. | | |
| <p>Diagnostic Services/ Labs/Imaging*</p> <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • COVID-19 testing • Diagnostic radiology service (e.g., MRI) • Outpatient X-rays • Therapeutic radiology services | <p>In-network: \$0 – \$20 copay</p> <p>Point-of-service: 35% coinsurance</p> <p>In-network: \$0 copay</p> <p>Point-of-service: 35% coinsurance</p> <p>In-network: \$0 copay</p> <p>Point-of-service: 35% coinsurance</p> <p>In-network: \$20 – \$100 copay</p> <p>Point-of-service: 35% coinsurance</p> <p>In-network: \$20 – \$100 copay</p> <p>Point-of-service: 35% coinsurance</p> <p>In-network: 20% coinsurance</p> <p>Point-of-service: 35% coinsurance</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>See Page 23 for more about your point-of-service travel benefit.</p> <p>Point-of-service deductible applies</p> <p>If you go to out-of-network providers you pay the full cost.</p> |

| Benefits | BCN Advantage HMO-POS Community Value | What you should know |
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| Note: Services with * may require prior authorization. | | |
| <p>Hearing Services</p> <ul style="list-style-type: none"> • Hearing exam to diagnose and treat hearing and balance issues • Routine hearing exam (for up to 1 per year) • Hearing aid fitting and evaluation (for up to one every three years) • Hearing aids | <p>In-network: \$0 – \$35 copay, depending on the service</p> <p>Point-of-service: 35% coinsurance</p> <p>In-network: \$0 – \$35 copay, depending on the service, for one hearing exam every year</p> <p>Point-of-service: Not covered</p> <p>In-network: \$0 copay for one hearing aid fitting evaluation every three years</p> <p>Point-of-service: Not covered</p> <p>In-network: Up to a \$1,500 (\$750 per ear) allowance every three years</p> <p>Point-of-service: Not covered</p> | <p>See Page 23 for more about your point-of-service travel benefit.</p> <p>Point-of-service deductible applies</p> <p>If you go to out-of-network providers you pay the full cost.</p> |
| <p>Dental Services</p> <p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)</p> | <p>In-network: \$0 – \$225 for Medicare-covered services</p> <p>Point-of-service: 50% coinsurance for Medicare-covered services</p> | <p>See Page 23 for more about your point-of-service travel benefit.</p> <p>Point-of-service deductible applies</p> <p>If you go to out-of-network providers you pay the full cost.</p> |

| Benefits | BCN Advantage HMO-POS Community Value | What you should know |
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| Note: Services with * may require prior authorization. | | |
| <p>Preventive dental services</p> <ul style="list-style-type: none"> • Cleaning (for up to 2 every year) • Dental X-rays (one set of up to four bitewing X-rays, or one set of up to six periapical films every two years) • Oral exam (up to 2 every year) <p>Comprehensive dental services</p> <p>In addition to preventive dental, we cover:</p> | <p>In-network: \$0 copay</p> <p>Comprehensive Dental: \$2,000 maximum allowance every year</p> <p>In-network: 0% cost-share for fluoride treatments and brush biopsies</p> <p>25% coinsurance for:</p> <ul style="list-style-type: none"> • Resin and amalgam fillings • Dentures and dentures removable partial • Bridges • Onlays • Crowns • Crown repairs • Adjunct Crown Services • Root canals • Simple extractions • Endodontics and periodontics • Oral surgery • Consultation exams • Anesthesia | <p>For preventive dental services, you must obtain services from a participating dentist. Please visit www.mibluedentist.com and search for PPO dentists in the BCN Advantage network or contact Customer Service.</p> <p>If you go to out-of-network providers you pay the full cost.</p> <p>For in-network benefits, you must receive dental services from a participating provider.</p> <p>For out-of-network services, if your provider doesn't submit your claim, you may be required to pay costs up front and submit for reimbursement. Out-of-network expenses will be reimbursed at 50% of allowed amounts up to the combined maximum allowance.</p> <p>You may pay higher out-of-pocket amounts if you receive services from out-of-network providers.</p> |

| Benefits | BCN Advantage HMO-POS Community Value | What you should know |
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| | <p>Point-of-service: The following items will apply toward your combined in-network and out-of-network maximum benefit.</p> <p>50% coinsurance for:</p> <ul style="list-style-type: none"> • Resin and amalgam fillings • Dentures and dentures removable partial • Bridges • Onlays • Crowns • Crown repairs • Adjunct Crown Services • Root canals • Simple extractions • Endodontics and periodontics • Oral surgery • Consultation exams • Anesthesia | |

| Benefits | BCN Advantage HMO-POS Community Value | What you should know |
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| Note: Services with * may require prior authorization. | | |
| <p>Vision Services</p> <ul style="list-style-type: none"> • Exam to diagnose and treat diseases and conditions of the eye • Eyeglasses or contact lenses after cataract surgery • Routine eye exam <p>Every 12 months, we cover one of the following:</p> <ul style="list-style-type: none"> • Elective contacts • One pair of lenses • One frame <p>If elective contact lenses are chosen, they are unlimited up to the maximum vision benefit</p> | <p>In-network: \$0 – \$35 copay, depending on the service</p> <p>Point-of-service: 35% coinsurance</p> <p>In-network: \$0 copay</p> <p>Point-of-service: Not covered</p> <p>In-network: \$0 copay for up to one routine eye exam every 12 months.</p> <p>Point-of-service: Not covered</p> <p>In-network: \$0 copay</p> <p>The eye wear benefit provides a \$150 maximum vision benefit every 12 months and may be used for either (a) elective contact lenses or (b) frames.</p> <p>Standard eyeglass lenses are covered in full every 12 months.</p> <p>Benefit must be obtained from an in-network provider.</p> | <p>See Page 23 for more about your point-of-service travel benefit.</p> <p>Point-of-service deductible applies to Medicare-covered services.</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 www.vsp.com.</p> |

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| <p>Mental Health Services*</p> <ul style="list-style-type: none"> Inpatient visit Outpatient group/individual therapy visit | <p>In-network: \$300 copay per day for days 1 through 6</p> <p>\$0 copay per day for days 7 through 90</p> <p>Point-of-service: 35% coinsurance per stay</p> <p>In-network: \$25 copay for outpatient group/individual therapy visit</p> <p>Point-of-service: 35% coinsurance for outpatient group/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 deductible 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>See Page 23 for more about your point-of-service travel benefit.</p> <p>Point-of-service deductible applies</p> <p>Services may require prior authorization.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> |

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| Skilled Nursing Facility* (SNF) | <p>In-network: \$0 copay per day for days 1 through 20</p> <p>\$178 copay per day for days 21 through 100</p> <p>Point-of-service: 35% coinsurance per stay</p> | <p>Our plan covers up to 100 days in a SNF.</p> <p>See Page 23 for more about your point-of-service travel benefit.</p> <p>Point-of-service deductible applies</p> <p>Services may require prior authorization.</p> |
| Physical Therapy* <ul style="list-style-type: none"> • Physical therapy, occupational therapy, and speech and language therapy visit | <p>In-network: \$30 copay</p> <p>Point-of-service: 35% coinsurance</p> | <p>Point-of-service deductible applies</p> <p>Services may require prior authorization.</p> |
| Ambulance | <p>In-network: \$250 copay</p> <p>Point-of-service: \$250 copay</p> | <p>See Page 23 for more about your point-of-service travel benefit.</p> <p>Copay is for each one-way trip for Medicare-covered services.</p> |
| Transportation | <p>In-network: \$0 copay</p> <p>Point-of-service: Not covered</p> | <p>Qualified members who have been selected to be a part of Blue Cross Coordinated Care, 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>For 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.</p> |

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| <p>Medicare Part B Drugs*</p> <ul style="list-style-type: none"> • Part B drugs such as chemotherapy/radiation drugs • Other Part B drugs • Home infusion drugs | <p>In-network: 0% – 20% of the cost depending on the drug</p> <p>Point-of-service: 0% – 20% of the cost depending on the drug</p> | <p>See Page 23 for more about your point-of-service travel benefit.</p> <p>Point-of-service deductible applies</p> <p>Services may require prior authorization and/or step therapy.</p> |
| <p>Chiropractic Care*</p> <ul style="list-style-type: none"> • Manipulation of the spine to correct a subluxation (when one or more bones in your spine moves out of position) • Routine care/other | <p>In-network: \$20 copay</p> <p>Point-of-service: 35% coinsurance</p> <p>In-network: \$20 copay</p> <p>Point-of-service: Not covered</p> | <p>See Page 23 for more about your point-of-service travel benefit.</p> <p>Point-of-service deductible applies</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> <p>One routine office visit per year.</p> |

| Benefits | BCN Advantage HMO-POS Community Value | What you should know |
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| <p>Durable Medical Equipment/Supplies*</p> <ul style="list-style-type: none"> • Durable Medical Equipment (includes wheelchairs, oxygen, etc.) • Prosthetics (braces, artificial limbs, etc.) • Diabetes supplies (monitoring, shoes or inserts) | <p>In-network: 20% coinsurance of the cost for Medicare-covered items</p> <p>Point-of-service: 20% coinsurance of the cost for Medicare-covered items</p> <p>In-network: 20% coinsurance of the cost for Medicare-covered items</p> <p>Point-of-service: 20% coinsurance of the cost for Medicare-covered items</p> <p>In-network: 0% coinsurance</p> <p>Point-of-service: 35% coinsurance</p> | <p>See Page 23 for more about your point-of-service travel benefit.</p> <p>Point-of-service deductible applies</p> <p>Services may require prior authorization.</p> <p>Member must obtain diabetic supplies (except diabetic shoes) from BCN's supplier, J&B Medical Supply Company at 1-888-896-6233 from 8 a.m. to 5 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> |

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| Health Fitness Program | <p>All members can join the SilverSneakers® Fitness program at no cost. SilverSneakers® is a leading fitness program for people with Medicare.</p> <ul style="list-style-type: none"> • Locations nationwide • Low-impact classes to improve strength and balance • Health education events • Live and on-demand online classes, online tools, and basic fitness equipment to use in your home. <p>You must use network facilities to obtain this benefit. You can find locations and more information at www.silversneakers.com. Tivity Health® is an independent corporation retained by Blue Care Network to provide health and fitness services to its BCN Advantage members. Tivity Health and SilverSneakers® are registered trademarks or trademarks of Tivity Health, Inc. and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2017 Tivity Health, Inc. All rights reserved.</p> | |
| Home Health Care* | \$0 copay | <p>Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc. Custodial care is not a benefit.</p> <p>Services may require prior authorization.</p> |
| Hospice | <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> | |

| Benefits | BCN Advantage HMO-POS Community Value | What you should know |
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| <p>In-Home Support Services</p> <p>Eligible members will have access to in-home help provided by a non-clinical care team. Care team staff will help eligible members with daily living activities such transportation, light household help and meal preparation, technology education and support, grocery shopping, companionship and more.</p> <p>Members can verify their eligibility for this benefit by calling our vendor partner Papa, at 1-888-597-6294, Monday-Friday 8 a.m. – 11 p.m. Eastern time and Saturday and Sunday 8 a.m. – 8 p.m. Eastern time.</p> | <p>\$0 for up to four hours of time with a Papa Pal each month for qualified members.</p> | <p>To qualify for this benefit, you must meet the following requirements:</p> <ol style="list-style-type: none"> 1) Live alone, and 2) Require help with activities related to living independently, such as transportation, light housework, meal preparation, etc. <p>An over-the-phone eligibility assessment with Blue Care Network’s approved vendor, Papa, is required to determine if members qualify.</p> |

| Benefits | BCN Advantage HMO-POS Community Value | What you should know |
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| <p>Meal Benefit</p> | <p>\$0 copay for qualified members for 28 meals over 14 days from plan-approved meal provider.</p> <p>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>Members who have been selected to be a part of our Blue Cross 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.</p> <p>An assessment with your Blue Cross nurse care manager is required to determine eligibility for the meal benefit.</p> <p>If you qualify for this benefit your Blue Cross Care Manager will make a referral to the plan-approved meal provider.</p> |
| <p>Online Visits</p> <ul style="list-style-type: none"> • Remote access technologies give you the opportunity to meet with a health care provider through electronic forms of communication (such as online). • This does not replace an in-person visit, but allows you to meet with a health care provider when it is not possible for you to meet with your doctor in the office. | <p>Medical: \$0 copay</p> <p>Mental Health: \$0 copay</p> | |
| <p>Outpatient Substance Abuse*</p> <ul style="list-style-type: none"> • Individual or Group therapy visit | <p>In-network: \$20 copay each visit</p> <p>Point-of-service: 35% coinsurance each visit</p> | <p>Point-of-service deductible applies</p> <p>Services may require prior authorization.</p> |

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| <p>Over-the-counter items (from authorized vendor only)*</p> <p>Over-the-Counter (OTC) items are drugs and health related products that do not need a prescription.</p> <p>Covered items include but are not limited to antacids, cough drops, denture adhesive, eye drops, ibuprofen, toothpaste and first aid items. 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"> 1) In-store: 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 bcbsm.com/medicareotc. 2) Online. Go to bcbsm.com/medicareotc and follow the prompts to place an order using the online catalog. | <p>Members receive a \$100 per quarter benefit, no rollover.</p> | <p>This benefit covers certain approved non-prescription over-the-counter drugs and health-related items. You will receive one OTC card which can be used for purchasing approved non-prescription, over-the-counter drugs and health-related items at participating retail locations. The dollar benefit amount will be automatically reloaded each quarter.</p> <p>For online and mail orders, only one order can be placed per quarter. Benefits are available each quarter (January, April, July, October).</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> |

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| <p>3) Mail. You may request a printed catalog by calling 1-866-637-6863, Monday – Friday, 8 a.m. – 8 p.m. Eastern time (TTY: 711). Complete and mail the order form included with the requested catalog that you will receive in the mail.</p> <p>4) Telephone. Select items using the requested physical or online catalog and call 866-637-6863, Monday – Friday, 8 a.m. – 8 p.m. Eastern time (TTY: 711), to place an order. Items will be mailed to you.</p> | | <p>Note: All purchases must be made through the plan’s approved vendor or purchased at participating retail locations. Items cannot be obtained from any other vendor or retailer.</p> <p>Note: Amounts left on the account at the end of each quarter do not roll over into the next quarter, so be sure to use this benefit regularly.</p> |
| Renal dialysis | <p>In-network: 20% coinsurance</p> <p>Point-of-service: 35% coinsurance</p> | Point-of-service deductible applies |

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| <p>Special Supplemental Benefits for the Chronically Ill</p> <p>Plan-identified members with certain health conditions can use their quarterly over-the-counter allowance to buy approved foods. This benefit will be available only to plan-identified members who have been diagnosed with:</p> <ul style="list-style-type: none"> • Diabetes • Chronic obstructive pulmonary disease (COPD) • Congestive heart failure (CHF) • Stroke • Hypertension • Coronary artery disease (CAD) • Rheumatoid arthritis • Have known risk factors associated with exposure to COVID-19 | <p>\$100 per quarter benefit, no rollover</p> | <p>See above for more information on the over-the-counter items benefit.</p> |

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|--|---|--|
| Note: Services with * may require prior authorization. | | |
| <p>Worldwide Coverage</p> <p>Worldwide coverage consists of:</p> <ul style="list-style-type: none"> • Worldwide emergency coverage • Worldwide urgent coverage • Worldwide emergency transportation. | <p>\$90 copay for worldwide emergency care services.</p> <p>\$45 copay for worldwide urgent care services.</p> <p>\$250 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-POS Community Value

Phase 1: The Deductible Stage

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

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 \$4,130.

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 | \$8 | \$0 |
| Tier 2: Generic | \$20 | \$10 |
| Tier 3: Preferred Brand | \$47 | \$45 |
| Tier 4: Non-Preferred Drug | 50% | 50% |
| Tier 5: Specialty Tier | 33% | 33% |

Your share of the cost when you get a *long-term* (90-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 | \$24 | \$0 |
| Tier 2: Generic | \$60 | \$0 |
| Tier 3: Preferred Brand | \$141 | \$135 |
| Tier 4: Non-Preferred Drug | 50% | 50% |
| 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.

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

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.

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).

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).

Additional Information about BCN Advantage HMO-POS

What does “point-of-service” mean?

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

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

Note: POS is not the same as out-of-network; you pay all costs for POS services from out-of-network providers.

Note: Services received under your point-of-service benefit apply toward your maximum out-of-pocket.

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, 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, 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.

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 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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Medicare and more

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