Welcome
TO BLUE CARE NETWORK

Member Handbook

with your Certificate of Coverage and riders

Confidence comes with every card.
Quick Reference

**IMPORTANT OR FREQUENTLY USED PHONE NUMBERS**

For more numbers, as well as mail and online options, see section 8 of this handbook, "Contact Us."

**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 use disorder issues. For more information, see section 4, "How to Use Your Benefits."

**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.

**24-hour Nurse Advice Line:** 1-855-624-5214
Get answers to health care questions any time, anywhere with support from registered nurses.

**Tobacco Cessation Coaching, powered by WebMD®:** 1-855-326-5102
Call to sign up for this telephone-based program to help you quit tobacco.

*WebMD Health Services is an independent company supporting Blue Care Network by providing health and wellness services.*
Dear Sample Dow Chemical:

Welcome to Blue Care Network*!

We know that health care can seem complicated. That’s why we’re committed to helping you understand your coverage and achieve your wellness goals. This handbook outlines your benefits and explains how your plan works, including:

- What to do first now that you’re a member
- What to do if you get sick or injured
- What you’ll pay for certain services
- The resources we offer to help you stay healthy

We're here to help, so if you have questions about your coverage, call Customer Service or register at bcbsm.com for 24-hour access to your account.

Thank you for your membership. You’ve made the right choice.

Sincerely,

Tiffany A. Albert, President and CEO

We’ve highlighted key terms, important phone numbers and helpful information throughout the book.

Customer Service
1-800-662-6667
711 (TTY users)
8 a.m. to 5:30 p.m.
Monday through Friday

Mail inquiries to:
Blue Care Network
P.O. Box 68767
Grand Rapids, MI
49516-8767

In your letter, include your name, address, phone number and enrollee ID as shown on your BCN ID card.

Walk-in centers
Speak to a representative in person. Hours are 9 a.m. to 5 p.m. Monday through Friday. Call Customer Service or search walk-in centers at bcbsm.com to find locations near you.

*Blue Care Network of Michigan is providing administrative claims services only. Your employer is financially responsible for claims.
Thank you for being part of Blue Care Network.

We want to help you understand your medical health care costs. And this card is a convenient way to help you keep track. Detach it and keep it with your health plan ID card so you’ll know what you may have to pay when you receive certain covered medical services*.

Consider the card another helpful tool to use along with your Member Handbook, where you’ll find these sections:

- A “Glossary” with definitions of the terms listed on this card
- “Your Benefits at a Glance” for a summary of your benefits and costs
- Plan requirements in “How Your Plan Works”

For the most detailed and up-to-date information about your plan, log in to your account at bcbsm.com to see the legal documents that describe your coverage.

### Your costs
Printed on: 04/26/2018

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP visit</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Specialist visit</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$15 copay</td>
</tr>
<tr>
<td>ER</td>
<td>$100 copay</td>
</tr>
<tr>
<td>Deductible</td>
<td>None</td>
</tr>
<tr>
<td>Coinsurance max</td>
<td>None</td>
</tr>
<tr>
<td>Out-of-pocket max</td>
<td>$6,450 per member/$12,900 per family</td>
</tr>
</tbody>
</table>

*Other costs may apply for primary care physician and specialist visits if additional services are performed in the office.*
This information serves as a quick reference of what you may pay for certain health care services. These amounts may vary depending upon the actual services performed during your visit. Refer to your account at bcbsm.com for a complete description of your benefits and applicable cost-sharing amounts. There, you’ll find the legal documents that describe your coverage. For questions, call the customer service number on the back of your health plan ID card.

For your convenience, write in your primary care physician’s name and phone number.

____________________________   _______________________
(Name) (Phone)
1. Getting Started

**REGISTER FOR AN ONLINE MEMBER ACCOUNT**
With a secure member account at bcbsm.com, you can manage your health care plan, including selecting a primary care physician. You can also see a summary of your benefits, recent claims and out-of-pocket costs, such as your copayments.

- Get started by going to bcbsm.com/register or downloading the Blue Cross® app. Search "BCBSM" in the Apple App Store® or Google Play™.

**CHOOSE A PRIMARY CARE PHYSICIAN**
Your primary care physician is the person you think of as “your doctor.” **We must have one on file for you and everyone on your contract, and each doctor has to be a primary care physician in your plan’s network.** For care to be covered or cost you the least, your primary care physician must coordinate your health care from preventive services to referrals for specialists. If we don’t have a primary care physician on file for you, we’ll assign one to you. We’ll mail you a letter with the details if we do.

- To view or change your PCP, log in to your member account at bcbsm.com, click the Doctors & Hospitals tab and then click Primary Care Physician. The Choose a health plan box should show Blue Care Network (HMO) as your health plan. You also can select a primary care physician using the Blue Cross app.
- Or call Customer Service at 1-800-662-6667, and we’ll help you choose.

*Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc., registered in the U.S. and other countries.

**Google Play and the Google Play logo are trademarks of Google Inc.
3 MAKE AN APPOINTMENT WITH YOUR PCP
Get to know your primary care physician — make an appointment for your annual wellness visit or to discuss a medical condition. Your doctor can also write and renew your prescriptions.

4 KNOW THE REFERRAL PROCESS
Your primary care physician will provide your care or refer you to a specialist. If your care isn’t coordinated by your doctor, it may not be covered by your plan. For information about referrals, see "How Your Plan Works."

Covered services
These are health care services, prescription drugs and equipment or supplies that are medically necessary, meet requirements and are paid in full or in part by your plan.
Get to know your costs and your card, and find out how to work with your doctor to ensure your care is covered.

2. How Your Plan Works

How you may share costs with us
As a BCN member, you have help paying for your health care. See explanations below. For specifics about your plan, see “Your Benefits at a Glance” in this handbook.

**Copayment (or copay)**
A fixed dollar amount you pay each time you get certain types of care (for example, $25 for a visit to your PCP or $50 for an urgent care visit).

**Coinsurance**
Your share of the costs of a covered service, calculated as a percentage (for example, you pay 20 percent of the BCN approved amount, and BCN pays 80 percent).

**Deductible**
The amount you must pay for most health care services before BCN begins to pay. The deductible may not apply to all services.

**Out-of-pocket maximum**
The most you may pay to pay for covered health care services during the year. The out-of-pocket maximum includes your deductible, copays and coinsurance.

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**Beginning of your plan year**
- Depending on your plan, BCN pays for certain preventive care and wellness costs throughout the year at no cost to you.
- You pay copayments for certain covered services, like PCP office visits and urgent care.
- You pay for other medical costs until you meet your deductible, if your plan includes a deductible.

**Once you've met your deductible (if applicable)**
- You continue to pay copayments and coinsurance until the total you've paid for copayments, coinsurance and deductibles meets your out-of-pocket maximum.
- If there's more than one person on your plan, you may have to meet a family, as well as an individual, out-of-pocket maximum.

**Once you've reached the out-of-pocket maximum(s)**
- BCN pays for all other covered services. You don't owe a thing. (Please note your plan may not have an out-of-pocket maximum.)

**At the end of the plan year**
- Your deductible and out-of-pocket maximum reset for the next year.
Sample health care ID card

Below is a sample health care ID card that explains the information you see.

1 **Enrollee Name**: The person who has coverage — it may be you, your spouse or your parent.

2 **Enrollee ID**: Used by health care providers to identify you and your benefits. You may be asked for this number when you use your benefits, fill out forms or when you have questions about coverage.

3 **Issuer**: Identifies your specific plan, primarily for health care providers; it’s unlikely you’ll be asked for it.

4 **Group Number**: Your group’s BCN number. If you don’t belong to a group, another number appears here. You may be asked for this number when you use your benefits, fill out forms or when you have questions about coverage.

5 **Suitcase**: The symbol for the BlueCard program, which gives you access to Blue Cross doctors and hospitals when you’re traveling outside of Michigan.

6 **Blue DentalSM**: Indicates dental coverage, if you have it.

7 **Plan**: The type of organization or network you’re enrolled in, which defines your coverage. You may be asked for this information when using your benefits.

8 **Rx BIN & Rx GRP**: Used by pharmacies to handle prescription claims.

9 **Rx**: Indicates prescription drug coverage.

10 **Rx Limited**: Indicates limited prescription coverage available under the Affordable Care Act when the plan doesn’t offer a pharmacy benefit.
Your primary care physician

Your PCP is your partner in health care and maintains a record of the care you receive. He or she provides and coordinates preventive care (such as regular checkups, health screenings and immunizations) and refers you to specialists, if necessary.

Each person covered under your contract must select a PCP from these categories:

- **Family medicine and general practice**: Practitioners who treat patients of all ages, from newborns to adults
- **Internal medicine**: Doctors trained to identify and treat adult and geriatric medical conditions
- **Internal medicine/pediatrics**: Doctors 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

**FINDING A PCP**

If you don’t have a PCP, or if you’d like to change the doctor we have on file for you, we make it easy for you to find one in your area.

💻 To choose or change your PCP online, log in to bcbsm.com, click the Doctors & Hospitals tab in the top menu bar, and click Primary Care Physician. The Choose a health plan box should show Blue Care Network (HMO) as your health plan.

📞 You can also do this by phone — just call Customer Service at 1-800-662-6667.
Referrals / COORDINATING CARE WITH YOUR DOCTOR

Your PCP provides your care or coordinates it through BCN’s referral process. When your PCP decides that you need specialty care, he or she will provide a referral, which allows you to receive treatment or services from another health care provider. Referrals are provided to the health care provider electronically, on paper or called in. This process allows your doctor to coordinate the care you’re receiving. Some PCPs 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 PCP 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 BCN 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 PCP while a specialist is treating you may change your treatment referral. Check with your new PCP.
- If your PCP doesn’t refer you, you’re responsible for the cost of services.
Prior authorization

Sometimes, a “prior authorization” is required for medical services such as hospital care, elective surgeries and specialty drugs. This means your doctor must contact us, and we must approve care before you receive it or you may be responsible for the cost of the service.

In-network vs. out-of-network care

A network is a group of providers (doctors, hospitals and vendors) that have contracted with BCN to provide health care services. Note: You’re always covered for emergency care (see “Your Benefits at a Glance”).

If your doctor is not in your plan's network

To continue care with a doctor who’s not in your plan’s network, one of these situations must apply to you:

- You’re receiving an ongoing course of treatment and changing doctors would interfere with recovery (care may continue through the current course of treatment — up to 90 days).
- You’re in the second or third trimester of pregnancy (care may continue through delivery).
- You have a terminal illness (care may continue for the remainder of your life).

This continuity of care may also apply when your doctor leaves the BCN network. Authorization from BCN is required.

To ask for continuity of care, call Customer Service at 1-800-662-6667.
3. Your Benefits at a Glance

This section has an easy-to-read description of frequently used information about your benefits. This is an overview; it’s not a contract. An official description of your benefits is in your Benefit Document and amendments.

Know your benefits

The table in this section lists some commonly used benefits and their coverage details.

When reading the table, keep in mind that only your primary care physician, or PCP, can refer you to specialty care. If your PCP doesn’t refer you, you’re responsible for the cost of services. BCN also needs to authorize certain services.

The table is intended to be a summary of your benefits and not a contract. It doesn’t include all benefit limitations and exclusions. You also have access to a Summary of Benefits and Coverage, or SBC, customized for you as required by the Affordable Care Act. The SBC has medical examples to illustrate the benefits of your health care coverage. This summary is available only from your employer.

For information about all your benefits and how your deductibles, coinsurance and copays work, refer to your legal documents, your Certificate of Coverage and riders.

To see your benefit documents, log in to your account at bcbsm.com; click My Coverage in the blue bar at the top of the page; select Medical from the drop down menu; click Plan Documents in the left-hand column; and scroll down to Certificates and Riders.

To request a paper copy of these documents, call Customer Service at 1-800-662-6667.
## 3. YOUR BENEFITS AT A GLANCE

### COMMONLY USED BENEFITS

<table>
<thead>
<tr>
<th>Annual Deductible, Coinsurance and Out-of-Pocket Maximum</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>This health plan has no deductible.</td>
</tr>
<tr>
<td><strong>Annual coinsurance maximum</strong></td>
<td>This plan has no coinsurance maximum.</td>
</tr>
<tr>
<td><strong>Out-of-pocket maximum</strong></td>
<td>$6,450 per individual; $12,900 per family out-of-pocket maximum per calendar year</td>
</tr>
</tbody>
</table>

### Physician Office Services

<table>
<thead>
<tr>
<th>Primary care physician visits</th>
<th>$15 copay for primary care physician office visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist visits</td>
<td>$30 copay for specialist office visits when referred. Chiropractic spinal manipulations unlimited visits when referred.</td>
</tr>
<tr>
<td>Maternity</td>
<td>$15 copay for postnatal maternity visits. Prenatal visits are covered in full. See Hospital Care below for facility charges.</td>
</tr>
<tr>
<td>Allergy office visit</td>
<td>$30 copay for allergy office visits</td>
</tr>
<tr>
<td>Immunizations</td>
<td>Pediatric and adult immunizations as recommended by the Advisory Committee on Immunization Practices are covered in full.</td>
</tr>
</tbody>
</table>

### Emergency Services

<table>
<thead>
<tr>
<th>Emergency room</th>
<th>$100 copay for emergency room treatment. ER copay waived if admitted as an inpatient. Your inpatient hospital benefit then applies. See Inpatient Hospital Copayment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent care center</td>
<td>$15 copay for urgent care visits</td>
</tr>
<tr>
<td>Emergent ambulance services</td>
<td>Emergency ambulance transport is covered in full when other transportation would endanger a member’s life.</td>
</tr>
<tr>
<td>Non-emergent ambulance services</td>
<td>Non-emergent ambulance transport covered in full. Requires prior authorization by BCN.</td>
</tr>
</tbody>
</table>

### Diagnostic and Therapeutic Services

<table>
<thead>
<tr>
<th>Lab and pathology services</th>
<th>Lab and pathology services are covered in full.</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-ray</td>
<td>X-ray and radiology services are covered in full.</td>
</tr>
<tr>
<td>Outpatient facility visits/diagnostic services</td>
<td>Outpatient diagnostic or therapeutic services are covered in full.</td>
</tr>
<tr>
<td>Radiation therapy</td>
<td>Radiation therapy in an inpatient or outpatient facility setting is covered in full.</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>Chemotherapy in an inpatient or outpatient facility setting is covered in full. Chemotherapy drugs are covered in full.</td>
</tr>
<tr>
<td>Dialysis</td>
<td>Dialysis treatment in an inpatient or outpatient facility setting is covered in full.</td>
</tr>
</tbody>
</table>
### COMMONLY USED BENEFITS continued

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Care</strong></td>
<td></td>
</tr>
<tr>
<td>Inpatient hospital admission</td>
<td>$250 copay per inpatient hospital admission; unlimited days. See certificate for specific surgical coinsurance.</td>
</tr>
<tr>
<td>Newborn care</td>
<td>$250 copay for newborn care in an inpatient setting</td>
</tr>
<tr>
<td><strong>Alternatives to Hospital Care</strong></td>
<td></td>
</tr>
<tr>
<td>Skilled nursing facility</td>
<td>Services in a skilled nursing facility are covered in full</td>
</tr>
<tr>
<td>Skilled nursing facility days</td>
<td>Limited to 45 days of skilled nursing care per benefit year in a skilled nursing facility. Requires prior authorization by BCN.</td>
</tr>
<tr>
<td>Hospice</td>
<td>Inpatient and outpatient hospice covered in full. Inpatient care requires prior authorization.</td>
</tr>
<tr>
<td>Home care visits</td>
<td>$30 copay for home care visits.</td>
</tr>
<tr>
<td><strong>Surgical Services</strong></td>
<td></td>
</tr>
<tr>
<td>Outpatient surgery facility</td>
<td>$100 copay for outpatient surgery. Preventive services and screenings as mandated by the Affordable Care Act are covered in full. See certificate for specific surgical coinsurance.</td>
</tr>
<tr>
<td>Second surgical opinion</td>
<td>$30 copay for second surgical opinion when referred.</td>
</tr>
<tr>
<td>Surgical assistant</td>
<td>Services performed by a surgical assistant are covered in full</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>Anesthesia is covered in full</td>
</tr>
<tr>
<td>Sterilization procedures</td>
<td>Adult sterilization is covered in full</td>
</tr>
<tr>
<td>Elective abortion procedures</td>
<td>Elective first trimester terminations are covered in full. Limited to one procedure per 24 month period.</td>
</tr>
<tr>
<td>Weight reduction procedures (criteria required)</td>
<td>Weight reduction procedures are covered in full after meeting the $250 inpatient hospital copay. Requires prior authorization by BCN. Limited to one procedure per lifetime.</td>
</tr>
<tr>
<td>Orthognathic surgery</td>
<td>50% coinsurance for orthognathic surgery</td>
</tr>
<tr>
<td><strong>Mental Health and Substance Use Disorder Treatment</strong></td>
<td>Call 1-800-482-5982 when you need care.</td>
</tr>
<tr>
<td>Inpatient mental health</td>
<td>Inpatient mental health/partial hospitalization per hospital admission covered in full. Requires prior authorization by BCN.</td>
</tr>
<tr>
<td>Inpatient mental health days</td>
<td>Unlimited visits when medically necessary. Requires prior authorization by BCN Behavioral Health management.</td>
</tr>
<tr>
<td>Inpatient mental health time period</td>
<td>Coordinated by BCN Behavioral Health management</td>
</tr>
<tr>
<td>Outpatient mental health</td>
<td>$15 copay per visit for outpatient/intensive outpatient mental health. $15 copay per online mental health visit with a designated online BCN participating provider.</td>
</tr>
<tr>
<td>Outpatient mental health visit limit</td>
<td>Unlimited visits when medically necessary. Requires prior authorization by BCN Behavioral Health management.</td>
</tr>
</tbody>
</table>
### Mental Health and Substance Use Disorder Treatment - Call 1-800-482-5982 when you need care.

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient mental health additional visits</strong></td>
<td>Coordinated by BCN Behavioral Health management</td>
</tr>
<tr>
<td><strong>Inpatient substance abuse</strong></td>
<td>Residential/intermediate substance abuse/partial hospitalization covered in full. Requires prior authorization by BCN Behavioral Health management.</td>
</tr>
<tr>
<td><strong>Inpatient substance abuse time period</strong></td>
<td>Coordinated by BCN Behavioral Health management</td>
</tr>
<tr>
<td><strong>Outpatient substance abuse</strong></td>
<td>$15 copay per outpatient/intensive outpatient substance abuse. Requires prior authorization by BCN Behavioral Health management.</td>
</tr>
<tr>
<td><strong>Outpatient substance abuse visit limit</strong></td>
<td>Unlimited visits when medically necessary. Requires prior authorization by BCN Behavioral Health management.</td>
</tr>
<tr>
<td><strong>Detoxification - substance abuse</strong></td>
<td>Detox services provided inpatient, or in a residential setting are covered in full. $15 copay per visit for outpatient detox services. Requires prior authorization by BCN.</td>
</tr>
</tbody>
</table>

### Durable Medical Equipment, Diabetic Supplies and Prosthetics and Orthotics
For durable medical equipment and prosthetics and orthotics, call Northwood at 1-800-667-8496. For diabetic supplies, call J&B Medical Supply Company at 1-888-896-6233.

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Durable medical equipment</strong></td>
<td>20% coinsurance for durable medical equipment. Must be preauthorized and obtained from a BCN supplier.</td>
</tr>
<tr>
<td><strong>Diabetic supplies</strong></td>
<td>20% coinsurance for diabetic supplies and equipment. Must be preauthorized and obtained from a BCN supplier.</td>
</tr>
<tr>
<td><strong>Prosthetics</strong></td>
<td>20% coinsurance for prosthetics. Must be preauthorized and obtained from a BCN supplier.</td>
</tr>
<tr>
<td><strong>Orthotics</strong></td>
<td>20% coinsurance for orthotics. Must be preauthorized and obtained from a BCN supplier.</td>
</tr>
</tbody>
</table>

### Prescription Drugs

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prescription drug coverage</strong></td>
<td>Tier 1 - $10 copay, Tier 2 - $20 copay, Tier 3 - Not covered. Includes contraceptive drugs. Drugs for the treatment of sexual dysfunction 50% coinsurance. 30-day supply. Preventive medications and Tier 1 contraceptives are covered in full. Mail order covered at 2 times the applicable tiered copay up to a 90-day supply.</td>
</tr>
</tbody>
</table>

### Other Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Allergy evaluation/serum/testing</strong></td>
<td>Allergy related services are covered in full.</td>
</tr>
<tr>
<td><strong>Allergy injections</strong></td>
<td>Allergy injections are covered in full.</td>
</tr>
<tr>
<td><strong>Infertility care (criteria required)</strong></td>
<td>50% coinsurance for infertility services when such care is authorized by BCN. In vitro fertilization is not covered</td>
</tr>
<tr>
<td><strong>Outpatient physical, occupational and speech therapy/outpatient rehabilitation</strong></td>
<td>$30 copay per visit for outpatient physical therapy and rehabilitation</td>
</tr>
</tbody>
</table>
### COMMONLY USED BENEFITS continued

<table>
<thead>
<tr>
<th>Other Services</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient physical, occupational and speech therapy/outpatient rehabilitation limits</strong></td>
<td>Limited to one period of treatment for any combination of therapies within 60 consecutive days per medical episode.</td>
</tr>
<tr>
<td><strong>Autism spectrum disorder</strong></td>
<td>$15 copay for applied behavioral analysis per visit. Outpatient therapy cost sharing applies for autism related speech, physical and occupational therapy with unlimited visits. Requires prior authorization by BCN.</td>
</tr>
<tr>
<td><strong>Temporomandibular joint (TMJ)</strong></td>
<td>50% coinsurance for TMJ services. Requires prior authorization by BCN.</td>
</tr>
</tbody>
</table>
Find out how to get care, including routine office visits, specialty care and medical services.

### When you need medical care

This chart tells you what to do to get care. Remember to **call your PCP first** for all services from a routine checkup to an injury or symptoms that need prompt attention (with the exception of emergency care).

#### GUIDE TO GETTING MEDICAL CARE

<table>
<thead>
<tr>
<th>Type of care</th>
<th>Description</th>
<th>What you need to do</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Regular and routine care appointments</strong> (routine, primary and specialty care)</td>
<td>A health history and exam. Includes screenings and immunizations as required. For women, this includes your annual gynecology exam. Other preventive care</td>
<td>Call well in advance. Bring names of all prescriptions and over-the-counter medications you take. Bring immunization records if you have them. Make a list of questions to ask your doctor.</td>
</tr>
<tr>
<td><strong>Urgent care</strong></td>
<td>Sudden but not life-threatening conditions, such as fevers greater than 101 degrees lasting for more than 24 hours, vomiting that persists, mild diarrhea, or a new skin rash.</td>
<td>Call your PCP. Your physician or an on-call doctor will provide care or direct you to an urgent care center near you. You can also locate an urgent care center near you at <a href="http://bcbsm.com/find-a-doctor">bcbsm.com/find-a-doctor</a>.</td>
</tr>
<tr>
<td><strong>Emergency care</strong></td>
<td>A condition that causes symptoms severe enough that someone with average health knowledge would believe that immediate medical attention is needed.</td>
<td>Seek help at the nearest emergency room or call 911. Contact your PCP within 24 hours.</td>
</tr>
<tr>
<td><strong>Hospital care</strong></td>
<td>Conditions that require inpatient care.</td>
<td>Your PCP will arrange the hospital care you need and direct the care of any specialists who will see you there.</td>
</tr>
</tbody>
</table>
4. HOW TO USE YOUR BENEFITS

Your benefits when you travel

Doctors and hospitals that contract with Blue Cross and Blue Shield plans nationwide participate in BlueCard, our care program when you’re away from home.

卫生间 You can find BlueCard providers by using the Blue National Doctor & Hospital Finder at bcbsm.com.

📞 Learn more about the BlueCard program by calling Customer Service at 1-800-662-6667. You can also read the BlueCard disclosure in this book. See "Information About Us."

PHARMACY COVERAGE

You can fill prescriptions at any Blue Cross participating pharmacy when you travel. Your health care ID card is accepted at thousands of pharmacies nationwide, including most major chains.

EMERGENCY CARE

You’re always covered for emergency care — in Michigan, across the country and around the world. Just show your health care ID card. When traveling outside the United States, you may be required to pay for services and then seek reimbursement. To speed reimbursement, bring back an itemized bill or prescription invoice and any medical records you can get.

 dank Download the reimbursement form at bcbsm.com/billform.

📞 Or call Customer Service at 1-800-662-6667 for the form.

MEDICAL SUPPLIES AND EQUIPMENT

If you need durable medical equipment while traveling, call our partner, Northwood, Inc.*

📞 Call Northwood, Inc. at 1-800-667-8496.

If you need diabetic supplies while traveling, call our partner, J&B Medical Supply Company.**

📞 For more information, call J&B Customer Service at 1-888-896-6233.

*Northwood is an independent company that provides durable medical equipment for Blue Care Network of Michigan.

**J&B Medical Supply Company is an independent company that provides diabetic materials for Blue Care Network of Michigan.
### GUIDE TO YOUR BENEFITS WHEN YOU TRAVEL

<table>
<thead>
<tr>
<th>Where you are</th>
<th>Type of care</th>
<th>What you need to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Michigan</td>
<td>Emergency care</td>
<td>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 hospital emergency room.</td>
</tr>
<tr>
<td></td>
<td>Urgent care</td>
<td>The condition requires a medical evaluation within 48 hours. To locate a participating urgent care center, call Customer Service or visit bcbsm.com/find-a-doctor.</td>
</tr>
<tr>
<td></td>
<td>Nonurgent care</td>
<td>Call your PCP to coordinate services that don’t require immediate attention.</td>
</tr>
<tr>
<td>In the United States but outside Michigan</td>
<td>Emergency care</td>
<td>Call 911 or go to the nearest hospital emergency room.</td>
</tr>
<tr>
<td></td>
<td>Urgent care</td>
<td>Call BlueCard* at 1-800-810-BLUE (2583) to locate an urgent care center.</td>
</tr>
<tr>
<td></td>
<td>Follow-Up care</td>
<td>To treat or monitor a chronic condition. Call Customer Service for details about your health benefits and required authorizations.</td>
</tr>
<tr>
<td></td>
<td>Routine care</td>
<td>Doctor’s visit for a minor illness. Call BlueCard at 1-800-810-BLUE (2583) to find a physician at your destination.</td>
</tr>
<tr>
<td></td>
<td>Other services</td>
<td>Such as elective surgeries, hospitalizations, mental health or substance use disorder services. Call Customer Service for details about your health benefits and to determine which services require prior authorization.</td>
</tr>
<tr>
<td>Outside the United States</td>
<td>Emergency care</td>
<td>Go to the nearest hospital emergency room. You may be required to pay for services and then seek reimbursement. Be sure to get an itemized bill and medical records to speed reimbursement.</td>
</tr>
</tbody>
</table>

*Download the reimbursement form at bcbsm.com/billform.*

*Or call Customer Service at 1-800-662-6667 for the form.*

*If your coverage includes BlueCard®, a program of the Blue Cross and Blue Cross Shield Association, you have nationwide access to Blue plan physicians and hospitals. Learn more about the BlueCard program by reading the disclosure document online at bcbsm.com/bluecarddisclosure, or call Customer Service at 1-800-662-6667 to have a copy sent to you.*
Special care for women

We comply with all federal laws relating to the care of female members. These include:

BREAST RECONSTRUCTION FOLLOWING A MASTECTOMY

Our health coverage complies with the Women’s Health and Cancer Rights Act of 1998. It includes the following important protection for breast cancer patients who elect breast reconstruction in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed for treatment of cancer
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and other care to alleviate physical complications of all stages of a mastectomy

HOSPITAL STAYS FOR CHILDBIRTH

The Newborns’ and Mothers’ Health Protection Act of 1996 prohibits health plans from restricting hospital stays for childbirth to less than 48 hours following a vaginal delivery or 96 hours following a cesarean section.

A physician or other health provider doesn’t need to obtain authorization for prescribing a hospital stay up to 48 hours following a vaginal delivery or 96 hours following a cesarean section. However, the attending physician or certified nurse midwife, in consultation with the mother, may discharge the mother or newborn earlier than 48 hours following a vaginal delivery or 96 hours following a cesarean section.

Lab services

BCN contracts with Joint Venture Hospital Laboratories*, also known as JVHL, to provide clinical laboratory services throughout Michigan. This gives you access to more than 80 hospitals and 200 service centers that provide 24-hour access and a full range of laboratory services.

📞 For information about lab services near you, call 1-800-445-4979.

*JVHL is an independent company that provides lab services for Blue Care Network of Michigan.
Pain management

We provide coverage for certain medically necessary treatments to manage pain associated with a condition, because we consider pain management services an integral part of a complete disease treatment plan. Your PCP will coordinate the care you need.

Medical supplies and equipment

Sometimes, when you’re recovering from an operation or an illness, your PCP 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.

Your doctor will tell you what you need and write a prescription. BCN only covers 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.

When you purchase medical equipment, you might have to share the cost with BCN through copays or coinsurance. Check “Your Benefits At-a-Glance” in this book for coverage details.

Northwood Inc. partners with BCN to provide durable medical equipment as well as prosthetic and orthotic appliances for members.

To locate a Northwood provider near you, call Northwood at 1-800-667-8496. Representatives are available from 8:30 a.m. to 5 p.m. Monday through Friday. On-call associates are available after business hours.

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

For more information, call J&B Customer Service at 1-888-896-6233.
4. HOW TO USE YOUR BENEFITS

Behavioral health coverage

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

Behavioral health care managers are available 24 hours a day, seven days a week for emergencies at 1-800-482-5982 (TTY users call 711). You don’t need a referral from your PCP. However, you must be seen by a doctor in your plan’s network.

GUIDE TO GETTING BEHAVIORAL HEALTH SERVICES

<table>
<thead>
<tr>
<th>Type of care</th>
<th>Description</th>
<th>What you need to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine care</td>
<td>Where no danger is detected and your ability to cope is not at risk.</td>
<td>Tell the behavioral care manager of any special needs to ensure appropriate referral.</td>
</tr>
<tr>
<td>Get care:</td>
<td>Within 10 days for a first visit and 30 business days for subsequent visits</td>
<td></td>
</tr>
<tr>
<td>Urgent care</td>
<td>Conditions that are not life-threatening, but face-to-face contact is necessary within a short period of time.</td>
<td>Call the mental health help number on the back of your BCN ID card.</td>
</tr>
<tr>
<td>Get care:</td>
<td>Within 48 hours</td>
<td></td>
</tr>
<tr>
<td>Emergency care for conditions that are not life-threatening</td>
<td>Conditions that require rapid intervention to prevent deterioration of your state of mind, which left untreated, could jeopardize your safety.</td>
<td>Call the mental health help number on the back of your BCN ID card.</td>
</tr>
<tr>
<td>Get care:</td>
<td>Within 6 hours</td>
<td></td>
</tr>
<tr>
<td>Emergency care for life-threatening conditions</td>
<td>A condition that requires immediate intervention to prevent death or serious harm to you or others.</td>
<td>Seek help at the nearest emergency room, or call 911. After the emergency, contact your PCP within 24 hours.</td>
</tr>
<tr>
<td>Get care:</td>
<td>Immediately</td>
<td></td>
</tr>
</tbody>
</table>

Some services aren’t covered

* Here are a few examples of services your plan doesn't cover:

- Services obtained without following BCN procedures
- Cosmetic services or supplies
- Custodial care
- Experimental or investigational treatment
- Personal convenience items
- Rest cures
- Acupuncture
- Routine exams related to employment, insurance licensing, a court order or travel
- Self-help programs
5. Your Drug Benefit

Get to know your prescription drug benefit with information on coverage and how to fill prescriptions.

Your prescription drug coverage

We make every effort to provide the best value for your dollar, and your drug benefit reflects this. To see your drug benefit, which includes your coinsurance and copay amounts for prescriptions, you’ll need to view your prescription drug rider.

To view your drug rider, log in to your account at bcbsm.com. Click My Coverage in the blue bar at the top of the page. Click Medical in the drop down menu. Click Plan Documents in the left column. Scroll down to the Certificates and Riders section.

Your drug list

Your Custom Drug List shows the medications that may be covered under your drug benefit. These medications were selected by a team of doctors, pharmacists and other health care experts for their effectiveness, safety and value.

For the most current Custom Drug List of covered medications and requirements, visit bcbsm.com/BCNdruglists.

Download our Mobile App

With an Apple iPhone® or Android™ smartphone, you can use the BCBSM mobile app to research drug prices, see what your plan covers and view and share your virtual ID card. The mobile app connects you securely with the health plan info on your bcbsm.com account when you need it.
5. YOUR DRUG BENEFIT

How tiers work

Your drug list is organized by tiers, with the most cost-effective drugs in the lower tiers.

**TIER 1 • Lowest copay**
You pay the lowest copay for generic and certain brand-name medications. *Some members have a benefit that places generic drugs into these two tiers:*

- **TIER 1A • Lower generic copay**
  These generic drugs are used to treat chronic diseases like high blood pressure, high cholesterol, diabetes, heart disease and depression.

- **TIER 1B • Higher generic copay**
  Includes generic medications that don’t fall into Tier 1A.

**TIER 2 • Higher preferred brand copay**
This tier includes brand-name drugs that don’t have a generic equivalent. These drugs are more expensive than generic medications.

**TIER 3 • Highest nonpreferred brand copay**
This tier includes brand-name drugs for which there’s either a generic alternative or a more cost-effective brand. Please note that these drugs may not be covered.

**Specialty drugs**

**TIER 4 • Lower specialty drug copay**
These specialty drugs are more cost-effective than specialty drugs in Tier 5.

**TIER 5 • Higher specialty drug copay**
These specialty drugs have the highest copay because there may be a more cost-effective generic or brand version available.
5. YOUR DRUG BENEFIT

Keeping down costs with generic drugs

Brand-name medications are expensive. The good news is that generics have identical active ingredients in the same strengths as their brand-name equivalents, but often cost far less. Your prescription will be filled automatically with the generic version of a drug if a generic is available.

**DISPENSE AS WRITTEN**

Sometimes, physicians prescribe brand-name drugs to be "dispensed as written." In addition to your copay, you'll have to pay the difference in cost between the brand-name drug and the price of its generic equivalent.

Some drugs don’t have a copay

Under the Affordable Care Act, some members can receive certain commonly prescribed drugs without any cost sharing. To get these drugs, you need a prescription from your doctor, and you must meet plan requirements.

For a complete list of these products, please see the Preventive Drug List online at [bcbsm.com/BCNdruglists](http://bcbsm.com/BCNdruglists).

Some drugs need approval

We review the use of certain drugs to make sure that our members receive the most appropriate and cost-effective drug therapy. For example, you may be required to try one or more preferred drugs to treat your health condition (called step therapy), or your doctor may have to get approval before a drug is covered.

If the drug is not approved, you may have to pay the full cost of the drug.

Have your doctor contact the BCN Pharmacy Help Desk to request approval for a drug. Or, call Customer Service at the number on the back of your member ID card.
5. YOUR DRUG BENEFIT

Filling a prescription

There are two ways to fill your prescription.

AT A RETAIL PHARMACY

More than 2,400 retail pharmacies in Michigan and 65,000 retail pharmacies outside of Michigan accept your BCN member ID card. You may fill all prescriptions (including specialty drugs) at any of these pharmacies.

- You may also save on your copays by getting up to a 90-day supply of your prescription at a retail pharmacy.
- An initial 30-day trial period is required before a 90-day supply of a brand-name prescription is covered.

MAIL ORDER (HOME DELIVERY)

You can receive your prescriptions through one of our mail-order vendors. The type of drug you take determines which mail-order vendor you use.

**Specialty drugs** should be ordered through Walgreens Specialty Pharmacy*.

โทรติดต่อ Walgreens Specialty Pharmacy ที่ 1-866-515-1355.

หรือเข้าชม Through Walgreens Specialty Pharmacy ที่ walgreensspecialtyrx.com.

Blue Care Network of Michigan doesn’t control this website or endorse its general content.

**All other drugs** should be ordered through Express Scripts** mail-order pharmacy. Mail-order prescriptions for most nonspecialty medications can be written for up to a 90-day supply. What you pay for a prescription depends on your drug rider. You must request mail-order drugs at least 14 days before you need them to ensure that you have enough medication on hand before you start the mail-order process.

โทรติดต่อ Express Scripts ที่ 1-800-229-0832.

Express Scripts and Walgreens don’t accept telephone orders for new prescriptions. Your doctor can mail or fax the first prescription. Or, you can mail a request form and your original prescription. Download the form at bcbsm.com or call Customer Service.

If you have questions about which mail-order vendor to use, please call Customer Service at the number on the back of your ID card.

หรือเข้าชม ที่ bcbsm.com/pharmacy.

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* Walgreens Specialty Pharmacy is an independent company that provides specialty pharmacy services for Blue Care Network of Michigan.

** Express Scripts® is an independent company that provides pharmacy benefit management services for Blue Care Network of Michigan.

***Accredo is an independent company that provides pharmacy benefit management services for Blue Care Network of Michigan.
Some drugs and medical supplies aren’t covered

Certain types of drugs and medical supplies may not be covered under your drug plan. These include:

- Drugs used for experimental or investigational purposes
- Cosmetic drugs
- Drugs included as a medical benefit (such as injectable drugs and vaccines that are usually given in a doctor’s office)
  
  **Note:** BCN members can get influenza, pneumonia, shingles, HPV, Tdap and meningococcal vaccines at network retail pharmacies with a prescription.
- Replacement prescriptions resulting from loss, theft or mishandling
- Compounded drugs — with some exceptions
- Drugs not approved by the FDA
- Proton pump inhibitors, non-sedating antihistamines and nasal steroids
  
  (These medications have over-the-counter alternatives that are available without a prescription.)

Check your drug rider for additional items that may not be covered.
6. Guidelines for Good Health

It’s easier to stay healthy than to get healthy once you’re sick. That’s why we encourage preventive care. These recommended screenings and lifestyle tips can help reduce your risk for serious illness.

Preventive care / SCREENINGS AND EXAMS

ALL ADULTS

Diabetes screening
Diabetes can lead to kidney disease, amputations and blindness. People with diabetes are at greater risk for heart disease and stroke than the general population. Your PCP will evaluate your health, which may include a height and weight assessment as well as various tests and screenings based on your age, conditions and other factors.

HIV screening
HIV attacks the infection-fighting cells of the immune system. Without these cells, the body can’t fight infections and certain cancers.

Osteoporosis screening
This test can tell if you’re at risk for bone weakness, which can lead to bone fractures. About 34 million Americans are at risk for osteoporosis.

Regular checkups
These are key to staying healthy and reducing your risk for diseases. Your PCP will coordinate the care you need.

Wellness exam
An annual physical is recommended because preventive care helps prevent or detect problems.
6. GUIDELINES FOR GOOD HEALTH

Preventive care CONTINUED

ALL ADULTS continued

Blood pressure screening
High blood pressure can cause a number of problems, including heart attack and stroke.

Cholesterol screening
This test detects high cholesterol levels that can increase your risk of a heart attack.

Colorectal cancer screening
This screening can greatly reduce (by 95 percent) the risk of colorectal cancer, the second leading cancer killer in the United States.

Glaucoma screening
This test can detect glaucoma, a leading cause of blindness, which often occurs without any warning signs.

WOMEN

Care after delivery
Postpartum visits are the time to talk about problems with healing, contraception, coping with parenthood and breastfeeding.

Chlamydia screening
Chlamydia is the most common and easily treatable sexually transmitted infection. The test can detect the infection when there are no symptoms. That’s the case in 70 percent of infected patients. All pregnant women should be screened for chlamydia.

Cervical cancer and Pap test screening
Cervical cancer begins with small changes in the cells of the cervix. Regular Pap tests almost always show these cell changes before they turn into cancer.

Mammogram
Mammograms can detect abnormalities. Your chances for recovery are better if breast cancer is discovered early.

Prenatal care
Regular prenatal care is vital to a healthy pregnancy and can reduce risk of complications for both mom and baby.
6. GUIDELINES FOR GOOD HEALTH

Preventive care CONTINUED

MEN

Prostate cancer screening
The earlier an abnormality is discovered, the more treatment options are available and the more likely you are to have a successful outcome.

CHILDREN

Cholesterol screening
This test can detect high cholesterol levels that have been linked to heart disease.

Pregnancy prevention and counseling
Education can help your teen avoid unplanned pregnancy.

Vision screening
Taking care of your child’s eyes helps detect problems with sight.

Lead screening
Even low levels of lead can be dangerous to infants and children. They can cause lead poisoning, which leads to problems in mental development.

Well child exam
During this visit, your doctor will check your child’s development and discuss nutrition and injury prevention.

Immunizations

The Centers for Disease Control and Prevention recommends immunizations for adults and children. Discuss them with your primary care physician, who will let you know the right timetable for immunizing yourself and your family.

The diseases that vaccines prevent can be dangerous, even deadly. Vaccines work with the body’s natural defenses to help it safely develop immunity to disease.

View the CDC’s recommended vaccination schedules at cdc.gov/vaccines/schedules.
# Lifestyle tips

**Leading causes of death for men and women in the United States are heart disease, cancer, stroke and lung disease.**

Here’s what you can do to lower your chances of developing these conditions.

| **Exercise** | Thirty minutes of moderate physical activity a day will help keep you fit and may prevent some diseases. Exercise can be cutting the grass or just walking. The important thing is to get moving. |
| **Know your numbers** | Your cholesterol, blood pressure, weight and body mass index are key numbers for gauging your heart health. |
| **Maintain a healthy weight** | Anyone who’s overweight has increased risks for diseases and conditions such as diabetes, heart disease and stroke. |

| **Don’t use tobacco** | Tobacco use increases your risk for cancer and heart disease. |
| **Manage stress** | Stress can keep us on our toes — or undermine our health. If stress is causing you to eat poorly or drink too much, smoke or neglect your health, take care of yourself by finding ways to relax. |

| **Eat healthy, balanced meals** | Eating five or more servings of fruits and vegetables a day and less saturated fat can help improve your health and may reduce the risk of cancer and other chronic diseases. |

If you use tobacco, join our effective tobacco-cessation program by calling **1-855-326-5102**.
7. Take an Active Role

The most important member of your health care team is you. Here are some ways to manage your health and your plan.

Be your own advocate

We want to help you reach and exceed your health care goals. We encourage you to do your part so you can make choices that get you the best care at the best value.

Partner with your primary care physician and participate in medical decisions regarding your health. This includes knowing what’s covered. Start in this handbook with “Your Benefits at a Glance” for a summary of commonly used benefits.

裙子 For detailed information, log in to your bcbsm.com account.

📞 Or call Customer Service at 1-800-662-6667.
Take your health assessment

A QUICK WAY TO MANAGE YOUR HEALTH

Wondering how healthy you really are? Take the Blue Cross Health & Wellness health assessment to understand your current health. Once you’ve completed it, you’ll get tips and resources to help you reduce health risks and reach your health care goals.

To access the health assessment, log into your account at bcbsm.com, click on the Health & Wellness tab, which will take you to the Blue Cross Health & Wellness website, powered by WebMD. Then click Take Your Health Assessment.

If you don’t have internet access, call for a print copy at 1-855-326-5098.

What you need
Your results will be more accurate if you provide the following medical information:

- Blood pressure
- Cholesterol levels
- Date of your last wellness exam
- Blood sugar
- Height, weight and waist measurements
- Recent health screenings (for example, mammogram, colonoscopy)

What you’ll get
The results of your health assessment include:

- A health score based on an analysis of your modifiable health risks
- A list of your highest-risk areas
- A Modifiable Risk Report and a Condition Risk Report
- A list of the next steps you can take to improve your health

*WebMD Health Services is an independent company supporting Blue Care Network by providing health and wellness services.*
Advance directives / MAKE YOUR WISHES KNOWN

If you were to become severely injured or too ill to make health care decisions on your own, who do you want to be in charge? **Advance directives** are legal documents that state your wishes.

**Types of advance directives are:**

- **Durable power of attorney for health care** — allows you to name an individual to make health care decisions for you when you are unable to do so.
- **Do not resuscitate order** — tells providers that you don’t wish to receive CPR if your breathing or your heart stops.

Download the forms from [bcbsm.com](http://bcbsm.com). Type “advance directive” into the search box, located in the bottom right corner of the Web page, and select **Advance Directive FAQ**.

Call Customer Service at **1-800-662-6667** to get the forms by mail.

Update your records / LIFE EVENTS

Report address changes or life events within 31 days of when they happen to your group benefits representative:

- Birth of a child
- Adoption or legal guardianship
- Marriage
- Divorce
- Death
- Name change
- New address or phone number
- Medicare eligibility

Coordination of benefits

WHEN YOU HAVE MORE THAN ONE PLAN

Coordination of benefits means lower costs and the best possible benefits. Tell us if you or anyone in your family has other medical or prescription drug coverage, such as:

- **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 BCN and also through their other parent’s plan.
- **Accident coverage:** You have an automobile or workplace injury and another insurer may be responsible for coverage.

To update your information online, log in as a member at [bcbsm.com](http://bcbsm.com) and click **Account Settings** at the top of the page. Then click **Coordination of Benefits**.
8. Contact Us

Questions about your coverage or about Blue Care Network benefits and programs? Here's who to contact and where to find information.

Important contact information

**BY PHONE**

**Customer Service**: 1-800-662-6667, TTY: 711
(8 a.m. to 5:30 p.m. Monday through Friday)

Our automated telephone response system is available 24/7 to answer many of your questions. After regular business hours, please leave a message. A representative will return your call within two business days.

**Other BCN numbers**
- Blue Cross Health & Wellness: 1-800-637-2972
- Quality Management: 248-455-2714

**Vendor numbers**
- Diabetic supplies (*J&B Medical Supply Company*): 1-888-896-6233
- Durable medical equipment (*Northwood*): 1-800-667-8496
- Express Scripts: 1-800-229-0832
- Laboratory (*Joint Venture Hospital Laboratories*): 1-800-445-4979
- Walgreens Specialty Pharmacy: 1-866-515-1355
8. CONTACT US

Other contact information

FILE A GRIEVANCE: CONCERNS WITH YOUR CARE

If you’re dissatisfied with a coverage decision you receive, call Customer Service. If your problem is not resolved, you have two years to file a grievance with Blue Care Network. For details, see the next section, “Information about Us.”

PRIVACY CONCERNS

We take your privacy seriously and follow strict policies to keep your information private. For more information on our Privacy Practices, see the next section, “Information about Us.”

If you have any concerns about privacy, call 1-800-552-8278.

TELL US WHAT YOU THINK

From time to time, we send members surveys or feedback cards. Hearing from you is a great way for us to know what we’re doing well and what we could be doing to serve you better. There are different ways to make your voice heard.

Fill out and return surveys you receive from us, such as in publications (including the back of this book).

Select New Member Handbook online at bcbsm.com/bcnfeedback, and tell us what you think.
9. Information about Us

This section contains disclosures, documents and information that we're required to provide to you.

Part of the Blue Cross family

Blue Care Network of Michigan is a health maintenance organization and an independent, nonprofit affiliate of Blue Cross Blue Shield of Michigan, one of many individual Blue Cross and Blue Shield plans throughout the United States. BCN is governed by an 18-member board of directors that includes physicians, members and other private citizens, as well as representatives of large business, small business, labor, hospitals and other health care providers.

As an independent licensee of the Blue Cross and Blue Shield Association, we’re required to tell you that:

- The Blue Cross and Blue Shield Association licenses Blue Care Network to offer certain products and services under the Blue Cross and Blue Shield names.
- Blue Care Network is an independent organization governed by its own board of directors and solely responsible for its own debts and other obligations.
- Neither the association nor any other organization using the Blue Cross or Blue Shield brand names acts as a guarantor of Blue Care Network’s obligations.
- Blue Care Network files an annual report with the Michigan Department of Insurance and Financial Services.
Your rights and responsibilities

As a member, you have rights and responsibilities. A right is what you can expect from us. A responsibility is what we expect from you.

ALL MEMBERS HAVE THE RIGHT TO...

• Receive information about their care in a manner that is understandable to them.
• Receive medically necessary care as outlined in their Member Handbook and Certificate of Coverage and riders.
• Receive considerate and courteous care with respect for their privacy and human dignity.
• Candidly discuss appropriate, medically necessary treatment options for their health conditions, regardless of cost or benefit coverage.
• Participate with practitioners in decision making regarding their health care.
• Expect confidentiality regarding care and that Blue Care Network adheres to strict internal and external guidelines concerning the members’ protected health information, including the use, access and disclosure of that information or any other information that is of a confidential nature.
• Refuse treatment to the extent permitted by law and be informed of the consequences of their actions.
• Voice concerns or complaints about the health plan or their health care by contacting Customer Service or submitting a formal written grievance through the Member Grievance program.
• Receive clear and understandable written information about Blue Care Network, its services, its practitioners and providers and their rights and responsibilities.
• Review their medical records at their physician’s office by scheduling an appointment during regular business hours.
• Make recommendations regarding members’ rights and responsibilities policies.
• Request the following information from Blue Care Network:
  - The current provider network for their plan
  - The professional credentials of the health care providers who are participating providers with Blue Care Network, including participating providers who are board certified in the specialty of pain medicine and the evaluation and treatment of pain
  - The names of participating hospitals where individual participating physicians have privileges for treatment
  - How to contact the appropriate Michigan agency to obtain information about complaints or disciplinary actions against a health care provider
  - Any prior authorization requirement and limitation, restriction or exclusion by service, benefit or type of drug
  - Information about the financial relationships between Blue Care Network and a participating provider
9. INFORMATION ABOUT US

ALL MEMBERS HAVE THE RESPONSIBILITY TO...

- Read their Certificate of Creditable Coverage and applicable riders, their Member Handbook and all other materials for members, and call Customer Service with any questions.
- Coordinate all nonemergency care through their primary care physicians.
- Use their plan’s provider network unless otherwise referred and approved by BCN and their primary care physicians.
- Comply with the plans and instructions for care that they have agreed to with their practitioners.
- Provide, to the extent possible, complete and accurate information that Blue Care Network and its practitioners and providers need in order to provide care for them.
- Make and keep appointments for nonemergent medical care or call if they need to cancel.
- Participate in the medical decisions regarding their health.
- Be considerate and courteous to practitioners, providers, their staff, other patients and Blue Care Network staff.
- Notify Blue Care Network of address changes and additions or deletions of dependents covered by their contracts.
- Protect their BCN ID cards against misuse and call Customer Service immediately if a card is lost or stolen.
- Report to Blue Care Network all other health care coverage or insurance programs that cover their health and their family’s health.
- Understand their health problems and participate in developing mutually agreed-upon treatment goals.

Grievance process

**BCN and your primary care physician are interested in your satisfaction with the services and care you receive.** If you have a problem relating to your care, discuss this with your primary care physician first. Often your primary care physician can correct the problem to your satisfaction. You’re always welcome to call Customer Service with any question or problem you have.

If you’re not able to resolve your issue by calling us, we have a formal process that you can use. You have two years from the date of discovery of a problem to file a grievance about a decision made by us. There are no fees or costs.

- For the grievance policy, which includes more detail about your grievance rights and how soon we must respond, go to [bcbsm.com/BCNresolveproblems](http://bcbsm.com/BCNresolveproblems).
- Or call Customer Service at **1-800-662-6667** from 8 a.m. to 5:30 p.m. Monday through Friday. TTY users can call 711.
9. INFORMATION ABOUT US

STEP ONE
You, or someone authorized by you in writing, must submit a standard grievance in writing.

✉ By mail: Appeals and Grievance Unit, Blue Care Network, P.O. Box 284, Southfield, MI 48086-5043
📞 Or by fax: 1-866-522-7345

We’ll review your concern and reply within 15-calendar days for preservice requests and 30-calendar days for postservice requests. The individuals who review the first level grievance are not the same ones involved in the initial decision. If we deny your grievance, we’ll write to you and explain the reasons for the denial and the next steps in the process. If the grievance is about a clinical issue, we’ll send it for review to an independent medical consultant in the same or similar specialty as the doctor who provided the service.

STEP TWO: REVIEW BY BCN GRIEVANCE PANEL

If your grievance is denied, you may request review by BCN’s Grievance Panel. You must file the request within 180-calendar days of receiving the adverse Step One decision. For preservice requests, you’ll be notified of the Step Two grievance decision within 15-calendar days. For postservice requests, you’ll be notified within 30-calendar days.

If the panel denies your grievance, we’ll write to you within five days (but no more than 30 days for preservice or 60 days for postservice requests) and explain the reasons for the denial. Please note that the decision may take an additional 10 business days if BCN needs to request medical information. We’ll also tell you what you can do next. At your request and at no charge to you, we’ll provide all documents used in making the decision.

EXTERNAL REVIEW BY AN INDEPENDENT REVIEW ORGANIZATION

As a member enrolled in a self-funded ERISA group plan, you have the right to an external review by an Independent Review Organization, or IRO. To appeal our decision you must notify us in writing, and we’ll randomly assign the review to one of our contracted IROs. The IRO decision is binding, and we’ll be responsible for all costs incurred. You must exhaust this process before filing a law suit.

✉ By mail: Appeals and Grievance Unit, Blue Care Network, P.O. Box 284, Southfield, MI 48086-5043
📞 Or by fax: 1-866-522-7345

EXTERNAL REVIEW BY THE DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

If you’re not a member of an ERISA group plan and you don’t agree with our decision at Step Two or if we’re late in responding (add 10 business days if we ask for additional medical information), you’ll be considered to have exhausted the internal grievance process. At this point, you may request external review by the Department of Insurance and Financial Services. You must send your external review request no later than 120-calendar days following receipt of our decision. Send to: Appeals Section — Office of General Counsel, Department of Insurance and Financial Services:

✉ By mail: P.O. Box 30220, Lansing, MI 48909-7720
or by personal delivery: 530 W. Allegan Street, 7th Floor, Lansing, MI 48933-1070
📞 By phone: 1-877-999-6442, or by fax: 517-284-8838
💻 Online*: difs.state.mi.us/Complaints/ExternalReview.aspx
9. INFORMATION ABOUT US

EXPEDITED REVIEW
Under certain circumstances — if your medical condition would be seriously jeopardized during the time it would take for a standard grievance review — you can request an expedited review. We’ll decide within 72 hours of receiving both your grievance and your physician’s confirmation. If we tell you our decision verbally, we must also provide a written confirmation within two business days. If we fail to provide you with our final determination in a timely fashion or we deny your request, you may request an expedited external review from the Department of Insurance and Financial Services within 10-calendar days of receiving our final determination. In some instances, we may waive the requirement to exhaust our internal grievance process.

📞 You, your doctor or someone acting on your behalf can initiate an expedited review by calling Customer Service at 1-800-662-6667 or faxing us at 1-866-522-7345.

Quality assurance

MEDICAL REVIEW STANDARDS
Our medical review staff works closely with your doctor to make sure you get good medical care according to standard medical practice and your health benefits package.

Decisions on a member’s care and service are based solely on the appropriateness of care prescribed in relation to each member’s specific medical condition. Our clinical reviewers don’t have financial arrangements that encourage denial of coverage or service. Nurses and physicians employed by Blue Care Network don’t receive bonuses or incentives based on their review decisions. Medical review decisions are based strictly on medical necessity and providing high-quality care for members within the limits of their plan coverage.

OUR PHYSICIANS HAVE THE CREDENTIALS
Your physician is required to meet our strong network affiliation standards. We screen our physicians to find out if they meet our quality requirements for professional training and medical practice.

🔍 Verify the license status of our health care providers at michigan.gov/healthlicense*.

📞 Or call the Michigan Department of Consumer and Industry Services at 517-241-7849.

WE MONITOR THE CARE YOU GET
Our primary goal is to help you receive appropriate medical care from your physician. Our medical review staff are in close communication with your physician, and we routinely monitor potential underuse of health care services. This activity is part of our comprehensive Utilization Management program that promotes cost-effective and medically appropriate services for members. Call the Customer Service number (with TDD/TTY services) on the back of your BCN ID card to discuss our utilization activities. We’re available by phone during and after normal business hours, and we offer language assistance. Our staff identify themselves by name, title and organization when receiving or returning calls.

*Blue Care Network of Michigan doesn’t control this website or endorse its general content.
9. INFORMATION ABOUT US

We would like you to know:

- By contract, Blue Care Network physicians are required to make decisions about your care based only on your individual health care needs.
- Blue Care Network monitors member health care services to ensure that doctors provide the most appropriate care for their conditions.
- Blue Care Network doesn’t advertise, market or promote specific products or services to you or your doctors when discussing a member’s health condition.
- Blue Care Network doesn’t have financial ownership arrangements with entities engaged in advertising, marketing or providing goods and services. In limited circumstances, BCN may notify you of new products or treatment opportunities.
- Health care providers, including physicians and hospitals, are never paid for denying services.
- Blue Care Network medical review staff don’t have financial arrangements encouraging denials for medically necessary care or services.

How we determine new health services

We keep up with changes in health care through an ongoing review of new services, procedures and drug treatments. Our goal is to make coverage decisions in the best interest of our members’ health.

A committee of Blue Care Network physicians, nurses and representatives from different areas in the company is responsible for reviewing new technology requests and making recommendations.

New health services are generally published in Good Health, our member magazine.

For more information about how we select new health services, visit bcbsm.com. Type “Blue Care Network Policies and Practices” in the search box, located in the upper right corner of the Web page.

Quality management

Our quality improvement programs provide doctors with information to help improve care. Call our Quality Management department for more information about our programs and guidelines.

Call our Quality Management department at 248-455-2714.

For health information, call Blue Cross Health & Wellness at 1-800-637-2972.

Accreditation

Since 2000, Blue Care Network has received accreditation for plan performance from the National Committee for Quality Assurance. NCQA is a nationally recognized, independent, not-for-profit organization that measures the quality of America’s health care and health plans.
Privacy practices

NOTICE OF PRIVACY PRACTICES
FOR MEMBERS OF OUR NONGROUP AND UNDERWRITTEN GROUP PLANS INCLUDING MEDICARE ADVANTAGE AND PRESCRIPTION BLUE OPTIONS A AND B.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

AFFILIATED ENTITIES COVERED BY THIS NOTICE
This notice applies to the privacy practices of the following affiliated covered entities that may share your protected health information as needed for treatment, payment and health care operations.

Blue Cross Blue Shield of Michigan
Blue Care Network of Michigan
BCN Service Company
Blue Care of Michigan Inc.

OUR COMMITMENT REGARDING YOUR PROTECTED HEALTH INFORMATION
We understand the importance of your Protected Health Information (hereafter referred to as “PHI”) and follow strict polices (in accordance with state and federal privacy laws) to keep your PHI private. PHI is information about you, including demographic data, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health, the provision of health care to you or the payment for that care. Our policies cover protection of your PHI whether oral, written or electronic.

In this notice, we explain how we protect the privacy of your PHI, and how we will allow it to be used and given out (“disclosed”). We must follow the privacy practices described in this notice while it is in effect. This notice took effect September 30, 2016, and will remain in effect until we replace or modify it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. These revised practices will apply to your PHI regardless of when it was created or received. Before we make a material change to our privacy practices, we will provide a revised notice to our subscribers.

Where multiple state or federal laws protect the privacy of your PHI, we will follow the requirements that provide greatest privacy protection. For example, when you authorize disclosure to a third party, state laws require BCBSM and BCN to condition the disclosure on the recipient’s promise to obtain your written permission to disclose your PHI to someone else.

OUR USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION
We may use and disclose your PHI for the following purposes without your authorization:

To you and your personal representative: We may disclose your PHI to you or to your personal representative (someone who has the legal right to act for you).
For treatment: We may use and disclose your PHI to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) who request it in connection with your treatment. For example, we may disclose your PHI to health care providers in connection with disease and case management programs.

For payment: We may use and disclose your PHI for our payment-related activities and those of health care providers and other health plans, including:

- Obtaining premium payments and determining eligibility for benefits
- Paying claims for health care services that are covered by your health plan
- Responding to inquiries, appeals and grievances
- Coordinating benefits with other insurance you may have

For health care operations: We may use and disclose your PHI for our health care operations, including for example:

- Conducting quality assessment and improvement activities, including peer review, credentialing of providers and accreditation
- Performing outcome assessments and health claims analyses
- Preventing, detecting and investigating fraud and abuse
- Underwriting, rating and reinsurance activities (although we are prohibited from using or disclosing any genetic information for underwriting purposes)
- Coordinating case and disease management activities
- Communicating with you about treatment alternatives or other health-related benefits and services
- Performing business management and other general administrative activities, including systems management and customer service

We may also disclose your PHI to other providers and health plans who have a relationship with you for certain health care operations. For example, we may disclose your PHI for their quality assessment and improvement activities or for health care fraud and abuse detection.

To others involved in your care: We may, under certain circumstances, disclose to a member of your family, a relative, a close friend or any other person you identify, the PHI directly relevant to that person’s involvement in your health care or payment for health care. For example, we may discuss a claim decision with you in the presence of a friend or relative, unless you object.

When required by law: We will use and disclose your PHI if we are required to do so by law. For example, we will use and disclose your PHI in responding to court and administrative orders and subpoenas, and to comply with workers’ compensation laws. We will disclose your PHI when required by the Secretary of the Department of Health and Human Services and state regulatory authorities.
• **For matters in the public interest:** We may use or disclose your PHI without your written permission for matters in the public interest, including for example:

  - Public health and safety activities, including disease and vital statistic reporting, child abuse reporting, and Food and Drug Administration oversight
  - Reporting adult abuse, neglect or domestic violence
  - Reporting to organ procurement and tissue donation organizations
  - Averting a serious threat to the health or safety of others

• **For research:** We may use and disclose your PHI to perform select research activities, provided that certain established measures to protect your privacy are in place.

• **To communicate with you about health-related products and services:** We may use your PHI to communicate with you about health-related products and services that we provide or are included in your benefits plan. We may use your PHI to communicate with you about treatment alternatives that may be of interest to you. These communications may include information about the health care providers in our networks, about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our enrollees and add value to your benefits plan.

• **To our business associates:** From time to time, we engage third parties to provide various services for us. Whenever an arrangement with such a third party involves the use or disclosure of your PHI, we will have a written contract with that third party designed to protect the privacy of your PHI. For example, we may share your information with business associates who process claims or conduct disease management programs on our behalf.

• **To group health plans and plan sponsors:** We participate in an organized health care arrangement with our underwritten group health plans. These plans, and the employers or other entities that sponsor them, receive PHI from us in the form of enrollment information (although we are prohibited from using or disclosing any genetic information for underwriting purposes). Certain plans and their sponsors may receive additional PHI from BCBSM and BCN. Whenever we disclose PHI to plans or their sponsors, they must follow applicable laws governing use and disclosure of your PHI including amending the plan documents for your group health plan to establish the limited uses and disclosures it may make of your PHI.

You may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Some uses and disclosures of your PHI require a signed authorization:

• **For marketing communications:** Uses and disclosures of your PHI for marketing communications will not be made without a signed authorization except where permitted by law.

• **Sale of PHI:** We will not sell your PHI without a signed authorization except where permitted by law.
9. INFORMATION ABOUT US

• **Psychotherapy notes:** To the extent (if any) that we maintain or receive psychotherapy notes about you, disclosure of these notes will not be made without a signed authorization except where permitted by law.

*Any other use or disclosure of your protected health information, except as described in this Notice of Privacy Practices, will not be made without your signed authorization.*

**DISCLOSURES YOU MAY REQUEST**

You may instruct us, and give your written authorization, to disclose your PHI to another party for any purpose. We require your authorization to be on our standard form.

📞 To obtain the form, call Customer Service at **1-800-662-6667** or **313-225-9000**.

💻 Forms are also available at [bcbsm.com](http://bcbsm.com).

**INDIVIDUAL RIGHTS**

You have the following rights. To exercise these rights, you must make a written request on our standard forms.

📞 To obtain the forms, call Customer Service at **1-800-662-6667** or **313-225-9000**.

💻 Forms are also available at [bcbsm.com](http://bcbsm.com).

• **Access:** With certain exceptions, you have the right to look at or receive a copy of your PHI contained in the group of records that are used by or for us to make decisions about you, including our enrollment, payment, claims adjudication, and case or medical management notes. We reserve the right to charge a reasonable cost-based fee for copying and postage. You may request that these materials be provided to you in written form or, in certain circumstances, electronic form. If you request an alternative format, such as a summary, we may charge a cost-based fee for preparing the summary. If we deny your request for access, we will tell you the basis for our decision and whether you have a right to further review.

• **Disclosure accounting:** You have the right to an accounting of disclosures, we, or our business associates, have made of your PHI in the six years prior to the date of your request. We are not required to account for disclosures we made before April 14, 2003, or disclosures to you, your personal representative or in accordance with your authorization or informal permission; for treatment, payment and health care operations activities; as part of a limited data set; incidental to an allowable disclosure; or for national security or intelligence purposes; or to law enforcement or correctional institutions regarding persons in lawful custody. You are entitled to one free disclosure accounting every 12 months upon request. We reserve the right to charge you a reasonable fee for each additional disclosure accounting you request during the same 12-month period.

• **Restriction requests:** You have the right to request that we place restrictions on the way we use or disclose your PHI for treatment, payment or health care operations. We are not required to agree to these additional restrictions; but if we do, we will abide by them (except as needed for emergency treatment or as required by law) unless we notify you that we are terminating our agreement.
9. INFORMATION ABOUT US

• **Amendment:** You have the right to request that we amend your PHI in the set of records we described above under "Access." If we deny your request, we will provide you with a written explanation. If you disagree, you may have a statement of your disagreement placed in our records. If we accept your request to amend the information, we will make reasonable efforts to inform others, including individuals you name, of the amendment.

• **Confidential communication:** We communicate decisions related to payment and benefits, which may contain PHI, to the subscriber. Individual members who believe that this practice may endanger them may request that we communicate with them using a reasonable alternative means or location. For example, an individual member may request that we send an Explanation of Benefits Statement to a post office box instead of to the subscriber’s address.

  To request confidential communications, call Customer Service at 1-800-662-6667 or 313-225-9000.

• **Breach notification:** In the event of a breach of your unsecured PHI, we will provide you with notification of such a breach as required by law or where we otherwise deem appropriate.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices, or a written copy of this notice:

- Or call us at 313-225-9000.
- For your convenience, you may also obtain an electronic (downloadable) copy of this notice online at bcbsm.com.

If you are concerned that we may have violated your privacy rights, or you believe that we have inappropriately used or disclosed your PHI:

- Call us at 1-800-552-8278.
- You may also complete our Privacy Complaint Form online at bcbsm.com.

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with their address to file your complaint upon request. We support your right to protect the privacy of your PHI. We will not retaliate in any way if you file a complaint with us or with the U.S. Department of Health and Human Services.
10. Glossary

**advance directives:** Instructions regarding what future health care actions or medical treatments you do or don’t want done, and when. These instructions are used when you’re unable to communicate them yourself.

**allowed amount:** Also called “approved amount” or “negotiated rate,” this is the dollar amount Blue Care Network has agreed to pay for health care services.

**certificate of coverage:** The legal document that explains what health benefits are covered and what you need to do to get them. For example, you might need to pay a copay, meet a deductible, or use particular doctors or hospitals. Also known as a contract. See also “rider.”

**claim:** An itemized statement of services and their costs provided by a hospital, physician or other provider.

**coinsurance:** The costs you pay for certain health care services, calculated as a percentage (for example, you pay 20 percent, your plan pays 80 percent).

**coordination of benefits:** When you have more than one health care or prescription drug 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.

**copayment or copay:** A fixed dollar amount you pay each time you get certain types of care (for example, $25 for a visit to your primary care physician or $50 for an urgent care visit).

**covered services:** Health care services, prescription drugs, equipment or supplies that are medically necessary, meet certain requirements and are paid in full or in part by your plan.

**deductible:** The amount you must pay for most health care services before Blue Care Network begins to pay. The deductible may not apply to all services.

**durable medical equipment:** Special supplies or equipment, such as wheelchairs and oxygen tanks, that your primary care physician orders for your use.

**emergency room care:** Any service you receive in an emergency room for a medical condition that requires immediate medical attention to avoid permanent damage or loss of life.

**network:** A group of providers that has contracted with Blue Care Network to provide health care services.

**out-of-pocket maximum:** The most you may have to pay for covered health care services during the year. The out-of-pocket maximum includes your deductible, copayments and coinsurance.
prescription drug rider: A document that lists your benefit and copay information for prescription drugs.

primary care physician: Also referred to as a PCP, a family practitioner, general practitioner, internist or pediatrician who provides care and coordinates your medical treatment.

prior authorization: If indicated, a requirement that your doctor must contact Blue Care Network to make sure the care or prescription is covered before you receive it.

provider: An individual or facility that provides services or supplies related to medical care.

quantity limit: The maximum amount of a medication that can be dispensed for a certain time period for certain prescriptions.

referral: An authorization from a member’s primary care physician to receive treatment or services from another health care provider. The referral may be electronic, paper or called in.

rider: An amendment to your certificate of coverage that adds, limits, deletes or clarifies your benefits. See also “certificate of coverage.”

specialist: A physician who has undergone a course of training in a specific area of health care.

step therapy: A requirement to try other medications first before “stepping up” to drugs that cost more.

urgent care: Care for sudden illness or injury that’s not life-threatening, but requires quick attention so you don’t develop more serious or long-term problems.
11. Your benefit documents

The documents that follow provide details about your benefits, including what you may owe when you get services. These documents are the contract between you, your group and Blue Care Network.
Blue Care Network
Certificate of Coverage
BCN Classic HMO for Large Groups

This Certificate of Coverage (Certificate) describes the Benefits provided to you and is a contract between you as an enrolled Member and Blue Care Network of Michigan (BCN). It includes General Provisions and Your Benefits.

This Certificate is a product of BCN, an independent corporation operating under a license from the Blue Cross® and Blue Shield® Association. This Association is made up of independent Blue Cross® Blue Shield® plans. It permits BCN to use the Blue Cross® Blue Shield® Service Marks in Michigan.

When you enroll, you understand the following:

- BCN is not contracting as the agent of the Association.
- You have not entered into the contract with BCN based on representations by any person other than BCN.
- No person, entity or organization other than BCN will be held accountable or liable to you for any of BCN obligations created under the contract.
- There are no additional obligations on the part of BCN other than those obligations stated under the provisions of the contract with BCN.

BCN is a Health Maintenance Organization (HMO) licensed by the state of Michigan and affiliated with Blue Cross® Blue Shield® of Michigan.

BCN issues this Certificate and any attached Riders to you. It is an agreement between you as an enrolled Member and BCN.

By choosing to enroll as a BCN Member, you agree to the rules as stated in the General Provisions and Your Benefits chapters. You also recognize that, except for Emergency health Services, only health care services provided by your Primary Care Physician or arranged and approved by BCN are covered.

Your employer offers this Coverage. Your eligibility and Benefits are subject to the contract made between your employer and BCN.

You are entitled to the Services and Benefits described in this Certificate and any attached Riders in exchange for premiums paid to BCN.

If you have questions about this Coverage, contact BCN Customer Service Department.

Blue Care Network
20500 Civic Center Drive
Southfield, MI 48076
800-662-6667
Definitions
These definitions will help you understand the terms that we use in this Certificate. They apply to the entire Certificate. More terms are defined in later sections as necessary. In addition to these terms, use of the terms “we”, “us” and “our” refer to BCN. The terms “you” or “your” refer to the Member, who is enrolled with BCN as either a Subscriber or Family Dependent.

Acute Care or Service is medical care that requires a wide range of medical, surgical, obstetrical and/or pediatric services. It generally requires a hospital stay of less than 30 days.

Acute Illness or Injury is one that is characterized by sudden onset (e.g., following an injury) or presents as an exacerbation of disease and is expected to last a short period of time after treatment by medical or surgical intervention.

Approved Amount also known as the Allowed Amount is the lower of the billed charge or the maximum amount BCN will pay for the Covered Service. We subtract any Cost Sharing that you owe from the Allowed Amount before we make our payment.

Assertive Community Treatment is a service-delivery model that provides intensive, locally based treatment to people with serious persistent mental illnesses.

Balance Billing sometimes also called extra billing is when a provider bills you for the difference between their charge and the Approved Amount. A BCN Participating Provider may not balance bill you for Covered Services.

Benefit is a covered health care service as described in this Certificate.

BlueCard Program is a program that, subject to Blue Cross® and Blue Shield® Association policies and the rules set forth in this Certificate of Coverage. It allows BCN to process claims incurred in other states through the applicable Blue Cross® and Blue Shield® Plan.

Blue Care Network (BCN) is a Michigan health maintenance organization in which you are enrolled.

Calendar Year is a period of time beginning January 1 and ending December 31 of the same year.

Certificate or Certificate of Coverage is this legal document that describes the rights and responsibilities of both you and BCN. It includes any Riders attached to this document.

Chronic is a disease or ailment that is not temporary or recurs frequently. Arthritis, heart disease, major depression and schizophrenia are examples of Chronic diseases.

Coinsurance is your share of the costs of a Covered Service calculated as a percentage of the BCN Approved Amount that you owe after you pay any Deductible. This amount is determined based on the Approved Amount at the time the claims are processed. Your Coinsurance is not altered by an audit, adjustment or recovery. Your Coinsurance is added or amended when a Rider is attached. The Coinsurance applies to the Out-of-Pocket Maximum.
Continuity of Care refers to a Member’s right to choose, in certain circumstances, to continue receiving services from a physician who ends participation with BCN. (See Section 8)

Coordination of Benefits (COB) means a process for determining which certificate or policy is responsible for paying benefits first for Covered Services (primary carrier) when you have coverage under more than one policy. Benefit payments are coordinated between the two carriers to provide 100% coverage whenever possible for services covered in whole or in part under either plan, but not to pay in excess of 100% of the total allowable amount to which providers or you are entitled.

Copayment (Copay) is a fixed dollar amount you owe for certain Covered Services usually when you receive the Service. Your Copay is amended when a Rider is attached. Copay amounts might be different for different health care services. For example, your Emergency room Copay might be higher than your office visit Copay. The Copay applies to the Out-of-Pocket Maximum.

Cost Sharing (Deductible, Copayment and/or Coinsurance) is the portion of health care costs you owe as defined in this Certificate and any attached Riders. We pay the balance of the Allowed Amount for Covered Services.

Covered Services or Coverage refers to those Medically Necessary services, drugs, or supplies provided in accordance with and identified as payable under the terms of the Certificate.

Custodial Care is care primarily used to help the Member with activities of daily living or meet personal needs. Such care includes help walking, getting in and out of bed, bathing, cooking, cleaning, dressing and taking medicine. People without professional skills or training can provide custodial care. Custodial Care is not covered.

Deductible is the amount that you owe for health care services before we pay. Payments made toward your Deductible are based on the Approved Amount at the time the claims are processed. Your Deductible is not altered by an audit, adjustment, or recovery. Your Deductible amount is added or amended when a Rider is attached. The Deductible does not apply to all services. The Deductible applies to the Out-of-Pocket Maximum.

Dependent Child is an eligible individual under the age of 26 who is the son or daughter in relation to the Subscriber or spouse by birth or legal adoption or for whom the Subscriber or spouse has legal guardianship. NOTE: A Principally Supported Child is not a Dependent Child for purposes of this Certificate. See definition of Principally Supported Child below.

Elective Abortion means the intentional use of an instrument, drug, or other substance or device to terminate a woman’s pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a fetus that has died as a result of natural causes, accidental trauma, or a criminal assault on the pregnant woman. Elective Abortion does not include any of the following:

• The use or prescription of a drug or device intended as a contraceptive;
- The intentional use of an instrument, drug or other substance or device by a physician to
terminate a woman’s pregnancy if the woman’s physical condition, in the physician’s
reasonable medical judgment, necessitates the termination of the woman’s pregnancy to
avert her death; or
- Treatment upon a pregnant woman who is experiencing a miscarriage or has been
diagnosed with an ectopic pregnancy

**Emergency Medical Condition** is an illness, injury or symptom that requires immediate
medical attention to avoid permanent damage, severe harm or loss of life. (See Section 8
Emergency and Urgent Care)

**Enrollment** is the process of you giving your information to your employer and the employer
sending it to us.

**Facility** is a hospital, clinic, free-standing center, urgent care center, dialysis center, etc. that
provides specialized treatments devoted primarily to diagnosis, treatment, care and/or
Rehabilitation due to illness or injury.

**Family Dependent** is an eligible family member who is enrolled with BCN for health care
Coverage. A Family Dependent includes Dependent Children and a Dependent under a Qualified
Medical Child Support Order. It does not include a Principally Supported Child. Family
Dependents must meet the requirements stated in Section 1.

**General Provisions** is Chapter 1. It describes the rules of your health care Coverage.

**Grievance** is a written dispute about coverage determination or quality of care that you submit
to BCN. For a more detailed description of the Grievance process, refer to Section 3.5.

**Group** is your employer or other entity that has entered into a contract to provide health care
for its eligible members.

**Hospital** is a Participating Acute Care Facility that provides continuous, 24-hour inpatient
medical, surgical or obstetrical care. The term “Hospital” does not include a Facility that is
primarily a nursing care Facility, rest home, home for the aged or a Facility to treat substance use
disorder, psychiatric disorders or pulmonary tuberculosis.

**Inpatient** is a Hospital admission when you occupy a Hospital bed while receiving hospital care
including room and board and general nursing care, and may occur after a period of Observation
Care.

**Medical Director** (when used in this document) means BCN’s Chief Medical Officer (“CMO”)
or a designated representative.

**Medical Necessity or Medically Necessary Services** are health care Services provided to a
Member for the purpose of preventing, evaluating, diagnosing or treating an illness, injury,
disease or its symptoms that are:
- Rendered in accordance with generally accepted standards of medical practice;
 Clinically appropriate in terms of type, frequency, extent, site and duration, and considered effective for the Member’s illness, injury or disease;

Not primarily for the convenience of the Member or health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that Member’s illness, injury or disease;

Not regarded as experimental by BCN; and

Rendered in accordance with BCN Utilization Management Criteria for Mental Health and Substance Use Disorders

**Member (or “you”)** means the individual entitled to Benefits under this Certificate.

**Mental Health Provider** is duly licensed and qualified to provide Mental Health Services in a Hospital or other Facility in the state where treatment is received. Mental Health Services require Preauthorization.

**Non-Participating or Non-Participating Provider** means an individual Provider, Facility, or other health care entity not under contract with BCN. Unless the specific Service is Preauthorized as required under this Certificate, the Service will not be payable by BCN. You may be billed directly by the Non-Participating Provider and will be responsible for the entire cost of the Service.

**Observation Care** consists of clinically appropriate Services that include testing and/or treatment, assessment, and reassessment provided before a decision can be made whether you will require further Services in the Hospital as an Inpatient admission, or you may be safely discharged from the Hospital setting. Your care may be considered Observation Hospital care even if you spend the night in the Hospital.

**Online Visit** is a structured online health consultation using secure audio-visual technology to connect a BCN Participating Provider in one location to a Member in another location for the purpose of diagnosing and providing medical or other health treatment.

**Open Enrollment Period** is a period of time set each year when eligible people may enroll or disenroll in BCN.

**Out-of-Pocket Maximum** is the most you have to pay for Covered Services during a Calendar Year. The Out-of-Pocket Maximum includes your medical and pharmacy Deductible, Copayment and Coinsurance. This limit never includes your premium, Balance Billed charges or health care Services that we do not cover. Your Out-of-Pocket Maximum amount may be amended when a Rider is attached.

**Participating or Participating Provider** means an individual Provider, Facility or other health care entity that is contracted with BCN to provide you with Covered Services. The Participating Provider agreed not to seek payment from you for Covered Services except for permissible Deductible, Copays and Coinsurance.
Patient Protection Affordable Care Act ("PPACA") also known as the Affordable Care Act, is
the landmark health reform legislation passed by the 111th Congress and signed into law by
President Barack Obama in March 2010.

PCP Referral is the process by which the Primary Care Physician (PCP) directs your care to a
Referral Physician (Specialist) prior to a specified Service or treatment plan. The PCP must
coordinate the Referral and any necessary BCN Preauthorization.

Preauthorization, Prior Authorization or Preauthorized Service is health care Coverage that
is authorized or approved by your Primary Care Physician (PCP) and/or BCN prior to obtaining
the care or Service. Emergency Services do not require Preauthorization. Preauthorization is not
a guarantee of payment. Services and supplies requiring Preauthorization may change as new
technology and standards of care emerge. Current information regarding Services that require
Preauthorization is available by calling Customer Service.

Premium is the amount that must be paid for health care Coverage. Your employer usually pays
it monthly based on its contract with BCN. This amount may include employee contributions.

Preventive Care is care designed to maintain health and prevent disease. Examples of
Preventive Care include immunizations, health screenings, mammograms and colonoscopies.

Primary Care Physician (PCP) is the Participating Provider you choose to provide or
coordinate all of your medical health care, including specialty and Hospital care. The Primary
Care Physician is licensed in one of the following medical fields:
- Family Practice
- General Practice
- Internal Medicine
- Pediatrics

Principally Supported Child is an individual less than 26 years of age for whom principal
financial support is provided by the Subscriber in accordance with Internal Revenue Service
standards, and who has met the eligibility standards for at least six full months prior to applying
for Coverage. A Principally Supported Child must meet the requirements stated in Section 1.
NOTE: A Principally Supported Child is not the same as a Dependent Child.

Professional Services are Services performed by a licensed practitioner, including but not
limited to practitioners with the following licenses:
- Doctor of Medicine (M.D.)
- Doctor of Osteopathic Medicine (D.O.)
- Doctor of Podiatric Medicine (D.P.M.)
- Doctor of Chiropractic (D.C.)
- Physician Assistant (P.A.)
- Certified Nurse Practitioner (C.N.P.)
- Licensed Psychologist (L.P.)
- Licensed Professional Counselor (L.P.C.)
- Licensed Master Social Worker (L.M.S.W.)
- Certified Nurse Midwife (C.N.M.)
- Board Certified Behavior Analyst (B.C.B.A.)

Referral is a recommendation by your PCP for you to receive specialized care from a specialist or a Facility.

Referral Physician is a provider you are referred to by your Primary Care Physician.

Rehabilitation Services are health care Services that help a person keep, get back or improve skills and functions for daily living that have been lost or impaired because a person was sick, hurt or disabled.

Rescission is the retroactive termination of a contract due to fraud or intentional misrepresentation of material fact.

Respite Care is temporary care provided to you in a nursing home, hospice Inpatient Facility, or Hospital so that a your family member, friend or care giver can rest or take some time off from caring for you.

Rider is an amendment to the Certificate that describes any changes (addition, modifications, deletion or revision) to Coverage. A Rider applies Cost Sharing and Benefit Maximums to select Covered Services. When there is a conflict between the Certificate and a Rider, the Rider shall control over the Certificate.

Routine means non-urgent, non-emergent, non-symptomatic medical care provided for the purpose of disease prevention.

Service is any surgery, care, treatment, supplies, devices, drugs or equipment given by a healthcare provider to diagnose or treat disease, injury, condition or pregnancy.

Service Area is a geographical area, made up of counties or parts of counties, where we are authorized by the state of Michigan to market and sell our health plans. The majority of our Participating Providers are located in the Service Area.

Skilled Care means Services that:
- Require the skills of qualified technical or professional health personnel such as registered nurses, physical therapists, occupational therapists and speech pathologists, and/or must be provided directly by or under the general supervision of these Skilled Nursing or Skilled Rehabilitation personnel to assure the safety of the Member and to achieve medically desired result
- Are ordered by the attending physician
- Are Medically Necessary according to generally accepted medical standards
- Examples include but are not limited to -
- intravenous medication (including administration)
- complex wound care

- Rehabilitation Services

Skilled Care does not include private duty nursing, respite care or other supportive or personal care Services such as administration or routine medications, eye drops or ointments.

**Skilled Nursing Facility** is a state-licensed and certified nursing home that provides continuous Skilled Nursing and other health care Services by or under the supervision of a physician and a registered nurse.

**Subscriber** is the eligible person who has enrolled for health care Coverage with BCN. This person’s employment is the basis for Coverage eligibility. This person is also referred to as the “Member”. **NOTE:** See Section 1 for eligibility requirements.

**Urgent Care Center** is a Facility that provides Services that are a result of an unforeseen sickness, illness or injury, or the onset of Acute or severe symptoms. An Urgent Care Center is not the same as a Hospital Emergency department or doctors’ office.

**Your Benefits** is Chapter 2. It describes your health care Coverage including exclusions and limitations.
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Chapter 1 — GENERAL PROVISIONS

Section 1: Eligibility, Enrollment, and Effective Date of Coverage

This section describes eligibility, enrollment and effective date of Coverage. You must meet eligibility requirements set by the Group and BCN. Certain requirements depend on whether you are one of the following:

- Group Subscriber
- Family Dependent
- Dependent under a Qualified Medical Child Support Order
- Principally Supported Child

You must live in the BCN Service Area unless stated otherwise in this chapter.

1.1 Group Subscribers

Eligibility
You must do all of the following:

1. Live in the BCN Service Area at least 9 months out of the Calendar Year
2. Be an active employee or eligible retiree of a Group
3. Meet the Group’s eligibility requirement

Enrollment
You must enroll within 31 days of becoming eligible or during an Open Enrollment Period.

NOTE: If you decline enrollment because of having other coverage, or that coverage ends, you may enroll if any COBRA coverage is exhausted, or if the other coverage was terminated as a result of loss of employer contributions or loss of eligibility.

You must request enrollment within 31 days after the other coverage ends.

Effective Date
The effective date of Coverage depends on the contract between the Group and BCN.

1.2 Family Dependent

Eligibility
A Family Dependent is:

- The legally married spouse of the Subscriber and who meets the Group’s eligibility requirements
- Dependent Child - a Subscriber’s child including natural child, step child, legally adopted child or child placed for adoption
- A Dependent under a Qualified Medical Child Support Order
**Dependent Children** and a Dependent under a Qualified Medical Child Support Order are eligible for Coverage until he or she turns 26 years of age. The child’s BCN membership terminates at the end of the Calendar Year in which he or she turns 26.

**Exception:** An unmarried Dependent Child and a Dependent under a Qualified Medical Child Support Order who becomes 26 while enrolled and who is totally and permanently disabled may continue health care Coverage if:

- The child is incapable of self-sustaining employment because of developmental disability or physical handicap
- The child relies primarily on the Subscriber for financial support
- The child lives in the Service Area
- The disability began before their 26th birthday

Physician certification, verifying the child’s disability and that it occurred prior to the child’s 26th birthday, must be submitted to BCN within 31 days of the end of the Calendar Year in which the dependent child turns 26.

If the disabled child is entitled to Medicare benefits, BCN must be notified of Medicare coverage in order to coordinate benefits.

**NOTE:** A Dependent Child whose only disability is a learning disability or substance use disorder does not qualify for health care Coverage under this exception.

**Enrollment**

All eligible Family Dependents may be added to the Subscriber’s contract as follows:

- During the annual Open Enrollment Period
- When the Subscriber enrolls
- Within 31 days of a “qualifying event,” that is, birth, marriage, placement for adoption, qualified medical child support order. **NOTE:** See below for additional requirements for Dependents under a Qualified Medical Child Support Order
- Adopted children are eligible for health care Coverage from the date of placement  
  **NOTE:** Placement means when the Subscriber becomes legally responsible for the child; therefore, the child’s Coverage may begin before the child lives in the Subscriber’s home.

If the eligible Family Dependents were not enrolled because of other coverage, and they lose their coverage, the Subscriber may add them within 31 days of their loss of coverage with supporting documentation.

**NOTE:** Other non-enrolled eligible Family Dependents may also be added at the same time as the newly qualified Family Dependent.
**Effective Date of Coverage - Other than Dependent under a Qualified Medical Child Support Order**

- Coverage is effective on the date of the qualifying event, if the Family Dependent is enrolled within 31 days of the event.
- If the Family Dependent is not enrolled within 31 days, Coverage will not begin until the next Open Enrollment Period’s effective date.
- For a Family Dependent who lost coverage and notifies BCN within 31 days, Coverage will be effective when the previous coverage lapses. If you do not notify BCN within 31 days, Coverage will not begin until the next Open Enrollment Period’s effective date.
- Adopted children are eligible for Coverage from the date of placement.

**1.3 Dependent under a Qualified Medical Child Support Order**

**Eligibility**
The child will be enrolled under a qualified Medical Child Support Order if the Subscriber is under court or administrative order that makes the Subscriber legally responsible to provide Coverage.

**NOTE:** A copy of the court order, court-approved settlement agreement or divorce decree is required to enroll the child. If you have questions about whether an order is “qualified” for purposes of State law, call your Group representative or Customer Service at the number provided on the back of your BCN ID card or see Section 7 Obtaining Additional Information.

**Enrollment**
The child may be enrolled at any time, preferably within 31 days of the court order. In addition:

- If the Subscriber parent who is under court order to provide Coverage does not apply, the other parent or the state Medicaid agency may apply for Coverage for the child.
- If the parent, who is under a court or administrative order to provide coverage for the child, is not already a Subscriber, that parent may enroll (if eligible) when the child is enrolled.
- Neither parent may disenroll the child from an active contract while the court or administrative order is in effect unless the child becomes covered under another plan.

**Effective Date of Coverage**

- If BCN receives notice within 31 days of the court or administrative order, Coverage is effective as of the date of the order.
- If BCN receives notice longer than 31 days after the order is issued, Coverage is effective on the date BCN receives notice.

**1.4 Principally Supported Child**

**Eligibility**
A Principally Supported Child must:

- Not be the child of the Subscriber or spouse by birth, legal adoption or legal guardianship
- Be less than 26 years old
• Be unmarried
• Live full-time in the home with the Subscriber
• Not be eligible for Medicare or other group Coverage
• Be dependent on the Subscriber for principal financial support in accordance with Internal Revenue Service standards, and have met these standards for at least 6 full months prior to applying for Coverage

**Enrollment**
You may apply for Coverage for a Principally Supported Child after you have been the principal support for 6 months. Coverage will begin 3 months after the application is accepted by BCN.

To apply, you must furnish:
• Evidence that the child was reported as a dependent on the Subscriber’s most recently filed tax return, or evidence of a sworn statement that the child qualifies for dependent tax status in the current year
• Proof of eligibility, if we request it

**Effective Date of Coverage**
Coverage for a Principally Supported Child begins on the first day of the month 3 months after application and proof of support is received and accepted by BCN. The premium payment must be received by BCN prior to the effective date of Coverage.

**1.5 Additional Eligibility Guidelines**
The following guidelines apply to all Members:
• **Medicare**: If you become eligible to enroll in Medicare, you are eligible to enroll in only the applicable Medicare program except when Medicare is secondary payer by law.
  NOTE: If you are Medicare eligible and a service is covered under Medicare, benefits will not be payable under this Certificate. This Certificate is not a Medicare Certificate. It is not intended to fill the gaps in Medicare Coverage and it may duplicate some Medicare benefits. If you are eligible for Medicare, you will need to switch to an applicable BCN Medicare plan. If this Certificate is maintained, you will be responsible for the cost Medicare would have paid and you will incur larger out of pocket costs.
• **Service Area Waiver**: Under certain circumstances, we may waive the Service Area requirement for a Subscriber or other Member on the Contract that lives outside the Service Area. Any waiver may be requested in writing.
• **Change of Status**: You agree to notify us within 31 days of any change in eligibility status of you or any Members on the Contract. When you are no longer eligible for Coverage, you are responsible for payment for any Services or Benefits.
• **We only pay for Covered Services** you receive when you are a BCN Member covered under this Certificate. If you are admitted to a Hospital or Skilled Nursing Facility either when you become a Member or when your BCN membership ends, BCN will only pay for Covered Services provided during the time you were a Member.
Section 2: Other Party Liability

IMPORTANT NOTICE

BCN does not pay claims or coordinate Benefits for Services that:

- Are not provided or Preauthorized by BCN and a Primary Care Physician
- Are not Covered Services under this Certificate

It is your responsibility to provide complete and accurate information when requested by us in order to administer Section 2. Failure to provide requested information, including information about other Coverage, may result in denial of claims.

2.1 Non-Duplication

- BCN Coverage provides you with the Benefits for health care Services as described in this Certificate.
- BCN Coverage does not duplicate Benefits or pay more for Covered Services than the Approved Amount.
- BCN does not allow “double-dipping”, meaning that the Member and/or provider is not eligible to be paid by both BCN and another health plan or another insurance policy.
- This is a coordinated Certificate, meaning Coverage described in this Certificate will be reduced to the extent that the Services are available or payable by other health plans or policies under which you may be covered, whether or not you make a claim for the payment under such health plan or policy.

2.2 Auto Policy and Workers’ Compensation Claims

This Certificate is a coordinated Certificate of Coverage. This means that for medical care needed as the result of an automobile accident, if the Member has a coordinated no-fault insurance policy, then BCN will assume primary liability for Covered Services. The no-fault automobile insurance would be secondary.

- If the Member has coverage through a non-coordinated (sometimes called a “full medical”) no-fault automobile insurance policy, then the automobile insurance will be considered the primary plan. BCN would pay Coverage under this Certificate as the secondary plan.

- If a Member is injured while riding a motorcycle due to an accident with an automobile, then the automobile insurance for the involved automobile is primary for the Member’s medical services. BCN would provide for Covered Services under this Certificate as the secondary plan.

- If a Member is injured in a motorcycle accident that does not involve an automobile and if the motorcycle insurance plan provides medical coverage, then the motorcycle insurance plan is primary. BCN would pay for Covered Services under this Certificate as the secondary plan.
• If the motorcycle insurance does not provide medical coverage or if that medical coverage is exhausted, then BCN will pay for Covered Services under this Certificate as the primary plan. Members who ride a motorcycle without a helmet are required by Michigan State law to purchase medical coverage through their motorcycle insurance plan and BCN will pay secondary.

• Services and treatment for any work-related injury that are paid, payable or required to be provided under any workers' compensation law or program will not be paid by BCN.

• If any such services are paid or provided by BCN, BCN has the right to seek reimbursement from the other program, insurer or Member who has received reimbursement.

• Applicable BCN Preauthorization and Coverage requirements (i.e. seeking services from a Participating Provider except for Emergent situations) must always be followed for auto or work-related injuries. Failure to follow applicable Preauthorization and or Coverage requirements may leave you solely responsible for the cost of any services received.

### 2.3 Coordination of Benefits

We coordinate Benefits payable under this Certificate per Michigan’s Coordination of Benefits Act.

When you have coverage under a policy or certificate that does not contain a coordination of benefits provision, that policy will pay first as the Primary Plan. This means benefits under the other coverage will be determined before the benefits of your BCN Coverage.

After those benefits are determined, your BCN benefits and the benefits of the other plan will be coordinated to provide 100% coverage whenever possible for services covered partly or totally under either plan. In no case will payments be more than the amounts to which providers or you as a Member are entitled, and you may still have a remaining Member Liability after all plans have made payment.

### 2.4 Subrogation and Reimbursement

Subrogation is the assertion by BCN of your right, or the rights of your dependents or representatives, to make a legal claim against or to receive money or other valuable consideration from another person, insurance company or organization.

Reimbursement is the right of BCN to make a claim against you, your dependents or representatives if you or they have received funds or other valuable consideration from another party responsible for Benefits paid by BCN.

**Definitions**

The following terms are used in this section and have the following meanings:

“Claims for Damages” means a lawsuit or demand against another person or organization for compensation for an injury to a person when the injured party seeks recovery for medical expenses.
“Collateral Source Rule” is a legal doctrine that requires the judge in a personal injury lawsuit to reduce the amount of payment awarded to the plaintiff by the amount of benefits BCN paid on behalf of the injured person.

“Common Fund Doctrine” is a legal doctrine that requires BCN to reduce the amount received through subrogation by a pro rata share of the plaintiff’s court costs and attorney fees.

“First Priority Security Interest” means the right to be paid before any other person from any money or other valuable consideration recovered by:
- Judgment or settlement of a legal action
- Settlement not due to legal action
- Undisputed payment

“Lien” means a first priority security interest in any money or other valuable consideration recovered by judgment, settlement or otherwise up to the amount of benefits, costs and legal fees BCN paid as a result of the plaintiff’s injuries.

“Made Whole Doctrine” is a legal doctrine that requires a plaintiff in a lawsuit to be fully compensated for his or her damages before any Subrogation Liens may be paid.

“Other Equitable Distribution Principles” means any legal or equitable doctrines, rules, laws or statues that may reduce or eliminate all or part of BCN’s claim of Subrogation.

“Plaintiff” means a person who brings the lawsuit or claim for damages. The plaintiff may be the injured party or a representative of the injured party.

**Your Responsibilities**

In certain cases, BCN may have paid for health care Services for you or other Members on the Contract, which should have been paid by another person, insurance company or organization. In these cases:

- You assign to us your right to recover what BCN paid for your medical expenses for the purpose of subrogation. You grant BCN a Lien or Right of Recovery.
- Reimbursement on any money or other valuable consideration you receive through a judgment, settlement or otherwise regardless of 1) who holds the money or other valuable consideration or where it is held, 2) whether the money or other valuable consideration is designated as economic or non-economic damages, and 3) whether the recovery is partial or complete.
- You agree to inform BCN when your medical expenses should have been paid by another party but were not due to some act or omission.
- You agree to inform BCN when you hire an attorney to represent you, and to inform your attorney of BCN rights and your obligations under this Certificate.
- You must do whatever is reasonably necessary to help BCN recover the money paid to treat the injury that caused you to claim damages for personal injury.
- You must not settle a personal injury claim without first obtaining written consent from BCN if the settlement relates to Services paid by BCN.
• You agree to cooperate with BCN in our efforts to recover money we paid on your behalf.
• You acknowledge and agree that this Certificate supersedes any Made Whole Doctrine, Collateral Source Rule, Common Fund Doctrine or other Equitable Distribution Principles.
• You acknowledge and agree that this Certificate is a contract between you and BCN and any failure by you, other Members on the Contract or representatives to follow the terms of this Certificate will be a material breach of your contract with us.
  a. When you accept a BCN ID card for Coverage, you agree that, as a condition of receiving Benefits and Services under this Certificate, you will make every effort to recover funds from the liable party.
  b. When you accept a BCN ID card for Coverage, it is understood that you acknowledge BCN’s right of subrogation. If BCN requests, you will authorize this action through a subrogation agreement. If a lawsuit by you or by BCN results in a financial recovery greater than the Services and Benefits provided by BCN, BCN has the right to recover its legal fees and costs out of the excess.
  c. When reasonable collection costs and legal expenses are incurred in recovering amounts that benefit both you and BCN, the costs and legal expenses will be divided equitably.
  d. You agree not to compromise, settle a claim, or take any action that would prejudice the rights and interests of BCN without getting BCN’s prior written consent.
  e. If you refuse or do not cooperate with BCN regarding subrogation, it will be grounds for terminating membership in BCN upon 30 days written advance notice. BCN will have the right to recover from you the value of Services and Benefits provided to you.

Section 3: Member Rights and Responsibilities

3.1 Confidentiality of Health Care Records
Your health care records are kept confidential by BCN, its agents and the providers who treat you.

You agree to permit providers to release information to BCN. This can include medical records and claims information related to Services you may receive or have received.

BCN agrees to keep this information confidential. Consistent with our Notice of Privacy Practice, information will be used and disclosed only as preauthorized or required by or as may be permissible under law.

It is your responsibility to cooperate with BCN by providing health history information and helping to obtain prior medical records at the request of BCN.

3.2 Inspection of Medical Records
You have access to your own medical records or those of your minor children or wards at your provider’s office during regular office hours. In some cases, access to records of a minor without the minor’s consent may be limited by law or applicable policy.
3.3 **Primary Care Physician (PCP)**

BCN requires you to choose a Primary Care Physician (PCP). You have the right to designate any PCP who is a Participating physician and who is able to accept you or your family members. If you do not choose a PCP upon enrollment, BCN will choose one for you.

For children under the age of 18 (“Minors”), you may designate a Participating pediatrician as the PCP if the Participating pediatrician is available to accept the child as a patient. Alternatively, the parent or guardian of a Minor may select a Participating family practitioner or general practitioner as the Minor’s PCP, and may access a Participating pediatrician for general pediatric Services for the Minor (hereinafter “Pediatric Services”). No PCP Referral is required for a Minor to receive pediatric Services from the Participating pediatrician.

You do not need Preauthorization from BCN or from any other person, including your PCP, in order to obtain access to obstetrical or gynecological care from a Participating Provider who specializes in obstetric and gynecologic care. The Participating specialist, however, may be required to comply with certain BCN procedures, including obtaining Preauthorization, following a pre-approved treatment plan, or procedures for making Referrals. The female Member retains the right to receive the obstetrical and/or gynecological Services directly from her PCP.

Information on how to select a PCP, and a list of PCPs, Participating pediatricians and Participating health care professionals (including Certified Nurse Midwives) who specialize in obstetrics or gynecology is available at bcbsm.com. You can also call Customer Service at the number shown on the back of your BCN ID card.

If after reasonable efforts, you and the PCP are unable to establish and maintain a satisfactory physician-patient relationship, you may be transferred to another PCP. If a satisfactory physician-patient relationship cannot be established and maintained, you will be asked to disenroll upon 30 days written advance notice; all Dependent Family Members will also be required to disenroll from Coverage. (See Section 5)

3.4 **Refusal to Accept Treatment**

You have the right to refuse treatment or procedures recommended by Participating Providers for personal or religious reasons. However, your decision could adversely affect the relationship between you and your physician, and the ability of your physician to provide appropriate care for you.

If you refuse the treatment recommended and the Participating Provider believes that no other medically acceptable treatment is appropriate, the Participating Provider will notify you. If you still refuse the treatment or request procedures or treatment that BCN and/or the Participating Provider regard as medically or professionally inappropriate, treatment of the condition or complications caused by failure to follow the recommendations of the Participating Provider will no longer be payable under this Certificate.
3.5 Grievance Procedure

BCN and your Primary Care Physician are interested in your satisfaction with the services and care you receive as a Member. If you have a problem relating to your care, we encourage you to discuss this with your Primary Care Physician first. Often your Primary Care Physician can correct the problem to your satisfaction. You are always welcome to contact our Customer Service Department with any questions or problems you may have.

We have a formal grievance process if you are unable to resolve your concerns through Customer Service, or with to contest an Adverse Benefit Determination.

At any step of the grievance process, you may submit any written materials to help us in our review. You have two years from the date of discovery of a problem to file a grievance regarding a decision by BCN. There are no fees or costs charged to you when filing a grievance.

If you are member of an ERISA (Employee Retirement Security Act) qualified group, you have the right to bring a civil action against BCN after completing the BCN internal grievance procedures under the terms applying to ERISA groups. Non-ERISA group members, including their dependents, and non-group members, including their dependents, must exhaust all grievance steps (including external review by the Department of Insurance & Financial Services) prior to filing civil action. You may obtain further information from the local U.S. Department of Labor or by contacting the Department of Insurance & Financial Services at the number and address below.

Definitions:

Adverse Benefit Determination - means any of the following:

- A request for a benefit, on application of any utilization review technique, does not meet the requirements for medical necessity, appropriateness, health care setting, level of care, or effectiveness or is determined to be experimental or investigational and is therefore denied, reduced, or terminated or payment is not provided or made, in whole or in part, for the benefit
- The denial, reduction, termination, or failure to provide or make payment, in whole or in part, for a benefit based on a determination of a covered person’s eligibility for coverage.
- A prospective or retrospective review determination that denies, reduces, or terminates or fails to provide or make payment, in whole or in part, for a benefit.
- A rescission of coverage determination
- Failure to respond in a timely manner to request for a determination

Pre-service grievance is an appeal that you can file when you disagree with our preapproval decision for a service that you have not yet received.

Post-service grievance is an appeal that you file when you disagree with our decision for a service that you have already received.
Step One: Review and Decision by the Appeals and Grievance Unit

To submit a grievance, you or someone authorized by you in writing, must submit a statement of the problem in writing to the Appeals and Grievance Unit in the Customer Services department at the address listed below.

Appeals and Grievance Unit
Blue Care Network
P. O. Box 284
Southfield, MI 48086-5043
Fax 866-522-7345

The Appeals and Grievance Unit will review your grievance and give you our decision within 15 calendar days for pre-service grievances and within 30 calendar days for post-service grievances.

The person or persons who review the first-level grievance are not the same individuals involved in the initial determination. If an adverse determination is made, BCN will provide you with a written statement containing the reasons for the adverse determination, the next step of the grievance process and forms used to request the next grievance step. BCN will provide, upon request and free of charge, all relevant documents and records relied upon in reaching an adverse determination.

If you are dissatisfied with the determination, you may appeal to Step Two within 180-calendar days of receipt of BCN’s adverse determination. You, or a person authorized in writing to act for you, must notify the Appeals and Grievance Unit in writing and at the address above of your decision to appeal. If you do not file a Step Two grievance within the 180-calendar day timeframe, your grievance is considered abandoned and no further action may be taken.

Step Two: Review and Decision by a BCN Step Two Member Grievance Panel

If you appeal from Step One, BCN’s Step Two Member Grievance Panel will review and reconsider the determination made at Step One. You, or someone authorized by you in writing, may present the grievance to the Step Two Member Grievance Panel in person or by telephone conference. For pre-service and post-service grievances, notification of the Step Two grievance resolution will be sent to you within 15 calendar days for pre-service and 30 calendar days for post-service. If the grievance pertains to a clinical issue, the grievance will be forwarded to an independent Medical Consultant within the same or similar specialty for review. If BCN needs to request medical information, an additional 10 business days may be added to the resolution time. When an adverse determination is made, a written statement will be sent within 5-calendar days of the Panel meeting, but not longer than 15-calendar days for pre-service and 30 calendar days for post-service after receipt of the request for review. Written confirmation will contain the reasons for the adverse determination, the next step of the grievance process and the form used to request an external grievance review. BCN will provide, upon request and free of charge, all relevant documents and records relied upon in reaching an adverse determination.
**External Review**

If you do not agree with the decision at Step Two or our internal grievance process is waived, you may appeal to the Department of Insurance & Financial Services (DIFS) at michigan.gov/difs or at the addresses listed below:

Office of General Counsel – Health Care Appeals Section  
Department of Insurance & Financial Services  
(By mail) (By delivery service)  
P. O. Box 30220 530 W. Allegan St., 7th Floor  
Lansing, MI 48909-7720 Lansing, MI 48933-1521  
Phone: 877-999-6442  
Fax: 517-284-8838

When filing a request for an external review, you will be required to authorize the release of any medical records that may be required to be reviewed for the purpose of reaching a decision on the external review.

If we fail to provide you with our final determination within 30-calendar days for pre-service grievances or 60-calendar days for post-service grievances (plus 10 business days if BCN requests additional medical information) from the date we receive your written grievance, you will be considered to have exhausted the internal grievance process and may request an external review. You must do so within 120 days of the date you received either our final determination or the date our final determination was due. Mail your request for a standard external review, including the required forms that we will provide to you, to the address listed above.

** Expedited Review**

Under certain circumstances – if your medical condition would be seriously jeopardized during the time it would take for a standard grievance review – you can request an expedited review. You, your doctor or someone acting on your behalf can initiate an expedited review by calling Customer Service or faxing us at 866-522-7345.

We will decide within 72 hours of receiving both your grievance and your physician’s confirmation. If we tell you our decision verbally, we must also provide a written confirmation within two business days. If we fail to provide you with our final determination timely or you receive an adverse determination, you may request an expedited external review from DIFS within 10-calendar days of receiving our final determination. In some instances, we may waive the requirement to exhaust our internal grievance process.

**3.6 Additional Member Responsibilities**

You have the responsibility to do the following:
- Read the Member Handbook, this Certificate and all other materials for Members.
- Call Customer Service with any questions.
- Comply with the plans and instructions for care that you have agreed to with your practitioners.
• Provide, to the extent possible, complete and accurate information that BCN and its Participating Providers need in order to provide you with care.
• Make and keep appointments for non-emergent medical care.
• Call the doctor’s office if you need to cancel an appointment.
• Participate in the medical decisions regarding your health.
• Participate in understanding your health problems and develop mutually agreed upon treatment goals.
• Comply with the terms and conditions of the Coverage provided.

3.7 Member’s Role in Policy-Making
At least one third of the Board of Directors of BCN will consist of BCN Members, elected by Subscribers. BCN provides nomination and election procedures to Subscribers every three years.

Section 4: Forms, Identification Cards, Records and Claims

4.1 Forms and Applications
You must complete and submit any enrollment form or other forms that BCN requests. You represent that any information you submit is true, correct and complete. The submission of false or misleading information in connection with Coverage is cause for Rescission of your Contract upon 30 days written advance notice.

You have the right to appeal our decision to Rescind your Coverage by following the Grievance procedure as described in Section 3 and in the Member Handbook. The Grievance procedure is on our website at bcbsm.com. To obtain a copy, you can call Customer Service at the number shown on the back of your BCN ID card.

4.2 Identification Card
You will receive a BCN identification card. You must present this card whenever you receive or seek Services from a provider. This card is the property of BCN and its return may be requested at any time.

To be entitled to Benefits, the person using the card must be the Member for whom all premiums are paid. If the person is not entitled to receive Services, the person must pay for the Services received.

If you have not received your card or your card is lost or stolen, please contact Customer Service immediately. Information regarding how to obtain a new ID card is on our website at bcbsm.com.

4.3 Misuse of Identification Card
BCN may confiscate your BCN ID card and may terminate Coverage if you misuse it by doing any of the following:
• Permit any other person to use your card.
• Attempt to or defraud BCN.
4.4 Membership Records

- We maintain membership records.
- Benefits under this Certificate will not be available unless information is submitted in a satisfactory format by you or the Group.
- You are responsible for correcting any inaccurate information provided to BCN. If you intentionally fail to correct inaccurate information, you will be responsible to reimburse BCN for any service paid based on the incorrect information.

4.5 Authorization to Receive Information

By accepting Coverage under this Certificate, you agree that:

- BCN may obtain any information from providers in connection with Coverage.
- BCN may disclose your medical information to your Primary Care Physician or other treating physicians or as otherwise permitted by law.
- BCN may copy records related to your care.

4.6 Member Reimbursement

Your Coverage is designed to avoid the requirement that you pay a provider for Covered Services except for applicable Copays, Coinsurance or Deductible. If, however, circumstances require you to pay a provider, ask us in writing to be reimbursed for those Services. Written proof of payment must show exactly what Services were received including diagnosis, CPT codes, date and place of Service. A billing statement that shows only the amount due is not sufficient.

Additional information on how to submit a claim and the Reimbursement Form is available at bcbsm.com and in the Member Handbook.

Send your itemized medical bills promptly to us.

BCN Customer Service
P. O. Box 68767
Grand Rapids, MI 49516-8767

NOTE: Written proof of payment must be submitted within 12 months of the date of service. Claims submitted 12 months after the date of service will not be paid.

Section 5: Termination of Coverage

5.1 Termination of Group Coverage

This Certificate and the contract between a Group and BCN will continue in effect for the period established by BCN and the Group. The agreement continues from year to year, subject to the following:

- The Group or BCN may terminate the Certificate with 30 days written notice including reason for termination. Benefits for all Members of the Group will terminate on the date the Certificate terminates; and
• If the Group terminates this Certificate, all rights to Benefits end on the date of termination to the extent permitted by law.

BCN will cooperate with the Group to arrange for continuing care of Members who are hospitalized on the termination date.

5.2 Termination for Nonpayment

Nonpayment of Premium

• If a Group fails to pay the premium by the due date, the Group is in default. BCN allows a 30-day grace period; however, if the default continues, the Group and its Members may be terminated.

• BCN will allow a 30-day grace period; however, if the Group or Member is terminated, any Covered Services incurred by a Member and paid by BCN after the date of last full payment will be charged to the Group or, as permitted by law, to the individual Member.

Nonpayment History

BCN may refuse to accept an application for enrollment or may decline renewal of any Member’s coverage if the applicant or any Member on the contract has a history of delinquent payment of their share of the costs for Covered Services.

Nonpayment of Member’s Cost Sharing

BCN may refuse to renew Coverage for any contract under either of the following conditions:

• You fail to pay applicable Cost Sharing or other fees within 90 days of their due date

or

• You do not make and comply with acceptable payment arrangements with the Participating Provider to correct the situation.

• The termination will be effective at the renewal date of the Certificate. BCN will give reasonable notice of such termination.

5.3 Termination of a Member’s Coverage

Termination

Coverage for any Member may be terminated for any of the reasons listed below. Such termination is subject to reasonable notice and Grievance rights required by law:

• You no longer meet eligibility requirements

• Coverage is cancelled for nonpayment

• The Group’s Coverage is cancelled

• You misuse your Coverage

  o Misuse includes illegal or improper use of your Coverage such as:

    ▪ Allowing an ineligible person to use your Coverage

    ▪ Requesting payment for services you did not receive
- You fail to repay BCN for payments we made for services that were not a benefit under this Certificate, subject to your rights under the appeal process
- You are satisfying a civil judgment in a case involving BCN
- You are repaying BCN funds you received illegally
- You are serving a criminal sentence for defrauding BCN
- Your group changes to a non-BCN health plan
- We no longer offer this coverage

**Rescission**
If you commit fraud that in any way affects your Coverage or make an intentional misrepresentation of material fact to obtain, maintain or that otherwise affects your Coverage, BCN will consider you in breach of contract and, upon 30 days written advance notice your membership may be Rescinded. In some circumstances, fraud or intentional misrepresentation of a material fact may include:
- Misuse of the BCN ID card (Section 4)
- Intentional misuse the BCN system
- Knowingly providing inaccurate information regarding eligibility

You have the right to appeal our decision to Rescind your Coverage by following the BCN grievance procedure in Section 3 of this Certificate. You can also find a copy of the procedure in the Member Handbook and on our website at bcbsm.com or you can contact Customer Service who will provide you with a copy.

**5.4 Extension of Benefits**
All rights to BCN Benefits end on the termination date except:
- Benefits will be extended for a Preauthorized Inpatient admission that began prior to the termination date. Coverage is limited to Facility charges; professional claims are not payable after the termination date.

- As noted in Section 1 Benefits are only provided when Members are eligible and covered under this Certificate. However, as permitted by law, this extension of Benefits will continue only for the condition being treated on the termination date, and only until any one of the following occurs:
  - You are discharged.
  - Your Benefit exhausted prior to the end of the contract.
  - You become eligible for other Coverage.

**NOTE:** If Coverage is Rescinded due to fraud or intentional misrepresentation of a material fact, this exception does not apply.

**Section 6: Continuation Coverage**
6.1 **Loss Because of Eligibility Change**

If you no longer meet eligibility requirements as described under Section 1, you may transfer to an alternate Benefit program offered by the Group, if any. If no alternate Benefit program is available or if you are unable to meet any alternate Benefit program eligibility requirements, you may apply for non-group coverage through BCN or Blue Cross® Blue Shield® of Michigan.

To obtain information, you can call us at the number shown on the back of your BCN ID card.

6.2 **COBRA Coverage**

If you no longer meet the eligibility requirements as described under Section 1, you may be able to continue coverage at your own expense under federal law known as COBRA (Consolidated Omnibus Budget Reconciliation Act). Most employers with 20 or more employees are required by federal law to offer this coverage (continuation coverage). The employer is the administrator of its COBRA plan. If you have questions, you should contact your group.

**NOTE**: Employers under 20 employees, church-related groups and federal employee groups are exempt from COBRA.

If your employer is required by COBRA to offer you the option of purchasing continuation coverage, you will need to be aware of the following conditions:

- You may apply and pay for group continuation coverage directly to your employer, but you must do so within the time limits allowed by law. You must also comply with other requirements of federal law.
- This coverage may continue for up to 18, 29 or 36 months, depending on the reason for your initial ineligibility:
  
  a. You are considered a Group Member for all purposes including termination for cause; however, events that would otherwise result in loss of eligibility are waived to the extent that the federal law specifically allows continuation.
  
  b. Continuation coverage and all benefits cease automatically under any of the following
     
     i. The period allowed by law expires
     
     ii. The employer no longer includes BCN as part of its Group health plan
     
     iii. You begin coverage under any other benefit program or health coverage plan (with some exceptions)
     
     iv. You become eligible for Medicare
     
     or
     
     v. You do not pay for coverage fully and on time

**Section 7: Additional Provisions**

7.1 **Notice**

Any notice that BCN is required to give to you will be:
• In writing
• Delivered personally or sent by U. S. Mail
• Addressed to your last address of record

7.2 Change of Address
You must notify your employer and BCN immediately if your address changes. Except as otherwise stated in this Certificate, you must live within the Service Area for at 9 months out of each Calendar Year. (See Section 1)

7.3 Headings
The titles and headings in this Certificate are not intended as part of this Certificate. They are intended to make your Certificate easier to read and understand.

7.4 Governing Law
The Certificate of Coverage is made and will be interpreted under the laws of the State of Michigan and federal law where applicable.

7.5 Execution of Contract Coverage
When you sign the enrollment form, you indicate your agreement to all terms, conditions and provisions of Coverage as described in this Certificate.

7.6 Assignment
Benefits covered under this Certificate are for your use only. They cannot be transferred or assigned. Any attempt to assign them will automatically terminate all your rights under this certificate. You cannot assign your right to any payment from us, or for any claim or cause of action against us to any person, provider, or other insurance company.

We will not pay a provider except under the terms of this Certificate.

7.7 Policies and Member Handbook
Reasonable policies, procedures, rules and interpretations may be adopted in order to administer this Certificate. Your Benefits include additional programs and Services, as set forth in the Member Handbook.

7.8 Time Limit for Legal Action
You may not begin legal action against us later than three years after the date of service of your claim. If you are bringing legal action about more than one claim, this time limit runs independently for each claim.

You must first exhaust the grievance and appeals procedures, as explained in this Certificate, before you begin law action. You cannot begin legal action or file a lawsuit until 60 days after you notify us that our decision under the grievance and appeals procedure is unacceptable.
7.9 **Your Contract**

Your contract consists of the following:

- Certificate of Coverage
- The contract between the Group and BCN
- Any attached Riders
- Your Member Handbook
- Your application signed by the Subscriber
- The BCN Identification card

Your Coverage is not contingent on undergoing genetic testing or disclosing results of any genetic testing to us. BCN does not:

- Adjust premiums based on genetic information
- Request/require genetic testing
- Collect genetic information from an individual at any time for underwriting purposes

These documents supersede all other agreements between BCN and Members as of the effective date of the documents.

7.10 **Reliance on Verbal Communication and Waiver by Agents**

Verbal verification of your eligibility for Coverage or availability of Benefits is not a guarantee of payment of claims. All claims are subject to a review of the diagnosis reported, verification of Medical Necessity, the availability of Benefits at the time the claim is processed, as well as the conditions, limitations, exclusions, maximums, Coinsurance, Copayment and Deductible under your Certificate and attached Riders.

No agent or any other person, except an officer of BCN has the authority to do either of the following:

- Waive any conditions or restrictions of this Certificate
- Extend the time for making payment

No agent or any other person except an officer of BCN has the authority to bind BCN by making promises or representations, or by giving or receiving any information.

7.11 **Amendments**

- This Certificate and the contract between the Group and BCN are subject to amendment, modification or termination.
- Such changes must be made in accordance with the terms of this Certificate or by mutual agreement between the Group and BCN with regulatory approval and with prior notice.
7.12 **Major Disasters**
In the event of major disaster, epidemic or other circumstances beyond the control of BCN, BCN will attempt to provide Covered Services insofar as it is practical, according to BCN’s best judgment and within any limitations of facilities and personnel that exist.

If facilities and personnel are not available, causing delay or lack of services, there is no liability or obligation to perform Covered Services under such circumstances.

Such circumstances include, but are not limited to:
- Complete or partial disruption of facilities
- Disability of a significant part of facility or BCN personnel
- War
- Riot
- Civil insurrection
- Labor disputes not within the control of BCN

7.13 **Obtaining Additional Information**
You can obtain additional information by writing to BCN Customer Service at P. O. Box 68767, Grand Rapids, MI 49516-8767.

- The current provider network in your Service Area
- The professional credentials of the health care providers who are Participating Providers
- The names of Participating Hospitals where individual Participating Physicians have privileges for treatment
- How to contact the appropriate Michigan agency to obtain information about complaints or disciplinary actions against a health care provider
- Information about the financial relationships between BCN and a Participating Provider
- Preauthorization requirements and any limitations, restrictions or exclusions on Services, Benefits or Providers

You can call our Customer Service Department at the number shown on the back of your BCN ID card. NOTE: Some of this information is in the Member Handbook and at bcbsm.com.

7.14 **Right to Interpret Contract**
During claims processing and internal grievances, BCN reserves the right to interpret and administer the terms of the Certificate and any Riders that amend this Certificate. The adverse decisions regarding claims processing and grievances are subject to your right to appeal.

7.15 **Independent Contactors**
BCN does not directly provide any health care Services under this Certificate, and we have no right or responsibility to make medical treatment decisions. Medical treatment decisions may only be made by health professionals in consultation with you. Participating Providers and any
other health professions providing health care Services under this Certificate do so as independent contractors.

7.16 Clerical Errors
Clerical errors, such as an incorrect transcription of effective dates, termination dates, or mailings with incorrect information will not change the rights or obligations of you and BCN under this Certificate. These errors will not operate to grant additional benefits, terminate Coverage otherwise in force or continue Coverage beyond the date it would otherwise terminate.

7.17 Waiver
In the event that you or BCN waive any provision of this Certificate, you or BCN will not be considered to have waived that provision at any other time or to have waived any other provision. Failure to exercise any right under this Certificate does not act as a waiver of that right.
Chapter 2 – YOUR BENEFITS

Important Information

This Certificate provides you with important information about your health care Benefits including Preauthorization requirements. Any attached Rider(s) provides you with additional information about your Cost Sharing and Benefit Maximums. Read the entire Certificate and all attached Riders carefully.

- The Services listed in this chapter are covered when Services are provided in accordance with Certificate requirements (including Referral from PCP or other Participating Provider) and, when required, are Preauthorized or approved by BCN except in an Emergency.

- Services defined in this Certificate are Covered Services only when they are Medically Necessary.

- A Referral or Preauthorization is not a guarantee of payment. All claims are subject to:
  - Review of the diagnosis reported
  - Verification of Medical Necessity
  - Availability of Benefits at the time the claim is processed
  - Conditions, limitations, exclusions, maximums
  - Coinsurance, Copayments and Deductible under your Certificate and Riders

- If you receive a service that we do not cover, you will pay for that service.

- Your PCP or other Participating Provider must coordinate Referrals and Preauthorizations. You cannot self-refer unless specified in this Certificate.

- If you purchase a deluxe item or equipment when not Medically Necessary, the Approved Amount for the basic item applies toward the price of the deluxe item. You are responsible for any costs over the Approved Amount.

- Coverage is subject to the limitations and exclusions listed in this Chapter.

- A Rider as adopted by your Group may be attached to this Certificate that revises or applies Copayments, Coinsurance, Deductible, Out-of-Pocket Maximum, and/or Benefit Maximums. When a Rider is attached to this Certificate, the Rider will take precedence.

- BCN will manage or may direct your care to a surgical or treatment setting for Select Services.

- You can find information about other Benefits as listed below, in the Member Handbook or at bcbsm.com
  - Disease management
– Prevention
– Wellness
– Care management services

• For an updated list of Services that require Preauthorization, contact Customer Service at the number shown on the back of your BCN ID card.

Section 8: Your Benefits

8.1 Cost Sharing

NOTE: Your employer may have chosen Cost Sharing to be applied to this Certificate. Cost Sharing is detailed in any Riders attached to this Certificate.

Deductible

Your Plan may have a Deductible. The Deductible, if any, is detailed in a Rider attached to this Certificate. The Deductible is the amount you must pay before BCN will pay for Covered Services.

The Approved Amount will be applied to the Deductible for Covered Services. Charges paid by a Member in excess of the Approved Amount or for non-covered Services do not apply toward the Deductible.

Copayment (Copay)

You are responsible for fixed dollar Copays defined in this Certificate and any Riders issued to you. Copays count toward your Out-of-Pocket Maximum. Once you reach your Out-of-Pocket Maximum, you will not be responsible for Copays for the remainder of the Calendar Year.

Coinsurance

You have no Coinsurance under this Certificate with the exception of the Services listed below unless a Rider is issued to you that amends your Coverage and applies a Coinsurance to specific Services. Coinsurance counts toward your Out-of-Pocket Maximum. Once you reach your Out-of-Pocket Maximum, you will not be responsible for Coinsurance for the remainder of the Calendar Year.

Your Coinsurance is 50 percent (50%) of the Approved Amount for the following Services:

– Allergy Services excluding allergy injections
– Infertility counseling and treatment
– Male sterilization
– Reduction mammoplasty and male mastectomy
– Durable Medical Equipment
– Diabetic supplies
– Prosthetics and Orthotic
– TMJ treatment
– Orthognathic surgery
– Weight reduction procedures

NOTE: A Rider attached to this Certificate may amend the 50% Coinsurance.

**Cost Sharing - Deductible, Copayment and Coinsurance Calculation**
If you have a Coinsurance or Copay for a particular Service as well as a Deductible, you will first be responsible for the payment of the Deductible. The Coinsurance or Copay will be based on the remaining balance of the Approved Amount. BCN will be responsible to make payment to the provider only after the Deductible, Coinsurance, and Copay have been paid.

**Out-of-Pocket Maximum**
The Out-of-Pocket Maximum is the most you will pay for Covered Services under this Certificate and any attached Riders per Calendar Year. The Out-of-Pocket Maximum includes your medical and BCN Prescription Drug Deductible, Copay and Coinsurance. The maximum amount is set annually by the federal government.

Once you reach the Out-of-Pocket Maximum, you will not pay Deductible, Copays or Coinsurance for Covered Services for the remainder of the Calendar Year with the following exceptions.

- Any Premium or contributions paid toward the Premium do not apply to the Out-of-Pocket Maximum
- Charges paid by you in excess of the Approved Amount do not apply toward the Out-of-Pocket Maximum
- Services that are not a Benefit under this Certificate do not apply to the Out-of-Pocket Maximum

Out-of-Pocket Maximum renews each Calendar Year and does not carry-over to the next Calendar Year.

NOTE: Your Out-of-Pocket Maximum amount is defined by a Rider attached to this Certificate.

**Benefit Maximum**
Some of the Covered Services described in the Certificate are covered for a limited number of days or visits per Calendar Year. This is known as the Benefit Maximum. Once you reach a maximum for a Covered Service, you are responsible for the cost of the additional Services received during that Calendar Year even when continued care may be Medically Necessary.

Examples of Covered Services with a Benefit Maximum include but are not be limited to:
- Medical rehabilitation
• Spinal manipulations
• Skilled nursing days

8.2 Professional Physician Services (Other Than Mental Health and Substance Use Disorder)

A) We cover the following Services in full unless amended by a Rider.

• Physician Services at an office site, hospital location or Online Visit
  • Primary Care Physician
  • BCN Participating OB/GYN for female Members
  • Referral Physician
  • Online Visit
    By a designated BCN Participating Provider to:
    • Diagnose a condition
    • Make treatment and consultation recommendations
    • Write a prescription, if appropriate
    • Provide other medical or health treatment

The Online Visit must allow the Member to interact with a BCN Participating Provider in real time. Treatment and consultation recommendation made online, including writing a prescription, are to be held to the same standards of appropriate practice as those in traditional settings.

If an office visit Copayment Rider is attached, the PCP office visit Copay applies. If your Benefits have a Deductible and it applies to PCP office visits, then it will also apply to Online Visits.

Online Visit exclusions include but are not limited to:

• Reporting of normal test results
• Provision of educational materials
• Handling of administration issues, such as registration, scheduling of appointments, or updating billing information

• Eye Care – treatment of medical conditions and diseases of the eye are covered when Services are referred by your Primary Care Physician and Preauthorized by BCN.

NOTE: See Preventive and Early Detection Services and Outpatient Services sections for further information about office visits.

• Maternity prenatal and postnatal office visits when provided by your Primary Care Physician or Participating OB/GYN
  NOTE: If office visit Copayment Rider is attached, the office visit Copay does not apply to routine prenatal visits. The Copay does apply to non-routine (non-preventive) high risk prenatal visits.
• **Home Visits** by a physician in the home or temporary residence
  NOTE: For Home Health Care Services other than physician visit, please see the Home Health Care Services section in this chapter.

• **Inpatient Professional Services** while you are in an Inpatient Hospital or Skilled Nursing Facility or Inpatient Rehabilitation center and billed by a physician when Preauthorized by BCN

• **Chiropractic Services and Osteopathic Manipulative Therapy** when provided by a BCN Participating Chiropractor or Osteopathic Physician, referred by your Primary Care Physician and Preauthorized by BCN

  **Coverage**
  Office visits are covered the same as Referral Physician office visits as defined above. When an office visit and spinal manipulation are billed on the same day by the same provider, only one Copay will be required for the office visit.

  • Mechanical traction once per day is covered when it is performed with chiropractic spinal manipulation.
  • Radiological Services and X-rays are covered when Preauthorized.

  See Outpatient Services section and any attached Riders for Cost Sharing information.

  **Benefit Maximum**
  Osteopathic manipulative therapies on any location of the body and chiropractic spinal manipulations to treat misaligned or displaced vertebrae of the spine are limited to the Benefit Maximum of 30 combined visits per Member per Calendar Year. For example, a spinal manipulation performed by a Chiropractor will reduce the number of spinal manipulations available from an Osteopathic Physician.

  Visits for mechanical traction are applied toward your Benefit Maximum for physical, speech and language pathology, and occupational therapy Services. The therapies (mechanical traction or physical, speech and language pathology, and occupational therapy) are limited to the Benefit defined under Outpatient Therapy section.

  **B) The following service applies Cost Sharing**

  **Allergy Care** — Allergy testing, evaluation, serum, injection of allergy serum and related office visits

  **Cost Sharing**
  50% Coinsurance of the Approved Amount for testing, evaluation, serum and related office visits

  $5 Copay per visit for allergy injections
8.3 Continuity of Care for Professional Services

Continuity of Care for Existing Members

When a contract terminates between BCN and a Participating Provider (including your Primary Care Physician) who is actively treating you for conditions and under the circumstances listed below, the disaffiliated physician may continue treating you.

Physician Requirements

The Continuity of Care provisions apply only when your physician:

- Notifies BCN of his or her agreement to accept the Approved Amount as payment in full for the Services provided;
- Continues to meet BCN’s quality standards; and
- Agrees to adhere to BCN medical and quality management policies and procedures.

It is the responsibility of the physician to notify you of his or her willingness to continue accepting payment from BCN for Covered Services within 15 days of the date the BCN contract ended.

Medical Conditions and Coverage Time Limits

Pregnancy Related: If you are in your second or third trimester of pregnancy at the time of the treating physician’s disaffiliation, Services provided by your physician may continue through post-partum care (typically six weeks) for Covered Services directly related to your pregnancy.

Terminal Illness: If you were diagnosed as terminally ill (with a life expectancy of six months or less) and were receiving treatment from the disaffiliated provider related to your illness prior to the end of the provider’s BCN contract, Coverage for Services provided by your provider may continue for the ongoing course of treatment through death.

Life-threatening condition: If you have a life-threatening disease or condition for which death is likely if the course of treatment is interrupted. Coverage for Services provided by the disaffiliated provider may continue through the current period of active treatment or 90 calendar days from the time the provider’s contract with BCN ended, whichever comes first.

Other Medical Conditions: For Chronic (on-going) and Acute medical conditions (a disease or condition requiring complex on-going care such as chemotherapy, radiation therapy, surgical follow-up visits) when a course of treatment began prior to the treating physician’s disaffiliation, Coverage for Services provided by the disaffiliated provider may continue through the current period of active treatment or 90 calendar days from the time the provider’s contract with BCN ended, whichever comes first. The treating physician or health care provider must attest that your condition would worsen or interfere with anticipated outcomes if your care were discontinued. Your Participating Primary Care Physician must coordinate all other Services in order for them to be Covered Services.

Coverage

If the former Participating Provider (including your Primary Care Physician) provides notification to you and agrees to meet the “Physician Requirements” listed above, BCN will continue to provide coverage for the Covered Services when provided for an ongoing course of treatment, subject to Medical Conditions and Coverage Time Limits detailed above. In order for additional Covered Services to be paid, your Participating Primary Care Physician must provide or coordinate all such Services.
NOTE: You will be responsible for any amount charged by the Non-Participating Provider if the above criteria are not met unless you obtain a Referral to the physician from your Primary Care Physician and Preauthorization from BCN.

**Continuity of Care for New Members**

If you are a new Member and want to continue an active course of treatment from your existing, Non-Participating Provider, you may request enrollment in BCN’s Continuity of Care program. In order for the Services to be paid by BCN, at the time of enrollment you must have selected a Primary Care Physician who will coordinate your care with the Non-Participating Provider. Eligibility criteria to participate in the Continuity of Care program include the circumstances and time periods described below:

**Coverage Time Limits and Qualification Criteria**

**Pregnancy Related**: If you are in your second or third trimester of pregnancy at the time of enrollment, coverage provided by your Non-Participating Provider may continue through post-partum care for Covered Services directly related to your pregnancy.

**Terminal Illness**: If you were diagnosed as terminally ill (with a life expectancy of six months or less) and were receiving treatment from the Non-Participating Provider related to your illness prior to enrollment, Coverage for Services provided by your Non-Participating Provider may continue for the ongoing course of treatment through death.

**Other Medical Conditions**: For Chronic and Acute medical conditions when a course of treatment began prior to enrollment, Coverage for Services provided by the Non-Participating Provider may continue through the current period of active treatment or 90 calendar days from the time of enrollment, whichever comes first.

**Coverage**

Coverage will be provided for Covered Services for an ongoing course of treatment, subject to Coverage Time Limits and Qualification Criteria detailed above. In order for additional Covered Services to be paid, your Participating Primary Care Physician must provide or coordinate all such Services.

NOTE: You will be responsible for any amount charged by the Non-Participating Provider if the above criteria are not met unless you obtain a Referral to the physician from your Primary Care Physician and Preauthorization from BCN.

**8.4 Preventive and Early Detection Services**

We cover Preventive and Early Detection Services as defined in the federal Patient Protection and Affordable Care Act in full. These Services must be provided or coordinated by your Primary Care Physician. Services are modified by the federal government from time to time.

Preventive Services include but are not limited to the following:

**A)** Health screenings, health assessments, and adult physical examinations at intervals set in relation to your age, sex and medical history.
Health screenings include but are not limited to the following.

- Obesity
- Glaucoma
- EKG
- Vision and hearing (See Section 9 for exclusions and limitations)
- Type 2 diabetes mellitus
- Abdominal aortic aneurysm (one-time ultrasonography screening for smokers)

B) Women’s health and wellbeing

- Gynecological (well woman) examinations including routine pap smear and mammography screening
- Screening for sexually transmitted diseases; HIV counseling and screening
- Contraceptive counseling and methods; office administered contraceptive devices and appliances; such as intrauterine devices (IUDs); implantable and injected drugs such as Depo-Provera; and diaphragms including measurement, fittings, removal and administration and management of side effects
- Routine preventive prenatal office visits
- Maternity counseling for the promotion and support of breast-feeding and prenatal vitamin counseling
- Breast pump and associated supplies needed to support breast-feeding covered only when Preauthorized and obtained from a Participating Durable Medical Equipment provider and as mandated by law. Convenience items such as storage containers, bags, bottles and nipples are not covered. (See Durable Medical Equipment section for limitations and exclusions)
- Maternity screening for iron deficiency anemia, Hepatitis B Virus infection (at first prenatal visit) and Rh(D) incompatibility screening
- Screening for gestational diabetes
- Bone Density screening
- Genetic counseling and BRCA testing if appropriate for women whose family history is associated with an increased risk for deleterious mutations in the BRCA1 or BRCA2 genes
- Screening and counseling for interpersonal and domestic violence
- Female sterilization Services

C) Newborn screenings and well child assessments and examinations

D) Immunizations (pediatric and adult) as recommended by the Advisory Committee on Immunization Practices or other organizations recognized by BCN

E) Nutritional counseling including Diabetes Self Management, and diet behavioral counseling
Other nutritional counseling Services may be covered when Preauthorized by BCN.

NOTE: Certain health education and health counseling Services may be arranged through your Primary Care Physician, but are not payable under your Certificate. Examples include but are not limited to:
- Lactation classes not provided by your physician
- Tobacco cessation programs (other than a BCN tobacco cessation program)
- Exercise classes

**F)** Routine cancer screenings including but not limited to:
- Colonoscopy
- Flexible sigmoidoscopy
- Prostate (PSA/DRE) screenings
For the purposes of this Certificate, “Routine” means non-urgent, non-emergent, non-symptomatic medical care provided for the purpose of disease prevention.

**G)** Depression screening, substance use disorder/chemical dependency when performed by your Primary Care Physician

**H)** Aspirin therapy counseling for the prevention of cardiovascular disease

**I)** Tobacco use and tobacco caused disease counseling

**J)** A and B rated preventive medications as recommended by the U.S. Preventive Services Task Force (USPSTF)
NOTE: Cost Sharing will apply to non-routine diagnostic procedures. If this Certificate is amended by Deductible, Copayment and/or Coinsurance Riders, the attached Riders will take precedence over the Certificate for non-preventive Services.

Any Member Cost Sharing for office visits will still apply with the following restrictions:

- If a recommended Preventive or Early Detection Service is billed separately from the office visit, then you will be responsible for the office visit Cost Sharing, but there will be no Cost Sharing for the Preventive or Early Detection Service;
- If a recommended Preventive or Early Detection Service is not billed separately from the office visit and the primary purpose of the office visit is the delivery of the Preventive or Early Detection Service, you will have no Cost Sharing for the office visit; and
- If a recommended Preventive or Early Detection Service is not billed separately from an office visit and the primary purpose of the office visit is not the delivery of the Preventive or Early Detection Service, you will be responsible for payment of any Cost Sharing for the office visit.
NOTE: To see a list of the preventive Benefits and immunizations that are mandated by PPACA, you may go to www.uspreventiveservicestaskforce.org. You may also contact BCN Customer Service by calling the number provided on the back of your BCN ID card.

### 8.5 Inpatient Hospital Services

We cover the following Inpatient Hospital (Facility) Services, when determined to be Medically Necessary and Preauthorized by BCN. Services include but are not limited to the following:

- Room and board, general nursing Services and special diets
- Operating and other surgical treatment rooms, delivery room and special care units
- Anesthesia, laboratory, radiology and pathology Services
- Chemotherapy, inhalation therapy and dialysis
- Physical, speech and occupational therapy
- Other Inpatient Services and supplies necessary for the treatment of the Member; and
- Maternity care and all related services

**NOTE:** Under federal law, the mother is covered for no less than the following length of stay in a hospital in connection with childbirth except as excluded under Section 9.

- 48 hours following a vaginal delivery
- 96 hours following a delivery by cesarean section

Hospital length of stay begins at the time of delivery if delivery occurs in a hospital and at time of admission in connection with childbirth if delivery occurs outside the hospital. BCN Preauthorization is not required for the minimum hospital stay.

- Newborn care

**NOTE:** Under federal law, the newborn child is covered for no less than the following length of stay in a hospital in connection with childbirth except as excluded under Section 9.

- 48 hours following a vaginal delivery
- 96 hours following a delivery by cesarean section

Hospital length of stay begins at the time of delivery if delivery occurs in a hospital and at time of admission in connection with childbirth if delivery occurs outside the hospital. BCN Preauthorization is not required for the minimum hospital stay.

The baby must be eligible for coverage and must be added to your contract within the time stated in Section 1.

Certain Inpatient Hospital Services have separate requirements. Your Cost Sharing is different. (See, for example, Coverage for reduction mammoplasty, TMJ treatment, orthognathic surgery, weight reduction procedures and any attached Riders.)
See Inpatient Professional Services section.

## 8.6 Outpatient Services

We cover Outpatient Services when Medically Necessary and Preauthorized by your treating physician and BCN.

You receive Outpatient Services in these places:
- Outpatient Hospital setting
- Physician office
- Free standing ambulatory setting
- Dialysis center

Outpatient Services include but are not limited to:
- Facility and professional (physician) Services
- Surgical treatment
- Anesthesia, laboratory, X-rays, radiology and pathology Services
- Chemotherapy, inhalation therapy, radiation therapy and dialysis
- Physical, speech and occupational therapy - see Outpatient Therapy Services
- Injections (for allergy) - see Professional Physician Services (Other Than Mental Health and Substance Use Disorder) section
- Professional Services - see Professional Physician Services (Other Than Mental Health and Substance Use Disorder) section
- Durable Medical Equipment and supplies - see Durable Medical Equipment section
- Diabetic equipment and supplies - see Diabetic Supplies and Equipment section
- Prosthetic and Orthotic equipment and supplies - see Prosthetic and Orthotics section

Other Medically Necessary Outpatient Services and supplies have separate requirements. Your Cost Sharing is different. (See, for example, Coverage for reduction mammoplasty; treatment of TMJ; orthognathic surgery; and weight reduction procedures and any attached Riders.)

## 8.7 Emergency and Urgent Care

### Definitions

**Accidental Injury** - a traumatic injury, which, if not immediately diagnosed and treated, could be expected to result in permanent damage to your health

**Emergency Services** - Services to treat a Medical Emergency as described below:

**Medical Emergency** - the sudden onset of a serious medical condition resulting from injury, sickness or mental illness that manifests itself by signs and symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in serious jeopardy to your health or to your pregnancy, in the case of a pregnant woman, serious impairment to bodily function, or serious dysfunction of any bodily organ or part
Stabilization - the point at which, it is reasonably probable that no material deterioration of a condition is likely to result from or occur during your transfer

Urgent Care Services - Services that appear to be required in order to prevent serious deterioration to your health resulting from an unexpected, sudden illness or injury that could be expected to worsen if not treated within 24 hours. Examples include: flu, strep throat, or other infections; foreign material in the eye; sprain or pain following a fall; and a cut, sore or burn that does not heal

Coverage
Emergency Services and Urgent Care Services are covered up to the point of Stabilization when they are Medically Necessary and needed either for immediate treatment of a condition that is a Medical Emergency as described above, or if the Primary Care Physician directs you to go to an Emergency care Facility.

In case of such Medical Emergency or Accidental Injury, you should seek treatment at once. We urge you, the Hospital or someone acting on your behalf to notify your Primary Care Physician or BCN within 24 hours, or as soon as medically reasonable. Inpatient emergent admissions require Preauthorization by BCN.

Emergency Services include professional and related ancillary Services and Emergency Services provided in an Urgent Care Center or Hospital Emergency room.

Emergency Services are no longer payable as Emergency Services at the point of the Member's Stabilization as defined above.

If you are admitted as an Inpatient because of the Emergency, the Inpatient Hospital Benefit as described in this chapter and attached Riders will apply.

NOTE: Observation stay resulting from Emergency Services is subject to Emergency room Cost Sharing when a Rider is attached.

Follow-up care in an Emergency room or Urgent Care Facility, such as removal of stitches and dressings, is a Covered Benefit only when Preauthorized by your Primary Care Physician and BCN. This applies even if the Hospital Emergency staff or physician instructed you to return for follow up visit.

Admission to Non-Participating Hospital after Emergency Services
If you are hospitalized in a Non-Participating Hospital, we may require that you be transferred to a Participating Hospital as soon as you have Stabilized. If you refuse to be transferred, all related non-Emergency Covered Services will not be covered from the date of Stabilization.

Out-of-Area Coverage
You are covered when traveling outside of the BCN Service Area for Emergency and Urgent Care Services that meet the conditions described above. (See Section 9 and the attached BlueCard Rider for additional information.) We will pay the greater of the median in-network rate, the
usual, customary and reasonable rate or the Medicare rate. You are responsible for any Cost Sharing required under your Rider.

8.8 Ambulance

An ambulance is a vehicle specially equipped and licensed for transporting injured or sick persons.

We cover the following ambulance Services:

**Air ambulance**

- When transport is ordered by the attending physician and the following conditions are met:
  - The use of an air ambulance is Medically Necessary.
  - No other means of transport is available, or the Member’s condition requires transport by air rather than ground ambulance.
  - An air ambulance provider is licensed as an air ambulance service and is not a commercial airline.
  - The Member is transported to the nearest facility capable of treating the Member’s condition. The facility must be:
    - The nearest facility, or
    - Another appropriate facility within a reasonable distance of the nearest available facility.

- BCN will determine whether a facility is appropriate and what a reasonable distance is.

**Emergency ground ambulance Services** when:

- You are admitted to the hospital immediately following Emergency room treatment
- The Services are necessary for management of shock, unconsciousness, heart attack or other condition requiring active medical management
- The Services are needed for Emergency delivery and care of a newborn and mother (The services are not covered for normal or false labor)
- The ambulance is ordered by an employer, school, fire or public safety official, and you are not in a position to refuse

**Non-emergency ground ambulance Services** when Preauthorized by your treating physician and BCN

**Exclusions include but are not limited to**

- Transportation and/or medical Services provided by public first responders to accidents, injuries or emergency situations including fire or police departments costs, or any associated Services provided as part of a response to an accident or Emergency situation, like accident clean-up or 911 costs are not a Covered Benefit. This is because these services are part of public programs supported totally or in part by federal, state or local governmental funds.
- Ambulance Services provided by an emergency responder that does not provide on-site treatment and transportation are not covered. The on-site treatment is covered regardless if transportation is provided.
• Services provided by fire departments, rescue squads or other emergency transport providers whose fees are in the form of donations.

8.9 Reproductive Care and Family Planning

We cover reproductive care and family planning.

• Non-Elective Abortion
• Genetic Testing
• Voluntary Sterilization
• Infertility

A) Non-Elective Abortion

We cover a Non-Elective Abortion only on the following instances:

• To increase the probability of a live birth;
• To preserve the life or health of the child after live birth;
• To remove a fetus that has died as a result of natural causes, accidental trauma, or a criminal assault on the pregnant woman;
• The intentional use of an instrument, drug or other substance or device by a physician to terminate a woman’s pregnancy if the woman’s physical condition, in the physician’s reasonable medical judgment, necessitates the termination of the woman’s pregnancy to avert her death; or
• Treatment upon a woman who is experiencing a miscarriage or has been diagnosed with an ectopic pregnancy.

Cost Sharing

Your Inpatient and Outpatient Benefit applies to Non-Elective Abortion procedures including office consultations as defined in applicable Riders attached to your Plan.

Exclusions include but are not limited to

• Any Service related to Elective Abortions with the exception of office consultations
• Cases not identified above
• Abortions otherwise prohibited by law

B) Genetic Testing

We cover medically indicated genetic testing and counseling when they are Preauthorized by BCN and provided in accordance with generally accepted medical practice.

NOTE: Genetic counseling and BRCA testing if appropriate for women whose family history is associated with an increased risk for deleterious mutations in the BRCA1 or BRCA2 genes are covered with no Cost Sharing. (See Preventive and Early Detection Services section)

Exclusions include but are not limited to

• Genetic testing and counseling for non-Members
C) Voluntary Sterilization
We cover Inpatient; Outpatient and office based adult sterilization Services.

Female Sterilization: Covered in full as defined in the federal Patient Protection and Affordable Care Act for Women’s Preventive Services

Cost Sharing
Male Sterilization
50% Coinsurance of the Approved Amount of all fees associated with Facility, professional and related Services

The 50% Coinsurance applies toward your Out-of-Pocket Maximum

Exclusions include, but are not limited to
Reversal of surgical sterilization for males and females

D) Infertility
Coverage includes diagnosis, counseling and treatment of infertility when Medically Necessary and Preauthorized by BCN except as stated below and in Section 9. Following the initial sequence of diagnostic work-up and treatment, additional work-ups may begin only if Preauthorized by BCN.

Cost Sharing
50% Coinsurance of the Approved Amount for all fees associated with infertility diagnostic work-up procedures, treatment and all Facility professional and related Services, including prescription drugs

The 50% Coinsurance applies toward the Out-of-Pocket Maximum

Exclusions include but are not limited to
• Harvesting
• Storage or manipulation of eggs and sperm
• Services for the partner in a couple who is not enrolled with BCN and does not have Coverage for infertility Services or has other coverage
• In-vitro fertilization (IVF) procedures, such as GIFT (Gamete Intrafallopian Transfer) or ZIFT (Zygote Intrafallopian Transfer), and all related Services
• Artificial insemination (except for treatment of infertility)
• All Services related to surrogate parenting arrangements including, but not limited to, maternity and obstetrical care for non-member surrogate parents
• Reversal procedures and other infertility Services for couples who have undergone a prior voluntary sterilization procedure (e.g. vasectomy or tubal ligation)
8.10 **Skilled Nursing Facility**
We cover Skilled Nursing Facility Services for recovery from surgery, disease or injury when determined to be Medically Necessary and Preauthorized by BCN.

**Benefit Maximum**
Limited to a total Benefit Maximum of **45** days per Calendar Year

**Exclusions include but are not limited to**
- Bed-hold charges incurred when you are on an overnight or weekend pass during an Inpatient stay
- Custodial Care (See Section 9)

8.11 **Hospice Care**
Hospice Care is an alternative form of medical care for terminally ill Members with a life expectancy of 6 months or less. Hospice Care provides comfort and support to Members and their families when a life-limiting illness no longer responds to cure-oriented treatments.

Hospice Care in a Participating licensed hospice facility, hospital or Skilled Nursing Facility is covered. We cover hospice care in the home. Hospice Care has to be Medically Necessary and Preauthorized by BCN.

Hospice Care includes the following:
- Professional visits (such as physician, nursing, social work, home-health aide and physical therapy)
- Durable Medical Equipment related to terminal illness
- Medications related to the terminal illness (e.g., pain medication)
- Medical/surgical supplies related to the terminal illness
- Respite Care in a Facility setting

**NOTE:** Short-term Inpatient care in a licensed hospice Facility is covered when Skilled Nursing Services are required and cannot be provided in other settings. Preauthorization is required.

**Exclusions include but are not limited to**
- Housekeeping services
- Food, food supplements and home delivered meals
- Room and board at an extended care Facility or hospice Facility for purposes of delivering Custodial Care

8.12 **Home Health Care Services**
We cover Home Health Care Services as an alternative to long-term hospital care for Members confined to their home.
Home Health Care must be:
- Medically Necessary
- Provided by a Participating Home Health Care agency
- Provided by professionals employed by the agency and who participate with the agency

We cover the following Services:
- Skilled Nursing Care provided by or supervised by a registered nurse employed by the home health care agency
- Intermittent physical, speech or occupational therapy
  
  NOTE: Outpatient Therapy limits as defined in Outpatient Therapy Services section do not apply.
- Hospice care
- Other health care Services approved by BCN when performed in the Member’s home

**Exclusions include but are not limited to**
- Housekeeping services
- Custodial Care (See Section 9)

### 8.13 Home Infusion Therapy Services

Home Infusion Therapy Services provide for the administration of prescription medications and biologics (including antibiotics, total parenteral nutrition, blood components or other similar products) that are administered into a vein or tissue through an intravenous (IV) tube. These Services are provided in the Member’s home or temporary residence (such as Skilled Nursing Facility).

**Food Supplements**

Supplemental feedings administered via tube. This type of nutrition therapy is also known as enteral feeding. Formulas intended for this type of feeding as well as supplies, equipment, and accessories needed to administer this type of nutrition therapy, are covered.

Supplemental feedings administered via an IV. This type of nutrition therapy is also known as parenteral nutrition. Nutrients, supplies, and equipment needed to administer this type of nutrition are covered.

**Coverage**

We cover Home Infusion Therapy Services when Medically Necessary and Preauthorized by BCN.

### 8.14 Mental Health Care

We cover evaluation, consultation and treatment necessary to determine a diagnosis and treatment plan for mental health conditions. Non-Emergency Mental Health Services must be
Preauthorized as Medically Necessary by BCN. (Mental Health Emergency Services are covered – see Emergency and Urgent Care section.)

- Coverage is limited to solution-focused treatment and crisis interventions. Solution-focused treatment includes both individual and group sessions.
- Only treatments that expected to result in measurable, substantial and functional improvement are covered.
- Coverage is limited to the least restrictive and most cost-effective treatment necessary for restoring reasonable function.
- Coverage is limited to Acute Illnesses or Acute episodes of Chronic illnesses that are Medically Necessary or to those Outpatient Services needed to prevent an Acute episode of a Chronic illness.
- Medical Services required during a period of mental health admission must be Preauthorized separately by your Primary Care Physician and BCN.

**Definitions**

**Inpatient Mental Health Service** is the Service provided during the time you are admitted to a BCN approved Acute Care Facility that provides continuous 24-hour nursing care for comprehensive treatment.

**Intensive Outpatient Mental Health** Services are Acute Care Services provided on an Outpatient basis. They consist of a minimum of 3 hours per day, 2 days per week and may include, but are not limited to individual, group and family counseling, medical testing, diagnostic evaluation and Referral to other Services in a treatment plan.

**Outpatient Mental Health** Services include individual, conjoint, family or group psychotherapy and crisis intervention.

**Partial Hospitalization Mental Health** is a comprehensive Acute Care program that consists of a minimum of 6 hours per day, 5 days a week. Treatment may include, but is not limited to counseling, medical testing, diagnostic evaluations and Referral to other Services in a treatment plan. Partial Hospitalization Services are often provided in lieu of Inpatient psychiatric hospitalization.

**Residential Mental Health Treatment** is treatment that takes place in a licensed mental health Facility which has 24/7 supervision on a unit that is not locked. A nurse or psychiatrist is on site 24/7 to assist with medical issues, administration of medication and crisis intervention as needed. The treatment team is multidisciplinary and led by board certified psychiatrists. Residential Treatment is:

- Focused on improving functioning and not primarily for the purpose of maintenance of the long-term gains made in an earlier program;
- A structured environment that will allow the individual to reintegrate into the community. It cannot be considered a long-term substitute for lack of available supportive living environment(s) in the community or as long term means of protecting others in the Member’s usual living environment; and
Not based on a preset number of days such as standardized program (i.e. “30-Day Treatment Program”), however, the Benefit design will be the same as your medical Inpatient Benefit when Preauthorized by BCN.

**Coverage**
Mental Health care is covered in either an Inpatient or Outpatient setting. To obtain Services call Behavioral Health Management at the number shown on the back of your BCN ID card. They are available 24 hours a day/7 days a week. You do not need a Referral from your Primary Care Physician to get care.

**Cost Sharing**

**A) Inpatient Mental Health/Residential Mental Health/Partial Hospitalization**
Your Inpatient/Residential Mental Health and Partial Hospitalization Coverage is the same as your medical Inpatient Benefit. You are responsible for any Cost Sharing as defined in any attached Riders. Your Cost Sharing applies to the Out-of-Pocket Maximum.

**B) Outpatient Mental Health/Intensive Outpatient Mental Health**
Your Outpatient Mental Health/Intensive Outpatient Mental Health office visit Coverage is the same as your Primary Care Physician office visit Copay as defined in your Office Visit Copayment Rider. You are required to pay your Copay at the time the Service is rendered, no matter the location.

NOTE: Diagnostic testing, injections, therapeutic treatment and medical Services are subject to the medical Outpatient Services Cost Sharing.

If you have a Deductible, you are responsible for meeting the Deductible prior to BCN paying for Covered Services.

See Section 9 for Exclusions and Limitations.

**8.15 Autism Spectrum Disorders**

**Definitions**

Applied Behavioral Analysis (ABA) means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences to produce significant improvement in human behavior, including the use of direct-observation, measurement, and functional analysis of the relationship between environment and behavior.

Approved Autism Evaluation Center (AAEC) is an academic and/or hospital-based, multidisciplinary center experienced in the assessment, work-up, evaluation and diagnosis of the Autism Spectrum Disorders. AAEC evaluation is necessary for ABA.

Autism Spectrum Disorders (ASD) are defined by the most recent edition of the Diagnostic and Statistical Manual published by the American Psychiatric Association.
Evaluation must include a review of the Member’s clinical history and examination of the Member. Based on the Member’s needs, as determined by the BCN approved Treatment Center, an evaluation may also include cognitive assessment, audiologic evaluation, a communication assessment, assessment by an occupational or physical therapist and lead screening.

Line Therapy means tutoring or other activities performed one-on-one with person diagnosed with ASD according to a Treatment Plan designed by a BCN AAEC and a Board Certified Behavioral Analyst (BCBA).

Preauthorization occurs before treatment begins. A BCN nurse or case manager approves the initial Treatment Plan and continued Services. A request for continued Services will be authorized contingent on the Member demonstrating measurable improvement and therapeutic progress, which can typically occur at 3, 6, or 9-month intervals.

Treatment Plan is a detailed, comprehensive, goal-specific plan of recommended therapy for the ASD covered under this Certificate.

Benefits
Services for the diagnosis and treatment of ASD are covered when performed by a BCN approved Participating Provider. Covered diagnostic Services must be provided by a Participating physician or a Participating psychologist and include assessments, evaluations or tests, including the Autism Diagnostic Observation Schedule. We cover Services for the treatment of ASD as follows:

- Comprehensive treatment focused on managing and improving the symptoms directly related to a Member’s ASD.

- Therapeutic care as recommended in the Treatment Plan includes:
  - Occupational therapy, speech and language therapy and physical therapy when performed Participating occupational therapist, speech therapist and physical therapist
  - ABA (when performed by a Participating BCBA and a Participating psychologist
  - Outpatient Mental Health therapy (when performed by a Participating social worker, Participating clinical psychologist and Participating psychiatrist)
  - Social skills training
  - Genetic testing
  - Nutritional therapy

- Services and treatment must be Medically Necessary, Preauthorized and deemed safe and effective by BCN.

- Services that are deemed experimental or ineffective by BCN are covered only when mandated by law, and included in a Treatment Plan recommended by the BCN AAEC that evaluated and diagnosed the Member’s condition and when approved by BCN.

Coverage
ABA treatment is available to children through the age of 18. This limitation does not apply to:
• Other mental health Services to treat or diagnose ASD
• Medical Services, such as physical therapy, occupational therapy, speech therapy, genetic testing or nutritional therapy used to diagnose and treat ASD

ABA for Line Therapy Services is subject to PCP office visit Copay as defined in the attached office visit Copay Rider. If you have a Deductible, you are responsible for meeting the Deductible prior to BCN paying for Covered Services. You are required to pay your Copay at the time the Service is rendered.

Behavioral Health Services included in the Treatment Plan are subject to the Primary Care Physician office visit Copay as defined in the attached office visit Copay Rider. If you have a Deductible, you are responsible for meeting the Deductible prior to BCN paying for Covered Services. You are required to pay your Copay at the time the Service is rendered.

Outpatient Therapy Services included in the Treatment Plan are subject to the Referral Physician Copay as defined in your attached office visit Copay Riders. If you have a Deductible, you are responsible for meeting the Deductible prior to BCN paying for Covered Services. You are required to pay your Copay at the time the Service is rendered.

Services performed pursuant to the recommended Treatment Plan will not count toward Benefit Maximums in your Coverage including but not limited to visit or treatment limits imposed on physical therapy, speech-language pathology or occupational therapy.

This Coverage overrides certain exclusions as defined in this Certificate. Such exclusions include the following:

• Treatment of Chronic, developmental or congenital conditions
• Learning disabilities or inherited speech abnormalities
• Treatment solely to improve cognition concentration and/or attentiveness
• Organizational or problem-solving skills, academic skills
• Impulse control
• Other behaviors for which behavior modification is sought when a Member is being treated for covered ASD

**Benefit Limitations**
Coverage is available subject to the following requirements:

• **Preauthorization** – Services performed under the recommended Treatment Plan must be approved for payment during BCN’s Preauthorization Process. If Preauthorization is not obtained, rendered Services will not be covered and the Member may be held responsible for payment for those Services.

• **Prior Notification** – BCN must receive prior notification of the evaluation and diagnostic assessment of the Member.

• **Providers** – All Services to treat ASD must be performed by a BCN approved provider.
Required Diagnosis for ABA – In order to receive Preauthorization, the Member must be evaluated and diagnosed with ASD by a Participating psychiatrist, Participating developmental pediatrician or other professional as agreed upon by a BCN AAEC. Other Preauthorization requirements may also apply. The requirement to be evaluated and diagnosed by a BCN AAEC does not exist for other Services related to ASD.

Termination at age 19 – Benefits are limited to children up to and including the age of 18. This age limitation does not apply to Outpatient Mental Health Services (excluding ABA Services) and Services used to diagnose ASD. Benefits terminate on the child’s 19th birthday.

Treatment Plan – ABA Services must be included in a Treatment Plan recommended by a BCN AAEC that evaluated and diagnosed the Member’s condition.
- Measurable improvement in the Member’s condition must be expected from the recommended Treatment Plan. Once treatment begins, the plan will be subject to periodic assessment by BCN nurse or case manager.

Exclusions include but are not limited to
- Any treatment that is not specifically covered herein and that is considered experimental/investigational by, or is otherwise not approved by BCN including, but not limited to, sensory integration therapy and chelation therapy
- Conditions such as Rett’s Disorder and Childhood Disintegrative Disorder

8.16 Substance Use Disorder Services/Chemical Dependency
Substance Use Disorder/Chemical Dependency treatment means treatment for physiological or psychological dependence on or abuse of alcohol, drugs or other substances. Diagnosis and treatment may include drug therapy, counseling, Detoxification Services, medical testing, diagnostic evaluation and Referral to other Services in a Treatment Plan.

Non-Emergency Substance Use Disorder/Chemical Dependency treatments must be Preauthorized as Medically Necessary by BCN. (Substance Use Disorder/Chemical Dependency Emergency Services are covered – see Emergency and Urgent Care Services section.)
- Coverage is limited to solution-focused treatment and crisis intervention. Solution-focused treatment includes both individual and group sessions.
- Only treatments that are expected to result in measurable, substantial and functional improvement are covered.
- Coverage is limited to the least restrictive and most cost-effective treatment necessary for restoring reasonable function.
- Coverage is limited to Acute Illnesses or Acute episodes of Chronic illnesses that are Medically Necessary or to those Outpatient Services needed to prevent an Acute episode of a Chronic illness.
- Medical Inpatient Services required during a period of Substance Use Disorder admission must be authorized separately by your Primary Care Physician and BCN.
**Definitions**

Detoxification (Detox) means medical treatment and management of a person during withdrawal from physiological dependence on alcohol or drugs or both. Detox can occur in an Inpatient, Outpatient or Residential Setting.

Domiciliary Partial refers to Partial Hospitalization combined with an unsupervised overnight stay (Residential) component.

Intensive Outpatient Substance Use Disorder Treatment means day treatment that is provided on an Outpatient basis. Intensive Outpatient Services consist of a minimum of 3 hours per day, 2 days per week and might include, but are not limited to, individual, group and family counseling, medical testing, diagnostic evaluation and Referral to other Services specified in a Treatment Plan.

Intermediate Care refers to Substance User Disorder Services that have a Residential (overnight) component. Intermediate Care includes Detox, Domiciliary Partial and Residential (including “Inpatient” and “Rehab”) Services.

Outpatient Substance Use Disorder Treatment means Outpatient visits (for example - individual, conjoint, family or group psychotherapy) for a Member who is dependent on or abusing alcohol or drugs (or both). The visit may include counseling, Detox, medical testing, diagnostic evaluation and Referral for other Services.

Partial Hospitalization/Domiciliary Partial is a comprehensive acute-care program that consists of a minimum of 6 hours per day, 5 days a week. Partial Hospitalization treatment may include, but is not necessarily limited to counseling, medical testing, diagnostic evaluation and Referral to other Services in a Treatment Plan.

Residential Substance Use Disorder Treatment means Acute care Services provided in a structured and secure full day (24 hour) setting to a Member who is ambulatory and does not require medical hospitalization. Residential Services may include 24-hour professional supervision and may include counseling, Detox, medical testing, diagnostic evaluation and Referral or other Services specified in a Treatment Plan. Residential Substance Use Disorder Treatment is sometimes also referred to as Inpatient Substance Use Disorder Treatment or Rehabilitation (“Rehab”).

**Coverage**

Substance Use Disorder Services including counseling, medical testing, diagnostic evaluation and Detox are covered in a variety of settings. To obtain Services call Behavioral Health Management at the number shown on the back of your BCN ID card. They are available 24 hours a day/7 days a week. You do not need a Referral from your Primary Care Physician to get care.

**Cost Sharing**

A) Detox/Residential/Intermediate Care/Partial Hospitalization

Your Detox/Residential/Intermediate Care/Partial Hospitalization Coverage is the same as your medical Inpatient Benefit. You are responsible for any Cost Sharing as defined in...
any attached Riders. Your Cost Sharing applies to the Out-of-Pocket Maximum.

**B) Outpatient/Intensive Outpatient Substance Use Disorder**

Your Outpatient/Intensive Outpatient Substance Use Disorder Coverage is the same as your Primary Care Physician office visit Copay. This is in your Office Visit Copayment Rider. You are required to pay your Copay at the time the service is rendered, no matter the location.

If you have a Deductible, you are responsible for meeting the Deductible prior to BCN paying for Covered Services.

NOTE: Diagnostic testing, injections, therapeutic treatment and medical Services are subject to the medical Outpatient Services Cost Sharing.

See Section 9 for Exclusions and Limitations.

**8.17 Outpatient Therapy Services**

Outpatient Therapy and/or Rehabilitative Services are Services that result in meaningful improvement in your ability to perform functional day-to-day activities that are significant in your life roles including:

- Medical rehabilitation – including but not limited to cardiac and pulmonary Rehabilitation
- Physical therapy
- Occupational therapy
- Chiropractic spinal manipulation and Osteopathic manipulative treatment
- Speech therapy
- Biofeedback for treatment of medical diagnoses when Medically/Clinically Necessary, as determined according to BCN medical policies.

We cover short-term Outpatient Therapy Services when:

- Preauthorized by BCN as Medically Necessary
- Treatment for recovery from surgery, disease or injury
- Provided in an Outpatient setting
- Services are not provided by any federal or state agency or any local political subdivision, including school districts
- Results in meaningful improvement in your ability to do important day to day activities within 60 days of starting treatment

**Benefit Maximum**

One period of treatment for any combination of therapies within 60 consecutive days per Calendar Year

**General Exclusions include but are not limited to**

- Cognitive therapy and retraining (neurological training or retraining)
- Services that can be provided by any federal or state agency or local political subdivision, including school districts, when the Member is not liable for the costs in the absence of insurance
- Vocational Rehabilitation including work training, work related therapy, work hardening, work site evaluation and all return to work programs
- Therapy to maintain current functional level and prevent further deterioration
- Treatment during school vacations for children who would otherwise be eligible to receive therapy through the school or a public agency
- Craniosacral therapy
- Prolotherapy
- Rehabilitation Services obtained from non-Health Professionals, including massage therapists
- Strength training and exercise programs
- Sensory integration therapy

**Additional Exclusions for Speech Therapy include but are not limited to**

- Speech therapy for developmental delay, including syntax, semantic or articulation disorders. This would include speech therapy for Member’s with underlying conditions such as cerebral palsy
- Maintenance of current speech level
- Sensory, behavioral, cognitive or attention disorders
- Treatment of stuttering or stammering
- Chronic conditions or congenital speech abnormalities
- Learning disabilities
- Deviant swallow or tongue thrust
- Mild and moderate developmental speech or language disorders
- Vocal cord abuse resulting from life-style or employment activities such as, but not limited to, cheerleading, coaching, singing
- Treatment for children who are eligible to receive speech therapy through school or a public agency

**8.18 Durable Medical Equipment**

Durable Medical Equipment (DME) must be:

- Medically Necessary
- Used primarily for medical purposes
- Prescribed by the treating physician
- Intended for repeated use
- Useful primarily because of illness, injury or congenital defect
**Coverage**

We cover rental or purchase of DME when limited to the basic equipment. Any supplies required to operate the equipment and special features must be Medically Necessary and Preauthorized by BCN. Items must be obtained from a Participating DME Provider.

In many instances, BCN covers the same items covered by Medicare Part B as of the date of the purchase or rental. In some instances, however, BCN guidelines may differ from Medicare.

For specific Coverage information and to locate a Participating DME provider, please call Customer Service at the number provided on the back of your BCN ID card.

**Cost Sharing**

50% Coinsurance of the Approved Amount

The 50% Coinsurance applies toward the Out-of-Pocket Maximum.

**NOTE:** Breast pump needed to support breast-feeding is covered in full only when Preauthorized and obtained from a DME Participating Provider. (See Preventive and Early Diagnosis section).

**Limitations and Exclusions**

**Limitations include but are not limited to**

- The equipment must be considered DME under your Coverage.
- Appropriate for home use
- Obtained from a BCN Participating Provider
- Prescribed by your Primary Care Physician or a Participating Provider
- Preauthorized by BCN
- The equipment is the property of the DME provider. When it is no longer Medically Necessary, you may be required to return it.
- Repair or replacement, fitting and adjusting of DME covered only when needed as determined by BCN resulting from body growth, body change or normal use.
- Repair of the item covered if it does not exceed the cost of replacement.

**Exclusions include but are not limited to**

- Deluxe equipment (such as motor-driven wheelchairs and beds, etc.) unless Medically Necessary for the Member and/or required so the Member can operate the equipment
- (NOTE: If the deluxe item is requested when not Medically Necessary, the Approved Amount for the basic item may be applied toward the price of the deluxe item at your option. You are responsible for any costs over the Approved Amount designated by BCN.)
- Items that are not considered medical items
- Duplicate equipment
• Items for comfort and convenience (such as bed boards, bathtub lifts, overhead tables, adjust-a-beds, telephone arms, air conditioners, hot tubs, water beds)
• Physician’s equipment (such as blood pressure cuffs and stethoscopes)
• Disposable supplies (such as sheets, bags, ear plugs, elastic stockings)
• Over the counter supplies including wound care (such as disposable dressing and wound care supplies) in absence of skilled nursing visits in the home
• Exercise and hygienic equipment (such as exercycles, bidet toilet seats, bathtub seats, treadmills)
• Self-help devices that are not primarily medical items (such as sauna baths, elevators, ramps, special telephone or communication devices)
• Equipment that is experimental or for research (See Section 9)
• Needles and syringes for purposes other than for treatment of diabetes
• Repair or replacement due to loss, theft, damage or damage that can be repaired
• Assistive technology and adaptive equipment such as computers, supine boards, prone standers and gait trainers
• Modifications to your home, living area, or motorized vehicles. This includes equipment and the cost of installation of equipment, such as central or unit air conditioners, swimming pools and car seats
• All repairs and maintenance that result from misuse or abuse
• Any late fees or purchase fees if the rental equipment is not returned within the stipulated period of time

8.19 Diabetic Supplies and Equipment
Basic Diabetic Supplies and Equipment are used for the prevention and treatment of clinical diabetes.
Diabetic supplies must be:
• Medically Necessary
• Prescribed by your Primary Care Physician
• Obtained from a BCN Participating Provider

We cover the following:
• Blood glucose monitors
• Test strips for glucose monitors, lancets and spring powered lancet devices, visual reading and urine testing strips
• Syringes and needles
• Insulin pumps and medical supplies required for the use of an insulin pump
• Diabetic shoes and inserts
Diabetic Supplies and Equipment are limited to basic equipment. Special features must be Medically Necessary and Preauthorized by BCN. Replacement of diabetic equipment is covered only when Medically Necessary.

Repair and replacement are covered only when needed as determined by BCN as not resulting from misuse. Repair of the item is covered if it does not exceed the cost of replacement.

In many instances, BCN covers the same items covered by Medicare Part B as of the date of the purchase or rental. In some instances, however, BCN guidelines may differ from Medicare.

For specific Coverage information and to locate a Participating provider, please call Customer Service at the number provided on the back of your BCN ID card.

**Cost Sharing**

50% Coinsurance of the Approved Amount

The 50% Coinsurance applies towards the Out-of-Pocket Maximum

**Exclusions include but are not limited to**

- Replacement due to loss, theft or damage or damage that can be repaired
- Deluxe equipment unless Medically Necessary
- If the deluxe item is requested when not Medically Necessary, the Approved Amount for the basic item may be applied toward the price of the deluxe item at your option. You are responsible for any costs over the Approved Amount designated by BCN for a deluxe item that is prescribed
- Alcohol and gauze pads

**8.20 Prosthetics and Orthotics**

**Definitions**

Prosthetics are artificial Devices that serve as a replacement of a part of the body lost by injury (traumatic) or missing from birth (congenital).

Prosthetic Devices are either:

- **External Prosthetic Devices** - Devices such as an artificial leg, artificial arm or the initial set of prescription lenses for replacement of an organic lens of the eye following Medically Necessary eye surgery (e.g. cataract surgery)

- **Internal Implantable Prosthetic Devices** - Devices surgically attached or implanted during a Preauthorized surgery such as a permanent pacemaker, artificial hip or knee, artificial heart valves, or implanted lens immediately following Preauthorized surgery for replacement of an organic lens of the eye (e.g. cataract surgery)

Orthotics are artificial Devices that support the body and assist in its function (e.g., a knee brace, back brace, etc.)
**Coverage**

Basic Medically Necessary Prosthetics and Orthotics are covered when Preauthorized by BCN and obtained from a Participating Provider. Medically Necessary special features and supplies required are covered if prescribed by the treating physician, Preauthorized by BCN and obtained from a Participating Provider.

Coverage includes but is not limited to the following:

- Implantable or non-implantable breast prostheses required following a Medically Necessary mastectomy;
- Repair, replacement, fitting and adjustments are covered only when needed as determined by BCN resulting from body growth, body change or normal use. Repair of the item will be covered if it does not exceed the cost of replacement; and
- The initial set of prescription lenses (eyeglasses or contact lenses) are covered as a prosthetic device immediately following Preauthorized surgery for replacement of an organic lens of the eye (e.g., cataract surgery).

In many instances, BCN covers the same items covered by Medicare Part B as of the date of the purchase or rental. In some instances, however, BCN guidelines may differ from Medicare.

For specific Coverage information and to locate a Participating provider, please call Customer Service at the number provided on the back of your BCN ID card.

**Cost Sharing**

**External Prosthetic Devices and Orthotics**

50% Coinsurance of the Approved Amount

The 50% Coinsurance applies towards the Out-of-Pocket Maximum.

**Internal Implantable Prosthetic Devices**

Your Inpatient, Outpatient or office visit Benefit applies. The Cost Sharing applies to the Out-of-Pocket Maximum.

**Limitations**

The item must meet the Coverage definition of a Prosthetic or Orthotic device and the following requirements.

- Preauthorized by BCN
- Obtained from a BCN-approved supplier
- Prescribed by your Primary Care Physician or a Participating Provider
- Coverage is limited to the basic items. If a deluxe item is requested, the Approved Amount for the basic item may be applied toward the price of the deluxe item at your option. You are responsible for any costs over the Approved Amount designated by BCN for the different type of item.
Any special features considered Medically Necessary must be Preauthorized by BCN.
Replacement is limited to items that cannot be repaired or modified.

**Exclusions include but are not limited to**
Repair or replacement made necessary because of loss, theft or damage caused by misuse or mistreatment is not covered. Also excluded, by example and not limitation, are the following:

- Sports-related braces
- Dental appliances, including bite splints
- Hearing aids; including bone anchored hearing devices
- Eyeglasses or contact lenses (except after lens surgery as listed above)
- Non-rigid appliances and over-the-counter supplies such as corsets, corrective shoes, wigs and hairpieces
- Over the counter arch supports, foot orthotics
- Shoe inserts that are not attached to leg brace
- Over the counter supplies and disposable supplies such as compression stockings
- Devices that are experimental and research in nature
- Items for the convenience of the Member or care giver
- Repair or replacement due to loss, theft, damage or damage that cannot be repaired
- Duplicate appliances and devices

**8.21 Organ and Tissue Transplants**
We cover organ or body tissue transplant and all related Services. The following conditions must be met:
- Considered non-experimental in accordance with generally accepted medical practice
- Medically Necessary
- Preauthorized by BCN
- Performed at a BCN-approved transplant Facility

Your Inpatient and Outpatient Cost Sharing applies as defined in the Riders attached to this Certificate.

**Donor Coverage**
Donor Coverage for a BCN Recipient
- For a Preauthorized transplant, we cover the necessary Hospital, surgical, laboratory and X-ray Services for a Member and non-Member donor without any Cost Sharing.

Donor Coverage for a non-BCN Recipient
- Member donor Cost Sharing may apply (as defined in your Certificate or Riders) when Preauthorized if the recipient’s health plan does not cover BCN Member donor charges.
Cost Sharing does apply (as defined in this Certificate and Riders) if the recipient’s coverage does not cover the BCN donor charges.

**Exclusions include but are not limited to**
- Community wide searches for a donor

**8.22 Reconstructive Surgery**
Reconstructive surgery is performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function but may also be done to approximate a normal appearance.

Reconstructive Surgery includes the following:
- Correction of a birth defect that affects function
- Breast Reconstructive Surgery following a Medically Necessary mastectomy (including the treatment of cancer) This may include nipple reconstruction, surgery and reconstruction of the other breast to produce a symmetrical appearance, and treatment for physical complications resulting from the mastectomy, including lymphedema
- Repair of extensive scars or disfigurement resulting from any surgery that would be considered a Covered Service under this Certificate
- Disease, accidental injury, burns and/or severe inflammation including but not limited to the following procedures
  - Blepharoplasty of upper lids
  - Panniculectomy
  - Rhinoplasty
  - Septorhinoplasty

We cover Reconstructive Surgery, as defined above, when it is Medically Necessary and Preauthorized by BCN. Your Inpatient or Outpatient Benefit applies.

**Cost Sharing**

**A) Reduction Mammoplasty** (breast reduction surgery for females) when Medically Necessary and Preauthorized by BCN

50% Coinsurance of the Approved Amount of all fees associated with Facility, professional and related Services

The 50% Coinsurance applies toward the Out-of-Pocket Maximum.

**B) Male mastectomy** for treatment of gynecomastia when Medically Necessary and Preauthorized by BCN

50% Coinsurance of the Approved Amount of all fees associated with Facility, professional and related Services
The 50% Coinsurance applies toward the Out-of-Pocket Maximum.

**8.23 Oral Surgery**
We cover oral surgery and X-rays listed below when Medically Necessary and Preauthorized by BCN.

- Treatment of fractures or suspected fractures of the jaw and facial bones and dislocation of the jaw
- Oral surgery and dental services necessary for immediate repair of trauma to the jaw, natural teeth, cheeks, lips, tongue, roof and floor of the mouth
  
  **NOTE:** “Immediate” means treatment within 72 hours of the injury. Any follow-up treatment performed after the first 72 hours post-injury is not covered.
- Anesthesia in an Outpatient Facility setting when Medically Necessary and Preauthorized by BCN
- Surgery for removing tumors and cysts within the mouth

Hospital Services are covered in conjunction with oral surgery when it is Medically Necessary for the oral surgery to be performed in a Hospital setting.

**Exclusions include but are not limited to**

- Anesthesia administered in an office setting
- Rebuilding or repair for cosmetic purposes
- Orthodontic treatment even when provided along with oral surgery
- Surgical preparation for dentures
- Routine dental procedures
- Surgical placement of dental implants including any procedure in preparation for the dental implant such as bone grafts

See Section 9 for additional exclusions.

**8.24 Temporomandibular Joint Syndrome (TMJ) Treatment**

**Definition**
TMJ is a condition of muscle tension and spasms related to the temporomandibular joint, facial and/or cervical muscles that may cause pain, loss of function and/or physiological impairment.

**Coverage**
We cover medical Services and treatment for TMJ listed below when Medically Necessary and Preauthorized by BCN

- Office visits for medical evaluation and treatment
- Specialty Referral for medical evaluation and treatment
- X-rays of the temporomandibular joint, including contrast studies
• Surgery to the temporomandibular joint including, but not limited to, condylectomy, meniscectomy, arthrotomy and arthrocentesis

**Important**: Dental Services are not covered.

**Cost Sharing**
50% Coinsurance of the Approved Amount of all fees associated with Facility, professional and related Services

The 50% Coinsurance applies to the Out-of-Pocket Maximum.

**Exclusions include but are not limited to**
- Dental and orthodontic services, treatment, prostheses and appliances for or related to TMJ treatment
- Dental X-rays
- Dental appliances including bite splints

**8.25 Orthognathic Surgery**

**Definition**
Orthognathic Surgery is the surgical correction of skeletal malformations involving the lower or the upper jaw. A bone cut is usually made in the affected jaw and the bones are repositioned and realigned.

**Coverage**
We cover the Services listed below when Medically Necessary and Preauthorized by BCN:
- Office consultation with Specialist Physician
- Cephalometric study and X-rays
- Orthognathic surgery
- Postoperative care
- Hospitalization – only when it is Medically Necessary to perform the surgery in a Hospital setting

**Cost Sharing**
50% Coinsurance of the Approved Amount of all fees associated with Facility, professional and related Services

The 50% Coinsurance applies toward the Out-of-Pocket Maximum.

**Exclusions include but are not limited to**
- Dental or orthodontic treatment (including braces)
- Prostheses and appliances for or related to treatment for orthognathic conditions
8.26 Weight Reduction Procedures
We cover weight reduction procedures and surgery when Medically Necessary and Preauthorized by BCN. You must meet the BCN medical criteria and the established guidelines related to the procedure.

Cost Sharing
50% Coinsurance of the Approved Amount of all fees associated with Facility, professional and all related Services

The 50% Coinsurance applies to the Out-of-Pocket Maximum.

Benefit Maximum
Surgical treatment of obesity is limited to once per lifetime unless Medically Necessary as determined by BCN.

8.27 Prescription Drugs and Supplies
Prescription drugs and supplies are covered only if a BCN Participating Provider certifies to BCN and BCN agrees that the Covered drug in question is Medically Necessary for the Member, based on BCN's approved criteria. Those Covered drugs are not payable without Prior Authorization by BCN.

A) Prescription Drugs Received while you are an Inpatient
We cover prescription drugs and supplies as medical Benefits when prescribed and received during a Covered Inpatient Hospital stay.

B) Cancer Drug Therapy
We cover cancer drug therapy and the cost of administration. The drug must be approved by the U. S. Food and Drug Administration (FDA) for cancer treatment.

Coverage is provided for the drug, regardless of whether the cancer is the specific cancer the drug was approved by the FDA to treat, if all of the following conditions are met:
- The treatment is Medically Necessary and Preauthorized by BCN
- Ordered by a physician for the treatment of cancer
- Approved by the FDA for use in cancer therapy
- The physician has obtained informed consent from the Member or their representative for use of a drug that is currently not FDA approved for that specific type of cancer
- The drug is used as part of a cancer drug regimen
- The current medical literature indicates that the drug therapy is effective, and recognized cancer organizations generally support the treatment

Cancer Drug Therapy – Covered in full
Cost of administration – Covered in full
Coordination of Benefits for cancer therapy drugs: If you have BCN Prescription Drug Rider or coverage through another plan, your BCN Prescription Drug Rider or your other plan will cover drugs for cancer therapy that are self administered first before Coverage under this Certificate will apply.

C) Injectable Drugs

The following drugs are covered as medical Benefits:

- Injectable and infusible drugs administered in a Facility setting
- Injectable and infusible drugs requiring administration by a health professional in a medical office, home or Outpatient Facility

We may require selected Drugs be obtained through a BCN approved designated supplier. BCN will manage the treatment setting for infusible drug services and may direct you to an infusion center or home setting.

Selected injectable drugs in certain categories and drugs that are not primarily intended to be administered by a health professional are covered only if you have a BCN Prescription Drug Rider.

Exclusions include but are not limited to

- Drugs not approved by the FDA
- Drugs not reviewed or approved by BCN
- Experimental or investigational drugs as determined by BCN
- Self-administered drugs as defined by the FDA are not covered under your medical benefit. This includes self-administered drugs for certain diseases such as:
  - Arthritis
  - Hepatitis
  - Multiple sclerosis
  - Certain other illnesses or injuries

Self-administered drugs are covered only when you have a BCN Prescription Drug Rider.

D) Outpatient Prescription Drugs

We do not cover Outpatient prescription drugs and supplies unless you have a BCN Prescription Drug Rider. (See Section 9)
8.28 Clinical Trials

Definition

Approved Clinical Trial means a Phase I, II, III or IV clinical trial that is conducted for the prevention, detection or treatment of cancer or other life-threatening disease or condition, and includes any of the following:

- A federally funded trial, as described in the Patient Protection and Affordable Care Act
- A trial conducted under an investigational new drug application reviewed by the FDA
- A drug trial that is exempt from having an investigational new drug application
- A study or investigation conducted by a federal department that meets the requirements of Section 2709 of the Patient Protection and Affordable Care Act

Clinical Trials of experimental drugs or treatments proceed through four phases:

- Phase I: Researchers test a new drug or treatment in a small group of people (20-80) for the first time to evaluate its safety, to determine a safe dosage range and to identify side effects. Phase I trials do not determine efficacy and may involve significant risks as these trials represent the initial use in human patients.
- Phase II: The study drug or treatment is given to a larger group of people (100-300) to see if it is effective and further evaluate its safety.
- Phase III: If a treatment has shown to be effective in Phase II, it is subjected to additional scrutiny in Phase III. In this phase, the sample size of the study population is increased to between 1,000 and 3,000 people. The goals in Phase III are to confirm the effectiveness noted in Phase II, monitor for side effects, compare the study treatment against current treatment protocols, and collect data that will facilitate safe use of the therapy or treatment under review.
- Phase IV: These studies are done after the drug or treatment has been marketed or the new treatment has become a standard component of patient care. These studies continue testing the study drug or treatment to collect information about their effect in various populations and any side effects associated with long-term use. Phase IV studies are required by the FDA when there are any remaining unanswered questions about a drug, device or treatment.

Experimental or Investigational is a service that has not been scientifically demonstrated to be as safe and effective for treatment of the Member’s condition as conventional or standard treatment in the United States.

Life-threatening Condition means any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted.

Qualified Individual means a Member eligible for Coverage under this Certificate who participates in an Approved Clinical Trial according to the trial protocol for treatment of cancer or other life-threatening disease or condition and either:

- The referring provider participated in the trials and has concluded that the Member’s participation in it would be appropriate because the Member meets the trial’s protocol
or

- The Member provides medical and scientific information establishing that the Member’s participation in the trial would be appropriate because he/she meets the trial’s protocol

**Routine Patient Costs** means all items and Services related to an approved clinical trial if they are covered under this Certificate or any attached Riders for Members who are not participants in an Approved Clinical Trial. They do not include:

- The investigational item, device or Service itself
- Items and Services provided solely to satisfy data collection and analysis needs that are not used in the direct clinical management of the Member

or

- A Service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis

**Coverage**

We cover the routine costs of items and Services related to Phase I, Phase II, Phase III and Phase IV Clinical Trials whose purpose is to prevent, detect or treat cancer or other life-threatening disease or condition.

Experimental treatment and Services related to the Experimental treatment are covered when all of the following are met:

- BCN considers the Experimental treatment to be conventional treatment when used to treat another condition (i.e., a condition other than what you are currently being treated for)
- Treatment is provided as conventional treatment
- The Services related to the Experimental treatment are related to conventional treatment
- The Experimental treatment and related Services are provided during BCN-approved clinical trial (check with your provider to determine whether a Clinical Trial is approved by BCN)

NOTE: This Certificate does not limit or preclude the use of antineoplastic or off-label drugs when Michigan law requires that these drugs, and the reasonable cost of their administration be covered.

**Limitations and exclusions include but are not limited to**

- The Experimental or Investigational item, device or Service itself
- Experimental treatment or Services related to Experimental treatment, except as explained under “Coverage” above
- Items and Services provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the Member
- A service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis
- Administrative costs related to Experimental treatment or for research management
- Coverage for Services not otherwise covered under this Certificate
• Drugs or devices provided to you during a BCN approved oncology clinical trial will be covered only if they have been approved by the FDA, regardless of whether the approval is for treatment of the Member's condition, and to the extent they are not normally provided or paid for by the sponsor of the trial or the manufacturer, distributor or provider of the drug or device.

• Complications resulting from an Experimental procedure

8.29 Gender Dysphoria Treatment

Definition

Gender Dysphoria
A broad diagnosis that covers a person's emotional discontent with the gender they were assigned at birth. A clinical diagnosis is made when a person meets the specific criteria set out in the current Diagnostic and Statistical Manual of Mental Disorders (DSM).

Gender Reassignment Services
A collection of Services that are used to treat Gender Dysphoria. These Services must be considered Medically Necessary and may include hormone treatment and/or gender reassignment surgery, as well as counseling and psychiatric services.

Coverage
We cover Services for the treatment of Gender Dysphoria when determined to be Medically Necessary, Preauthorized by BCN and performed by BCN Participating Providers. The Provider must supply documentation supporting that you meet the BCN medical criteria and established guidelines.

Cost Sharing
Your Inpatient and Outpatient Benefit Cost Sharing applies including office consultations as defined in the applicable Riders attached to this Certificate.

Exclusions include but are not limited to
• Gender reassignment services that are considered cosmetic
• Experimental or investigational treatment
Section 9: Exclusions and Limitations

This section lists many of the exclusions and limitations of your Coverage. Please refer to a specific Service in Section 8 and attached Riders for more exclusions and limitations.

9.1 Unauthorized and Out of Network Services

Except for Emergency care as specified in Section 8 health, medical and hospital Services are covered only when:
- Provided by a Participating Provider
- Preauthorized by BCN for select Services

9.2 Services Received While a Member

We will only pay for Covered Services you receive while you are a Member and covered under this Certificate and attached Riders.

A Service is considered to be received on the date on which Services or supplies are provided to you. We can collect from you all costs for Covered Services that you receive and we pay for after your Coverage terminates, plus our cost of recovering those charges (including attorney’s fees).

9.3 Services that are not Medically Necessary

Services that are not Medically Necessary are not covered unless specified in this Certificate. The Medical Director makes the final determination based upon BCN internal medical policies.

9.4 Non-Covered Services

We do not pay for these Services:
- Services that do not meet the terms and guidelines of this Certificate and attached Riders
  - Office visits, exams, treatments, tests and reports for any of the following
    - Employment
    - Insurance
    - Travel (immunizations for purposes of travel or immigration are a covered benefit)
    - Licenses and marriage license application
    - Legal proceedings such as parole, court and paternity requirements
    - School purposes or camp registration, sports physicals
    - Educational and behavioral evaluations performed at school
    - Completion or copying of forms or medical records, medical photography charges
    - Interest on late payments and charges for failure to keep scheduled appointments
- Expenses of travel and transportation and/or lodging, except for covered Ambulance Services
- Autopsies
- Employment related counseling
- Modifications to a house, apartment or other domicile for purposes of accommodating persons with medical conditions or disabilities;
• Fees incurred for collections, processing and storage of blood, cells, tissue, organs or other bodily parts in a family, private or public bank or other facility without immediate medical indication
• Testing to determine legal parentage
• Services performed by a provider with your same legal residence
• Services performed by a provider who is a family member
• Food, dietary supplements and metabolic foods
• Private duty nursing
• Routine foot care, including corn and callous removal, nail trimming and other hygienic or maintenance care
• Services outside the scope of practice of the servicing provider
• All facility, ancillary and physician services, including diagnostic tests, related to experimental or investigational procedures
• Late fees
Experimental or investigational procedures, treatments, drugs or devices

9.5 Cosmetic Surgery
Cosmetic surgery is surgery primarily to improve appearance or self-esteem but does not correct or materially improve a physiological function.

We do not pay for cosmetic surgery including but not limited to:
• Elective rhinoplasty
• Spider vein repair
• Breast augmentation

We do not pay for any related service such as pre-surgical care, follow-up care and reversal or revision of surgery.

9.6 Prescription Drugs
We do not pay for the following drugs:
• Outpatient prescription drugs
• Over-the-counter drugs
• Products or any medicines incidental to Outpatient care except as defined in Section 8

However, you may have a Prescription Drug Rider offered by your Group and added to your Coverage.

9.7 Military Care
We do not cover any diseases or disabilities connected with military service if you are legally entitled to obtain services from a military Facility and such a Facility is available within a reasonable distance.
9.8 Custodial Care
We do not pay for Custodial Care. Custodial Care is primarily for maintaining your basic needs for food, shelter, housekeeping services and clothing.

This means that Custodial Care is not covered in settings such as your home, a nursing home, residential institution or any other setting that is not required to support medical and Skilled Nursing care.

9.9 Comfort Items
We do not pay for comfort items:
- Personal comfort items
- Convenience items
- Telephone
- Television or similar items

9.10 Mental Health/Substance Use Disorder
We do not pay for the following services:
- Care provided by Non-Participating facilities except for emergency admissions to the point of stabilization
- Psychoanalysis and open-ended psychotherapy
- Custodial (non-skilled) Care when received in a home or facility on a temporary or permanent basis. Examples of such care include three-quarter house or half-way house placement, room and board, health care aids and personal care designed to help in activities of daily living (ADL) or to keep from continuing unhealthy activities
- Transitional living centers such as three-quarter house or half-way house, therapeutic, boarding schools, domiciliary foster care and milieu therapies such as wilderness programs, other supportive housing, and group homes
- Maintenance treatments for caffeine and opiate addiction
- Treatment of Chronic illnesses is limited to
  - Treatment that is Medically Necessary to prevent an Acute episode of Chronic illness
  - Treatment of Acute exacerbation of Chronic illness (any level of care, subject to other exclusions)
- Services available through the public sector. Such services include, but are not limited to, psychological and neurological testing for educational purposes, services related to adjustment to adoption, group home placement or Assertive Community Treatment
- Treatment programs that have predetermined or fixed lengths of care
- Court ordered examinations, tests, reports or treatments that do not meet requirements for Mental Health or Substance Use Disorder Coverage
- Marital counseling services
- Religious oriented counseling provided by a religious counselor who is not a Participating Provider
- Gambling addiction issues
• Care, services, supplies or procedures that is cognitive in nature (such as memory enhancement, development or retraining)
• Treatment of or programs for sex offenders or perpetrators of sexual or physical violence
• Services to hold or confine a person under chemical influence when no medical services are required
• The costs of a private room or apartment;
• Non-medical services including enrichment programs like:
  – Dance therapy
  – Art therapy
  – Equine therapy
  – Ropes courses
  – Music therapy
  – Yoga and other movement therapies
  – Guided imagery
  – Consciousness raising
  – Socialization therapy
  – Social outings and education/preparatory courses or classes

9.11 Court Related Services
• We do not cover court ordered services including but not limited to pretrial and court testimony, court-ordered exams or the preparation of court-related reports that do not meet health care coverage requirements.
• We do not cover court-ordered treatment for substance use disorder or mental illness except as specified in Section 8.
• We shall not be liable for any loss to which a contributing cause was the Member’s commission of or attempt to commit a felony or to which a contributing cause was the Member’s engagement in an illegal occupation.

9.12 Elective Procedures
We do not pay for elective procedures:
• Reversal of a surgical sterilization
• All services, supplies and medications relating to Elective Abortions (unless covered by an applicable Rider)
• In vitro fertilization (IVF) procedures, such as GIFT-gamete intrafallopian transfer or ZIFT-zygote intrafallopian transfer and all related services
• Artificial insemination except for treatment of infertility
• Genetic testing and counseling for non-Members for any purpose.

9.13 Maternity Services
We do not pay for these maternity services:
• Lamaze, parenting or other similar classes
Services and supplies provided by a lay-midwife for home births
All services provided to non-member surrogate parents

9.14 Dental Services
We do not pay for dental services including but not limited to:
- Routine dental services and procedures
- Diagnose or treatment of dental disease
- Dental prostheses, including implants and dentures and preparation of the bone to receive implants or dentures
- Restoration or replacement of teeth
- Orthodontic care
- X-rays or anesthesia administered in the dental office for dental procedures even if related to a medical condition or treatment, except as specifically stated in Section 8 Oral Surgery
- Initial evaluation and services when obtained later than 72 hours after the injury or traumatic occurrence
- Prosthetic replacement of teeth that had been avulsed or extracted as a result of a trauma
- Repair of damage to fixed or removable bridges, dentures, veneers, bondings, laminates or any other appliance or prosthesis placed in the mouth or on or about the teeth

9.15 Services Covered Through Other Programs
We do not pay for services that are covered through other programs.
- Under an extended benefits provision of any other health insurance or health benefits plan, policy, program or Certificate
- Under any other policy, program, contract or insurance as stated in General Provisions, Section 2 “Other Party Liability”. (The General Provisions chapter describes the rules of your health care Coverage.)
- Under any public health care, school, or public program supported totally or partly by State, Federal or Local governmental funds, except where BCN is made primary by law
- The following are excluded to the extent permitted by law:
  - Services and supplies provided in a Non-Participating Hospital owned and operated by any Federal, State or other governmental entity
  - Services and supplies provided while in detention or incarcerated in a facility such as youth home, jail or prison, when in the custody of law enforcement officers or on release for the sole purpose of receiving medical treatment
- Services and supplies provided under any contractual, employment or private arrangement, (not including insurance) that you made that promises to provide, reimburse or pay for health, medical or hospital services
- Emergency Services paid by foreign government public health programs
- Any services whose costs are covered by third parties (including, but not limited to, employer paid services such as travel inoculations and services paid for by research sponsors)
9.16 Alternative Services
We do not pay for alternative services. Alternative treatments are not used in standard Western medicine. It is not widely taught in medical schools.

Services include but are not limited to:
- Acupuncture
- Hypnosis
- Biofeedback
- Herbal treatments
- Massage therapy
- Therapeutic touch
- Aromatherapy
- Light therapy
- Naturopathic medicine (herbs and plants)
- Homeopathy
- Yoga
- Traditional Chinese medicine

We do not cover evaluations and office visits related to alternative services.

9.17 Vision Services
We do not pay for vision services:
- Radial keratotomy
- Laser-Assisted in situ Keratomileusis (LASIK)
- Routine non-medically necessary vision and optometric exams
- Refractions, unless Medically Necessary
- Glasses, frames and contact lenses except as defined in Section 8
- Dilation
- Visual training or visual therapy for learning disabilities such as dyslexia

9.18 Hearing Aid Services
We do not pay for hearing aids, services or items:
- Audiometric examination to evaluate hearing and measure hearing loss including, but not limited to, tests to measure hearing acuity related to air conduction, speech reception threshold, speech discrimination and/or a summary of findings
- Hearing aid evaluation assessment tests or exams to determine what type of hearing aid to prescribe to compensate for loss of hearing
- Hearing aid(s) to amplify sound and improve hearing
- Bone anchored hearing devices or surgically implanted bone conduction hearing aid
- Conformity evaluation test to verify receipt of the hearing aid, evaluate its comfort, function and effectiveness or adjustments to the hearing aid
9.19 Out of Area Services

Except as otherwise stated, Services under this Certificate are covered only when provided in the BCN Service Area.

Services received outside of Michigan are administered through BlueCard, a Blue Cross® and Blue Shield® Association program. Please refer to the attached BlueCard Rider for specific details on how services are paid. It tells you what you must pay under the exclusions and limitations of this Rider.

Non-routine elective services provided through BlueCard must be Preauthorized by BCN and must follow all BCN Coverage provisions.

For more information about Out of Area Services go to bcbsm.com or call Customer Service at the number shown on the back of your BCN ID card.
We speak your language
If you, or someone you’re helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta, o 877-469-2583, TTY: si usted todavía no es un miembro.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprète, rivolgeti al Servizio Assistenza al numero indicato sul retro della tua scheda o chiama il 877-469-2583, TTY: 711 se non sei ancora membro.

如果您，或您正在协助的对象，需要协助，您有权利免费以您的母语得到帮助和讯息。要咨询一位翻译员，请拨打您的卡背面的客户服务电话；如果您还不是会员。请拨打电话 877-469-2583，TTY: 711。

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thể thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một đồng chí viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thiết của quý vị, hoặc 877-469-2583, TTY: 711 nếu quý vị chưa phải là một thành viên.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thể thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một đồng chí viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thiết của quý vị, hoặc 877-469-2583, TTY: 711 nếu quý vị chưa phải là một thành viên.

falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an oder 877-469-2583, TTY: 711, wenn Sie noch kein Mitglied sind.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thể thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một đồng chí viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thiết của quý vị, hoặc 877-469-2583, TTY: 711 nếu quý vị chưa phải là một thành viên.

重要的公告
Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: CivilRights@bcbsm.com. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at
Important Information

The Certificate of Coverage provides you with important information about your health care benefits including Preauthorization requirements. This Rider provides you with additional information about your Cost Sharing and Benefit Maximums when you receive health care services. Read the entire Certificate of Coverage and all attached Riders carefully.

This Rider is issued to you in connection with your Certificate of Coverage. It is effective on the date indicated in notice to your Group. This amends the General Provisions and Your Benefits sections in your Certificate as set forth below:

Chapter 1 - GENERAL PROVISIONS

Section 2.2
If the Member is covered under motor vehicle or motorcycle insurance which provides health benefits for injuries received in an accident involving a motor vehicle or motorcycle, then the motor vehicle or motor cycle insurance will be the Primary Plan and this Benefit Plan will be the Secondary Plan. Coverage does not allow for “double-dipping” whereby you would recover payment for the same services from both BCN and the automobile or no-fault carrier. “Accident” as used in this Rider means an incident, loss, or damaging event involving the ownership, operations, maintenance, or use of a motor vehicle or motor cycle regardless of whether the accident also involves another object, structure, person, or motor vehicle or non-motorized vehicle.

The term “motor vehicle” means an automobile, truck, or motor driven trailer, or other vehicle with at least 4 wheels which is the type of vehicle normally intended for use on paved roads or highways. “Motorcycle” means a two wheeled motor powered vehicle for use on paved roads or highways. Motor vehicle and motorcycle does not include a snowmobile, motor boat, all terrain vehicle, or similar type of motor driven vehicle which is not intended for use on paved roads and highways.

Chapter 2 - YOUR BENEFITS

Section 8 Your Benefits

Cost Sharing

<table>
<thead>
<tr>
<th>Deductible</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coinsurance</td>
<td>20% and 50% for select services</td>
</tr>
<tr>
<td>Copayments</td>
<td>$ 15 per office visits</td>
</tr>
</tbody>
</table>

January 1, 2018
A. **COINSURANCE**

20% Coinsurance of the BCN Approved Amount applies to the following Covered Services:

- Durable Medical Equipment;
- Diabetic supplies and equipment; and
- Prosthetics and Orthotics.

NOTE: Some select services that apply a 50% Coinsurance as defined in your Certificate of Coverage remain unchanged. See Cost Sharing Summary below for additional details.

B. **COPAYMENTS/COPAY**

Copayments apply to the following Covered Services (see Cost Sharing Summary below for specific Copayment amounts):

- Primary Care Physician office visits;
- Postnatal visits;
- Referral Physician office visits;
- Inpatient hospital admission including maternity delivery;
- Outpatient surgical services;
- Hospital emergency room services;
- Urgent care visits;
- Home health care visits;
- Outpatient mental health and substance abuse care; and

C. **COST SHARING SUMMARY**

Copayments and Coinsurance paid for covered medical and pharmacy services apply to the annual Out-of-Pocket Maximum. Once you reach your annual Out-of-Pocket Maximum, you do not pay Copayment and Coinsurance for the remainder of the year.
Your Cost Sharing is calculated as follows:

<table>
<thead>
<tr>
<th>COST SHARING SUMMARY</th>
<th>COST SHARING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>None</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>20% and 50% for select services</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum - includes Copay and Coinsurance amounts for all covered services including prescription drugs.</td>
<td>$6,450 per Member $12,900 per contract</td>
</tr>
</tbody>
</table>

### COVERAGE

#### Professional Physician Services

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>COST SHARING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician office visit</td>
<td>$15 Copay per visit</td>
</tr>
<tr>
<td>Referral Physician office visit</td>
<td>$30 Copay per visit</td>
</tr>
<tr>
<td>Maternity Care</td>
<td>Covered - 100% $15 Copay per visit</td>
</tr>
<tr>
<td>Prenatal visits</td>
<td>Covered - 100%</td>
</tr>
<tr>
<td>Post natal visits</td>
<td>$30 Copay per visit</td>
</tr>
<tr>
<td>Home Visits</td>
<td>Covered - 100%; office visit Copay may apply</td>
</tr>
<tr>
<td>Allergy testing, therapy and injections</td>
<td>$30 Copay per visit; requires PCP referral; unlimited visits</td>
</tr>
<tr>
<td>Chiropractic Spinal Manipulations</td>
<td>$30 Copay per visit; requires PCP referral; unlimited visits</td>
</tr>
</tbody>
</table>

#### Inpatient Hospital Services

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>COST SHARING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room &amp; board, general nursing care, maternity care and routine and nursery care</td>
<td>$250 Copay per admission</td>
</tr>
</tbody>
</table>

#### Outpatient Surgical Services

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>COST SHARING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Surgical Services</td>
<td>$100 Copay per visit; other outpatient services covered 100%</td>
</tr>
</tbody>
</table>

#### Emergency and Urgent Care

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>COST SHARING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Emergency Room</td>
<td>$100 Copay per visit; waived if admitted as an inpatient</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$15 Copay per visit</td>
</tr>
</tbody>
</table>

#### Ambulance

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>COST SHARING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance – when medically necessary</td>
<td>Covered - 100%</td>
</tr>
</tbody>
</table>

#### Reproductive Care and Family Planning

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>COST SHARING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Termination of Pregnancy</td>
<td>Covered - 100%</td>
</tr>
<tr>
<td>Genetic Testing</td>
<td>Covered - 100%; office visit Copay may apply</td>
</tr>
<tr>
<td>Voluntary Sterilization for males and females</td>
<td>Covered - 100%</td>
</tr>
<tr>
<td>Infertility Diagnosis and Treatment</td>
<td>Covered - 50% Coinsurance</td>
</tr>
<tr>
<td>Service</td>
<td>Coverage</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td><strong>Skilled Nursing Care</strong></td>
<td>Covered - 100%</td>
</tr>
<tr>
<td><strong>Hospice Care</strong></td>
<td>Covered - 100%</td>
</tr>
<tr>
<td><strong>Home Health Care Services</strong></td>
<td>$30 Copay per visit</td>
</tr>
<tr>
<td><strong>Home Infusion Therapy Services</strong></td>
<td>Covered - 100%</td>
</tr>
<tr>
<td><strong>Mental Health Care</strong></td>
<td></td>
</tr>
<tr>
<td>Inpatient/Residential/Partial Mental Health</td>
<td>Covered - 100%</td>
</tr>
<tr>
<td>Hospitalization</td>
<td></td>
</tr>
<tr>
<td>Outpatient Mental Health/Intensive</td>
<td>$15 Copay per visit</td>
</tr>
<tr>
<td><strong>Autism Spectrum Disorders</strong>: See the Certificate of Coverage for additional information.</td>
<td></td>
</tr>
<tr>
<td>Applied Behavioral Analysis</td>
<td>$15 Copay per visit</td>
</tr>
<tr>
<td>Outpatient Physical and Speech Therapy</td>
<td>$30 Copay per visit</td>
</tr>
<tr>
<td><strong>Substance Abuse Services/Chemical Dependency</strong></td>
<td></td>
</tr>
<tr>
<td>Inpatient Substance Abuse</td>
<td>Covered - 100%</td>
</tr>
<tr>
<td>Outpatient/Intensive Outpatient</td>
<td>$15 Copay per visit</td>
</tr>
<tr>
<td><strong>Outpatient Therapy Services</strong></td>
<td>$30 Copay per visit</td>
</tr>
<tr>
<td>Outpatient Therapy Services - benefit maximum limited to one period of treatment for any combination of therapies within 60 consecutive days per medical episode</td>
<td></td>
</tr>
<tr>
<td><strong>Durable Medical Equipment</strong></td>
<td>Covered - 20% Coinsurance</td>
</tr>
<tr>
<td><strong>Diabetic Supplies and Equipment</strong></td>
<td>Covered - 20% Coinsurance</td>
</tr>
<tr>
<td><strong>Prosthetics and Orthotics</strong></td>
<td>Covered - 20% Coinsurance</td>
</tr>
<tr>
<td><strong>Organ and Tissue Transplants</strong></td>
<td>$250 Copay per admission</td>
</tr>
</tbody>
</table>
### Reconstructive Surgery

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reconstructive Surgery</td>
<td>Your inpatient Copayment, outpatient surgery Copayment or office visit benefit applies.</td>
</tr>
<tr>
<td>Reduction mammoplasty and male mastectomy</td>
<td>Covered - 50% Coinsurance</td>
</tr>
</tbody>
</table>

### Oral Surgery

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Surgery</td>
<td>Your inpatient Copayment, outpatient surgery Copayment or office visit benefit applies.</td>
</tr>
</tbody>
</table>

### Temporomandibular Surgery

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporomandibular Surgery</td>
<td>Covered - 50% Coinsurance</td>
</tr>
</tbody>
</table>

### Orthognathic Surgery

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthognathic Surgery</td>
<td>Covered - 50% Coinsurance</td>
</tr>
</tbody>
</table>

### Weight Reduction Procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight Reduction Procedures</td>
<td>Covered - 100% after meeting the inpatient admission Copayment.</td>
</tr>
</tbody>
</table>

All other provisions of your Certificate of Coverage remain unchanged.

**D. GENERAL PROVISIONS:**

1. In the event a Member’s Coverage under the Certificate of Coverage terminates, this Rider will terminate automatically without further action or notice by BCN.

2. Until further notice, all terms, limitations, exclusions, and conditions of the Certificate of Coverage remain unchanged except as provided in this Rider.

3. This Rider is only available to self-funded Group Health Plans.
This Rider is issued to you in connection with your Certificate of Coverage. It is effective on the date adopted by your Group. The Certificate is amended as follows:

Online Visits through American Well® Online Care Group are not a covered benefit. Medical and Behavioral Health Online visits are excluded from coverage through AmWell. Other online visits performed by a BCN Participating Provider will continue to be covered.

GENERAL PROVISIONS

1. In the event a Member's coverage under the Certificate of Coverage terminates this Rider will terminate automatically without further action or notice by BCN.

2. Until further notice, all terms, limitations, exclusions, and conditions of the Member Certificate remain unchanged except as provided in this Rider.

3. This Rider is only available to self-funded Group Health Plans.
Group Health Plan Self-funded Policy Rider

This Rider is issued to you in connection with your Certificate of Coverage. It is effective on the date indicated in notice to your Group. This Rider amends your Certificate of Coverage to the following:

The Group Health Plan is self-funded, which means that the Benefits are paid from the Group funds and are not provided through an insurance contract. Blue Care Network (“BCN”) administers the benefit plan for your employer and provides administrative claims payment services only. BCN does not insure the coverage nor do we assume any financial risk or obligation with respect to claims.

The Benefits offered under your Coverage are in accordance with the Administrative Services Contract (“ASC”).

The Certificate of Coverage and any attached Riders, along with any booklets and/or guidelines provided by the Group or eligibility and enrollment policies maintained by the Group serve as the Group Health Plan document. Please read these documents carefully and keep them with your personal records for future reference.

The Group reserves the right to interpret and resolve conflicts between any statements in the Certificate of Coverage and attached Riders that conflict with the Group’s booklets, summaries or other benefit related documents.

The following sections replace the sections in your Certificate of Coverage:

**DEFINITIONS**

*Group Health Plan* means the benefits plan provided by your Group.

**GENERAL PROVISIONS**

### 3.5 Grievance Procedure

If you have a complaint or grievance regarding any aspect of the services received, you must follow the Group Health Plan grievance procedure. You receive a copy of this procedure when you become a Member and it is included in your Member Handbook. You also may obtain a copy at any time by contacting Customer Service at the number provided on the back of your BCN ID card.
Section 5: Termination of Coverage

5.1 Termination of Group Coverage
Coverage described in this Certificate of Coverage will continue in effect for the period of time the ASC remains in effect. The ASC and Coverage continue from year to year, subject to the rights of the Group, Group Health Plan and BCN to terminate the ASC. Coverage for Members will terminate on the date the ASC is terminated as permitted by law.

5.2 Termination for Nonpayment

Nonpayment by Group
- If a Group fails to reimburse BCN according to the terms of the ASC, BCN may terminate the ASC.
- If the ASC is terminated for nonpayment, any services received by Members after the date of termination and paid by BCN will be charged to the Member or, as permitted by law, to the Group.

7.8 Time Limit for Legal Action
Legal Actions: No action at law or in equity shall be brought to recover on this policy prior to the expiration of 60 days after written Proof of Loss has been furnished as required by this Certificate of Coverage.

No such action shall be brought after the expiration of two years after the time written Proof of Loss is required to be furnished.

You may not file a legal action unless you have first followed the Group Health Plan grievance process.

7.11 Amendments
- Coverage is subject to amendment, modification or termination in accordance with the terms of the Group Health Plan.
- Such changes must be made in accordance with the terms of the ASC or by mutual agreement between the Group, Group Health Plan and BCN.

9.19 Out of Area Services
If you receive Covered Services in another state, the claims will be processed through the BlueCard® Program. It does not expand your Coverage to include out-of-state providers. It defines the payment method used should an incidental out-of-state claim be incurred.

Out-of-Area Services

Overview
Blue Care Network ("BCN") has a variety of relationships with other Blue Cross and/or Blue Shield Licensees referred to generally as “Inter-Plan Arrangements.” These Inter-Plan Arrangements operate under rules and procedures issued by the Blue Cross Blue Shield Association (“Association”). Whenever you, the Member, access healthcare services outside the geographic area we serve, the claim for those services may be processed through one of these Inter-Plan Arrangements. The Inter-Plan Arrangements are described generally below.

Typically, when accessing care outside the geographic area BCN serves, you obtain care from healthcare providers that have a contractual agreement (“participating providers”) with the local Blue Cross and/or Blue Shield Licensee in that other geographic area (“Host Blue”). In some instances, you may obtain care from providers in the Host Blue geographic area that do not have a contractual agreement (“nonparticipating providers” with the Host Blue. BCN remains responsible for fulfilling our contractual obligations to you. Our payment practices in both instances are described below.

Your Group’s Health Plan covers only limited healthcare services received outside of our Service Area. As used in this section “Out-of-Area Covered Healthcare Services” include, emergency care, urgent care, and/or follow-up care obtained outside the geographic area we serve, subject to BCN coverage rules. Any other services will not be covered when processed through any Inter-Plan Arrangements, unless Preauthorized by your Primary Care Physician (“PCP”) or BCN.

Inter-Plan Arrangements Eligibility – Claim Types

All claim types are eligible to be processed through Inter-Plan Arrangements, as described above, except for all Dental Care Benefits except when paid as medical claims/benefits, and those Prescription Drug Benefits or Vision Care Benefits that may be administered by a third party contracted by BCN to provide the specific service or services.

A. BlueCard® Program

The BlueCard® Program is an Inter-Plan Arrangement. Under this Arrangement, when you access Out-of-Area Covered Healthcare Services outside the BCN Service Area, the Host Blue will be responsible for contracting and handling all interactions with its participating providers.

The financial terms of the BlueCard Program are described generally below.

Liability Calculation Method Per Claim

Unless subject to a fixed dollar Copayment, the calculation of the Member liability on claims for Out-of-Area Covered Healthcare Services processed through the BlueCard Program will be based on the lower of the providers billed charges for Out-of-Area Covered Healthcare Services or the negotiated price made available to us by the Host Blue.

Host Blues determine a negotiated price, which is reflected in the terms of each Host Blue’s healthcare provider contracts. The negotiated price made available to BCN by the Host Blue may be represented by one of the following:
(i) An actual price. An actual price is a negotiated rate of payment in effect at the time a claim is processed without any other increases or decreases; or

(ii) An estimated price. An estimated price is a negotiated rate of payment in effect at the time a claim is processed, reduced or increased by a percentage to take into account certain payments negotiated with the provider and other claim- and non-claim-related transactions. Such transactions may include, but are not limited to, anti-fraud and abuse recoveries, provider refunds not applied on a claim-specific basis, retrospective settlements and performance-related bonuses or incentives; or

(iii) An average price. An average price is a percentage of billed charges for Out-of-Area Covered Healthcare Services in effect at the time a claim is processed representing the aggregate payments negotiated by the Host Blue with all of its providers or a similar classification of its providers and other claim- and non-claim-related transactions. Such transactions may include the same ones as noted above for an estimated price.

The Host Blue determines whether or not it will use an actual price, an estimated price or an average price. The use of estimated or average pricing may result in a difference (positive or negative) between the price you pay on a specific claim and the actual amount the Host Blue pays to the provider. However, the BlueCard Program requires that the amount paid by the Member is a final price; no future price adjustment will result in increases or decreases to the pricing of past claims.

B. Nonparticipating Providers Outside of the BCN Service Area

1. Member Liability Calculation

When Out-of-Area Covered Healthcare Services are provided outside of the BCN Service Area by nonparticipating providers, the amount(s) you pay for such services will generally be based on either the Host Blue’s nonparticipating provider local payment or the pricing arrangements required by applicable state law. In these situations, you may be responsible for the difference between the amount the nonparticipating healthcare provider bills and the payment BCN will make for Out-of-Area Covered Healthcare Services as set forth in this paragraph. Payments for out-of-network emergency services will be governed by applicable federal and state law.

2. Exceptions

In some exception cases, BCN may pay claims from nonparticipating providers for Out-of Area Covered Healthcare Services based on the provider’s billed charge. This may occur in situations where you did not have reasonable access to a participating provider, as determined by BCN in our sole and absolute discretion or by applicable state law. In other exception cases, BCN may pay such a claim based on the payment BCN would make if BCN were paying a nonparticipating provider for the same Covered Healthcare Services inside of BCN Service Area, as described elsewhere in this contract. This may occur where the Host Blue’s corresponding payment would be more than BCN in-Service Area nonparticipating provider payment. BCN may choose to negotiate a payment with such a provider on an exception basis.
Unless otherwise stated, in any of these exception situations, you may be responsible for the difference between the amount that the nonparticipating provider bills and the payment BCN will make for the covered services as set forth in this paragraph.

C. Blue Cross Blue Shield Global Core

If you are outside the United States, (the Commonwealth of Puerto Rico and the U.S. Virgin Islands) (hereinafter: “BlueCard Service Area”), you may be able to take advantage of the Blue Cross Blue Shield Global Core when accessing Covered Healthcare Services. The Blue Cross Blue Shield Global Core is unlike the BlueCard Program available in the United States, the Commonwealth of Puerto Rico and the U.S. Virgin Islands in certain ways. For instance, although the Blue Cross Blue Shield Global Core assists you with accessing a network of inpatient, outpatient and professional providers, the network is not served by a Host Blue. As such, when you receive care from providers outside the United States, the Commonwealth of Puerto Rico and the U.S. Virgin Islands, you will typically have to pay the providers and submit the claims yourself to obtain reimbursement for these services.

- **Inpatient Services**

In most cases, if you contact the Blue Cross Blue Shield Global Core Service Center for assistance, hospitals will not require you to pay for covered inpatient hospital services, except for their any cost sharing you may owe. In such cases, the Blue Cross Blue Shield Global Core contracting hospital will submit your claims to the Blue Cross Blue Shield Global Core Service Center to initiate claims processing. However, if you paid in full at the time of service, you must submit a claim to obtain reimbursement for Covered Services. You must contact us to obtain Preauthorization for non-emergency inpatient services.

- **Outpatient Services**

Physicians, urgent care centers and other outpatient providers located outside the BlueCard Service Area will typically require you to pay in full at the time of service. You must submit a claim to obtain reimbursement for Covered Healthcare Services.

- **Submitting a Blue Cross Blue Shield Global Core Claim**

When you pay for Covered Services outside the BlueCard Service Area, you must submit a claim to obtain reimbursement. For institutional and professional claims, you should complete a Blue Cross Blue Shield Global Core claim form and send the claim form with the provider’s itemized bill(s) to the Blue Cross Blue Shield Global Core Service Center (the address is on the form) to initiate claims processing. The claim form is available from us, the Blue Cross Blue Shield Global Core Service Center or online at www.bcbsglobalcore.com. If you need assistance with the claim submissions, you should call the Blue Cross Blue Shield Global Service Center at 1.800.810.BLUE (2583) or call collect at 1.804.673.1177, 24 hours a day, seven days a week.

D. Exclusions and Limitations

This addendum will not apply if:
– the services are not a benefit under your Certificate of Coverage;
– the services are performed by a vendor or provider who has a contract with BCN for those services.

E. General Information

- If you have a Deductible, you will be responsible for payment of applicable Deductible for covered services at the time those services are received.
- Your Deductible, Coinsurance and Copayment requirements are based on your Certificate and Riders and remain the same regardless of which Host Blue processes your claim for services.
- Until further notice, all the terms, definitions, limitations, exclusions and conditions of your Certificate and related Riders remain unchanged.

Non-routine elective services provided through BlueCard must be Preauthorized by BCN and must follow all BCN Coverage provisions.

For more information about Out of Area Services go to bcbsm.com or call Customer Service at the number shown on the back of your BCN ID card.

Additional Provisions

1. In the event a Member’s coverage under the Certificate of Coverage terminates, this Rider will terminate automatically without further action or notice by BCN.

2. Until further notice, all terms, limitations, exclusions, and conditions of the Certificate of Coverage remain unchanged except as provided in this Rider.

3. This Rider is only available to self-funded Group Health Plans.
BLUE CARE NETWORK
An affiliate of
Blue Cross and Blue Shield of Michigan

$10/$20
TIER 1/ TIER 2
CUSTOM DRUG LIST
PRESCRIPTION DRUG RIDER

This Rider is issued to you in connection with your Certificate of Coverage. It is effective on the date adopted by your Group. This Rider amends your Certificate as set forth below.

A. DEFINITIONS:

1. APPROVED AMOUNT is the lower of the billed charge or the sum of the drug cost plus the dispensing fee for a Covered Drug or service. The drug cost and the dispensing fee are set according to our contracts with pharmacies. The Approved Amount is not reduced by rebates or other credits received directly or indirectly from a drug manufacturer. Deductible, Copayment and Coinsurance that may be required of you are subtracted from the Approved Amount before we make our payment. When a Participating Pharmacy fills a prescription for a Covered Drug, we will pay the pharmacy the Approved Amount for the drug after your out-of-pocket costs.

2. BCN AFFILIATED PROVIDER means a licensed health care provider who may prescribe prescription drugs and who is: a) contracted or employed with BCN; b) a health care provider to whom a Member was referred by BCN or BCN Physician; or, c) a licensed doctor of dental surgery or doctor of dental medicine in good standing with Blue Care Network.

3. BCN CUSTOM DRUG LIST means the list of Prescription Drugs that have been approved by the U.S. Food and Drug Administration and approved by the BCBSM/BCN Pharmacy and Therapeutics Committee and are covered under this Rider. The list represents the clinical judgment of Michigan physicians, pharmacists and other experts in the diagnosis and treatment of disease and promotion of health. Medications are selected based on clinical effectiveness, safety and opportunity for cost savings. Some drugs included in the BCN Custom Drug List require Prior Authorization and/or Step Therapy by BCN before they are covered. The drug list may be modified by BCN as needed to remove or add a Covered Drug or to modify the requirements for authorization of a Covered Drug. Prescription Drugs are identified according to whether they are Tier 1, Tier 2 or Tier 3 and shall be dispensed through Participating Pharmacies to Members. Tier 3 drugs are not covered unless the BCN Affiliated Provider certifies to BCN and BCN agrees that the requested drug is medically necessary to treat the member's condition.

4. BIOLOGICAL PRODUCTS mean Prescription Drugs including biosimilars and interchangeable biologics that are used to treat or cure disease and are manufactured
in, extracted from or semi-synthesized from biological sources. Biological sources include microorganisms or plants or animal cells.

5. BRAND NAME DRUG generally means a drug that is manufactured and marketed under a registered trade name or trademark.

6. COINSURANCE means a percentage of the BCN Approved Amount you must pay for a Covered Service. Your Coinsurance is not reduced by any rebate or other credit received directly or indirectly from the drug manufacturer.

7. COPAYMENT means a fixed amount of the drug’s Approved Amount you must pay for a covered service.

8. COVERED DRUG means a Generic Drug, Brand Name Drug or a Biological Product which is included on the BCN Custom Drug List, that is prescribed by a BCN Affiliated Provider and is not excluded under Section E of this Rider. The Covered Drug is either a) obtained through a Participating Retail or Mail Order Pharmacy, or b) obtained from a Non-Participating Pharmacy in an urgent or out-of-area situation (section D2). This definition may be expanded at the discretion of BCN to include other drugs or devices that meet all of the requirements of this section.

9. EXIGENT CIRCUMSTANCES an Exigent Circumstance exists when you suffer from a health condition that may seriously jeopardize your life, health or ability to regain maximum function, or when you are undergoing a current course of treatment using a drug that is not on our approved drug list.

10. GENERIC DRUGS means Prescription Drugs that contain the same active ingredients, is identical in strength and dosage form and is administered in the same way as the Brand Name Drug. Generic Drugs are generally included in Tier 1 Generics and usually cost significantly less than the Brand Name Drug equivalent.

11. OFF-LABEL means the use of a drug or device for clinical indications other than those stated in the labeling approved by the Federal Food and Drug Administration.

12. OUT-OF-POCKET MAXIMUM is the highest amount of money you have to pay for covered services during the Calendar Year. Member Cost-Sharing for Prescription Drugs covered under this Rider count toward your Out-of-Pocket Maximum. This limit never includes Prescription Drugs not covered by BCN. If your plan includes an Out-of-Pocket Maximum then the amount is defined in the applicable Out-of-Pocket Maximum Rider issued to you.

13. “OVER-THE-COUNTER” DRUGS means a drug that can be sold without a prescription.

14. PARTICIPATING PHARMACY means a network of licensed pharmacies selected by or authorized by BCN to provide Covered Prescription Drugs to members.
15. PARTICIPATING 90-DAY RETAIL PHARMACY means any licensed pharmacy that has an agreement with BCN to provide a 90-day supply of Covered Drugs and is not a Mail-Order Pharmacy.

16. PRESCRIPTION DRUG means a medication approved by the U.S. Food and Drug Administration (FDA) and which can, under federal or state law, be dispensed only pursuant to a Prescription Order (a Federal legend drug).

17. PRIOR AUTHORIZATION means obtaining BCN’s advanced approval for certain Prescription Drugs before the requested drug is covered. Approval is based on whether the information that your physician provides regarding your medical condition meets BCN’s clinical criteria.

18. SPECIALTY DRUGS mean Prescription Drugs that require special handling, administration or monitoring. These drugs treat complex and chronic conditions such as cancer and chronic kidney failure. BCN determines which specific drugs are considered specialty and payable through the pharmacy benefit. BCN may manage your care by directing you to a select pharmacy that specializes in Specialty Drug disease management. A list of Specialty Drugs is available at BCBSM.com.

19. SPECIALTY PHARMACY means a licensed pharmacy that specializes in Specialty Drugs and provides the associated clinical management support.

20. STEP THERAPY PROGRAM means a program where a Member must be treated with one or more generic or preferred drugs before certain drugs are covered.

21. TIER 1 (MOSTLY GENERICS) include generic drugs that have been determined by the FDA to be bioequivalent to Brand Name Drugs and are not manufactured or marketed under a registered trade name or trademark. Some Brand Name Drugs may be included in Tier 1. These drugs may have a lower Copayment compared to other Tiers.

22. TIER 2 (PREFERRED BRAND) are those drugs that have a proven record for safety and effectiveness. These drugs generally are more expensive than generic drugs. Generic Drug alternatives may be available, offering more cost effective therapies.

23. TIER 3 (NON-PREFERRED BRAND) are Covered Drugs that are not included in Tier 1 Generics or Tier 2 Preferred Brand. These drugs may have less favorable adverse effects or their clinical value may not be as high as the BCN Custom Drug List alternatives.

B. BENEFITS:

1. Covered Drugs
2. Injectable insulin when prescribed by a BCN Affiliated Provider
3. Disposable insulin syringes and needles
4. A and B rated preventive medications as recommended by the U.S. Preventive Services Task Force (USPSTF) and defined on the BCN Custom Drug List
C. COPAYMENT/COINSURANCE

Retail Prescription Drug Copayment/Coinsurance up to a 30-day maximum supply per prescription:

Note: If you have an Out-of-Pocket Maximum for pharmacy, the Out-of-Pocket Maximum amounts are defined in the applicable Riders issued to you and included with your Certificate of Coverage. Once you reach the defined Out-of-Pocket Maximum, your Covered Drugs are covered in full.

<table>
<thead>
<tr>
<th>Description</th>
<th>Copayment/Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 Mostly Generics</td>
<td>$10 Copayment</td>
</tr>
<tr>
<td>Tier 2 Preferred Brand</td>
<td>$20 Copayment</td>
</tr>
<tr>
<td>Tier 3 Non-Preferred Brand</td>
<td>Not covered</td>
</tr>
<tr>
<td>Drugs for Treatment of Sexual Dysfunction</td>
<td>50% Coinsurance of the BCN Approved Amount</td>
</tr>
<tr>
<td>Insulin Syringes and Needles</td>
<td>Applicable Tiered Copayment will apply. Note: A separate Copayment is not required when dispensed at the same time as insulin</td>
</tr>
</tbody>
</table>

Preventive Medications Retail Prescription Drug Copayment up to a 30-day maximum supply per prescription:

<table>
<thead>
<tr>
<th>Female Contraceptives</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 Mostly Generics</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Tier 2 Preferred Brand</td>
<td>$20 Copayment</td>
</tr>
<tr>
<td>Tier 3 Non-Preferred Brand</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Preventive Medications</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 Generics</td>
<td>Covered in Full</td>
</tr>
<tr>
<td>Tier 2 Preferred Brand</td>
<td>Covered in Full</td>
</tr>
<tr>
<td>Tier 3 Non-Preferred Brand</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

* Your cost sharing may be waived for Tier 2 contraceptive drugs if there are no appropriate generic products or preferred drugs available. A BCN Affiliated Provider must first certify to BCN and BCN must agree that the available generic and preferred drug alternatives are ineffective or pose unnecessary risk to you. In such instances, the cost sharing is waived only if the preventive medication is dispensed by a Participating Pharmacy and the request for coverage is approved by BCN.

Note: Tier 3 Non-Preferred Brand preventive drugs are not covered unless a BCN Affiliated Provider certifies to BCN and BCN agrees that the requested medication is medically necessary based on BCN’s approved criteria. In such instances, the cost sharing is only waived if the prescribed preventive drug is dispensed by a Participating Pharmacy after necessary documentation is provided by a physician.

90-day Retail Prescription Drug Copayment when dispensed by a Participating 90-Day Retail Pharmacy:
### Description

<table>
<thead>
<tr>
<th>Description</th>
<th>Copayment/Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>84-90 day supply of maintenance drugs</td>
<td>2 times the applicable tiered Copayment</td>
</tr>
</tbody>
</table>

**Note:** Specialty Drugs are limited to a 30-day supply.

### D. LIMITATIONS:

1. Prescriptions for Covered Drugs are limited to a 30-day retail supply except that BCN in its discretion may recognize for benefit purposes the provision of specific prescription drugs in quantities exceeding a 30-day supply. BCN retains the right to place a lower maximum supply limit on certain Covered Drugs or for drugs whose minimal package size prevents a 30-day supply from being dispensed (e.g. inhalers). This Rider does not cover any prescription refill in excess of the number specified by the physician or any prescription or refill dispensed after the date the prescription has expired. In addition, BCN may set quantity limits based on clinical appropriateness and manufacturer recommended dosing for particular drugs.

   **Note:** BCN reserves the right to limit the quantity of select Specialty Drugs to a 15-day supply. Your Copayment will be reduced by fifty percent (50%) for the 15-day supply.

2. BCN will reimburse a Member the amount specified on BCN’s fee schedule or Member’s actual charge, whichever is less, minus the Copayment, if a Member obtains Covered Drugs, needles and syringes, or insulin from a non-participating pharmacy in an urgent situation or when a Member is out-of-area and a Participating Pharmacy is not available.

3. USPSTF A and B rated preventive medications and devices are covered under this Rider only when obtained from Participating Pharmacies and with a valid prescription from Affiliated Providers. Prior Authorization, Step Therapy and quantity limits may apply.

4. Included in the BCN Custom Drug List are Covered Drugs that are benefits under this Rider only if a BCN Affiliated Provider certifies to BCN and BCN agrees that the Covered Drug in question is medically necessary for the Member, based on BCN’s approved criteria. Those Covered Drugs are not payable by BCN without Prior Authorization by BCN.

5. Some drugs require Step Therapy before the prescribed drug is covered. These drugs require a previous trial with one or more preferred drugs before coverage is provided.

6. Certain drugs are not covered unless your BCN Affiliated Provider first certifies to BCN and BCN agrees that the available generic and preferred drug alternatives are ineffective or pose unnecessary risk to you. In such instances, the request for coverage must be approved by BCN and the highest Tier Copayment will apply.
7. If a Member obtains a Brand Name Drug when a Generic Drug or Biological Product equivalent is on the BCN Custom Drug list, the Member must pay the difference between the cost of the Brand Name Drug and the cost of its Generic Drug or Biological Product equivalent, in addition to the applicable brand Copayment or Coinsurance. The Member will not be required to pay the difference between the Brand Name Drug and its Generic Drug or Biological Product equivalent if the physician receives prior approval based on medical necessity from BCN to designate the prescription “Dispense as Written” and the Brand Name Drug is dispensed. The difference in cost between the Brand Name Drug and its Generic or Biological Product equivalent does not apply to the Out-of-Pocket Maximum, if applicable.

E. EXCLUSIONS:

There is no coverage under this Rider for:

1. Covered Drugs, needles and syringes, or insulin provided by any private or public agency, which are or may be obtained by the Member without cost to the Member.

2. Any drug which is experimental or which is being used for experimental purposes including, but not limited to, those regarded by the U.S. Food and Drug Administration as investigational.

3. Any prescription which is filled after termination of this Rider or which is filled prior to termination of this Rider but provides more than a 30-day supply of a Covered Drug beyond the termination date.

4. Any cosmetic drug or drug used for cosmetic purposes. “Cosmetic drug” or ‘cosmetic purpose” means any prescription legend drug which is intended to be rubbed, poured, sprinkled or sprayed on, introduced into, or otherwise applied to the human body or any part thereof for the purpose of cleaning, beautifying, promoting attractiveness, promoting hair growth, reducing or eliminating wrinkles or altering the appearance, and any substance intended to be used as a component of the above drugs.

5. Prescription drugs ordered for or dispensed to a Member when the drug is part of and included in a benefit under the Member’s Certificate. Coverage for such drugs, including vaccines, serums and drugs for treatment of infertility, are subject to the benefits, limitations, exclusions and Copayment/Coinsurance requirements of the Member’s Certificate.

6. Any Prescription Drug, insulin, or needles and syringes to the extent that benefits or coverage are available under Medicare or under any health care program supported in whole or in part by funds of the federal government or any state or political subdivision thereof.

7. Any drug, needles or insulin that was acquired without cost to the provider, or if the cost is included or includable in the cost of other services or supplies provided to or
prescribed for the Member in accordance with generally accepted professional procedures.

8. Prescription Drugs for which there is an Over-The-Counter equivalent in both strength and dosage form.

9. Over-the-Counter drugs unless coverage is required under the Patient Protection and Affordable Care Act.

10. Replacement prescriptions resulting from loss, theft, or mishandling.

11. Tier 3 Prescription Drugs unless a BCN Affiliated Provider certifies to BCN and BCN agrees that the requested medication is medically necessary as drug alternatives will not work or pose unnecessary risk to the Member and the Member meets any clinical criteria established for the requested drug.

12. Prescription drugs that are compounded that do not meet all of the following criteria:
   a) contain at least one active ingredient for which the FDA requires a prescription to obtain the prescribed strength and dose form;
   b) all medications used are approved by the FDA and covered by BCN;
   c) none of the medications is a bulk powder;
   d) none of the medication is included on the list of drugs specifically excluded at BCN from coverage for compounded products;
   e) medications are prepared for administration in the same manner approved by the FDA (i.e. oral, injection, topical cream);
   f) are submitted by a Participating Pharmacy using the NDC number (product identifier code) assigned by the manufacturer or distributor to the active ingredient(s); and
   g) are not being used for experimental and investigational purposes (as previously defined in this Rider).

13. “Rx only” labeled therapeutic devices or appliances, regardless of the reason they were prescribed.

14. Drugs that are not approved by the Federal Food and Drug Administration.

15. Any drug or device prescribed for use or dosage other than those specifically approved by the Federal Food and Drug Administration. This is often referred to as the Off-Label use of a drug or device. However, BCN will pay for such drugs and the reasonable cost of supplies needed to administer them as defined in the BCN off-label drug use policy, if the prescribing provider can substantiate that the drug is recognized for treatment of a condition for which it was prescribed.

16. Any drugs not reviewed and recommended by BCN for addition to the BCN Custom Drug List.
17. Prescription Drugs written by a provider who is sanctioned at the time the prescription is dispensed. The provider can be sanctioned by the Office of the Inspector General, State of Michigan or BCN.

18. The use, medical or otherwise, of marijuana (cannabis).


F. GENERAL PROVISIONS:

1. A monthly premium rate is charged for this Rider in addition to the premium charged for the Certificate. The applicable rate is specified on the schedule attached to the Group Agreement and Group agrees to remit to BCN the Rider premium due, including the Subscriber contribution, if any, along with and on the same date as its regular Certificate premium.

2. You, your designee, or the provider may request an expedited review in an event your Prescription Drug is not on the BCN Custom Drug List. BCN must Prior Authorize coverage of such Prescription Drug before it is dispensed. If Prior Authorization is not obtained for a drug not on the BCN Custom Drug List before it’s dispensed, the drug will not be covered.

To request BCN’s approval, you, your designee, or the prescribing provider or the provider’s designee should contact us and follow our exception request process.

For expedited requests due to Exigent Circumstances:
We will notify the person making the request of our decision (either approval or denial) within 24 hours from the receipt of the request.

For requests that are not due to Exigent Circumstances:
If your request is not an Exigent Circumstance, we will notify you of our decision within 72 from the receipt of the request.

If we approve the exception request, you will have to pay your Deductibles, Coinsurances or Copayments.

If your request is based on Exigent Circumstances, the prescribing provider or other prescriber must submit an oral or written statement that:

- An exigency exists,
- The reason for the exigency,
- Why the Member must have the requested drug, including statement that all other drugs on the Custom Drug List:
  - will be or have been ineffective,
  - would not be as effective as the requested drug, or
  - would have an adverse effect on the Member
Only FDA-approved drugs are eligible for an exception. Of those drugs, BCN will only approve the drugs that meet our clinical criteria and are effective in treating your condition.

If Prior Authorization is not obtained before the drug is dispensed, the drug will not be covered. If the exception request is Prior Authorized, the applicable Non-Preferred Cost Sharing tier will apply.

To learn more about this process, visit www.bcbsm.com or call the Customer Service number on the back of your ID card.

3. In the event a Member's coverage under the Group Member Certificate terminates this Rider will terminate automatically without further action or notice by BCN.

4. Until further notice, all terms, limitations, exclusions and conditions of the Member Certificate remain unchanged except as provided in this Rider.
MAIL-ORDER PRESCRIPTION DRUG RIDER 2X

This Rider is issued to you in connection with your Prescription Drug Rider and your Certificate of Coverage. It is effective on the date adopted by your Group. This Rider amends your Prescription Drug Rider to double the Copayment for Covered Drugs obtained from Participating Mail-Order Pharmacies.

A. DEFINITIONS

1. MAIL-ORDER PRESCRIPTION DRUG means a Generic Drug or Brand Name Drug which is: a) prescribed by a BCN Affiliated Provider; and b) obtained through a Participating Mail-Order pharmacy, except as excluded in your group’s Prescription Drug Rider. This definition may be expanded at the discretion of BCN to include an Over-The-Counter (OTC) medication, a disposable medical supply or a device which meets all other requirements of this section.

2. NON-PARTICIPATING MAIL-ORDER PHARMACY means a pharmacy that does not have an agreement with BCN to provide Covered Drugs through the Mail-Order Prescription Drug Pharmacy. BCN will not pay for drugs obtained from a Non-Participating Mail-Order Pharmacy.

3. PARTICIPATING MAIL-ORDER PHARMACY means a pharmacy that has an agreement with BCN to provide Covered Drugs through the Mail-Order Prescription Drug Pharmacy. Participating Mail-Order Pharmacies have agreed to provide Covered Prescription Drugs to Members.

B. BENEFITS

BCN will pay for most Covered Drugs and each refill when dispensed through a BCN Participating Mail-Order Pharmacy.

Note:
- Certain Covered Drugs are limited to a 30-day supply.
- Some Covered Drugs may not be available through a Participating Mail-Order Pharmacy.

C. COPAYMENT

Your Mail-Order Copayment is as follows:
1. Prescription Drugs with a 30-day supply or less dispensed by a Participating Mail-Order Pharmacy
   
   • Copayment is unchanged from the Copayment detailed in your group’s Prescription Drug Rider

2. Prescription Drugs with a 31 – 90 day supply dispensed by a Participating Mail-Order Pharmacy
   
   • Copayment amount(s) detailed in your Prescription Drug Rider is doubled

   **Note:** If you have a Coinsurance, your Coinsurance will be based on the BCN Approved Amount for the quantity dispensed.

**D. EXCLUSIONS**

1. Mail-order prescriptions for Specialty Drugs may only be obtained from a BCN Participating Specialty Pharmacy provider. Information about the Participating Specialty Pharmacy is available at www.BCBSM.com

2. All Exclusions detailed in your BCN Prescription Drug Rider remains unchanged and are applicable to the Participating BCN Mail-Order Drug Program.

3. There is no coverage for any prescription for more than a 90-day supply of a Covered Drug obtained from a Participating Mail-Order Pharmacy.

4. There is no coverage for drugs obtained from a Non-Participating Mail-Order Pharmacy.

**E. GENERAL PROVISIONS**

1. In the event a Member’s coverage under the Group Member Certificate terminates this Rider will terminate automatically without further action or notice by BCN.

2. Until further notice, all terms, limitations, exclusions, and conditions of the Member Certificate and the Prescription Drug Rider remain unchanged except as provided in this Rider.
BLUE CARE NETWORK
An affiliate of
Blue Cross and Blue Shield of Michigan

$6,450 / $12,900 OUT-OF-POCKET MAXIMUM RIDER

This Rider is issued to you in connection with your Certificate of Coverage. It is effective on the date adopted by your Group.

The annual Out-of-Pocket Maximum defined in your Certificate is amended as set forth below. BCN covered Prescription Drugs and medical services apply to the Out-of-Pocket Maximum.

Out-of-Pocket Maximum amounts

- $6,450 per individual
- $12,900 per family (when two or more Members are covered under one contract)

Exceptions

Medical and pharmacy services not covered by BCN and any costs payable by you over the BCN Approved Amount do not apply to the Out-of-Pocket Maximum. For example, if you purchase a deluxe Durable Medical Equipment item at your option above the cost of the basic item, you will be responsible for the additional cost, which does not apply to the Out-of-Pocket Maximum.

GENERAL PROVISIONS

1. In the event a Member's coverage under the Certificate terminates, this Rider will terminate automatically without further action or notice by BCN.

2. Until further notice, all terms, limitations, exclusions, and conditions of the Certificate of Coverage remain unchanged except as provided in this Rider.

3. This Rider is only available to self-funded Group Health Plans.
BLUE CARE NETWORK
An affiliate of
Blue Cross and Blue Shield of Michigan

This Rider is only available to self-funded Group Health Plans

Group Health Plan Self funded Product Rider

This Rider is issued to you in connection with your pharmacy Rider. It is effective on the
cal date indicated in Notice to your Group. This Rider amends your Coverage as follows:

The Group Health Plan is self-funded, which means that the Benefits are paid from the
Group funds and are not provided through an insurance contract. Blue Care Network
(“BCN”) administers the benefit plan for your employer and provides administrative claims
payment services only. BCN does not insure the coverage nor do we assume any financial
risk or obligation with respect to claims.

The Benefits offered under your Coverage are in accordance with the Administrative
Services Contract (“ASC”).

Note: This also applies to hearing if it is included in your coverage.

Additional Provisions

1. In the event a Member’s coverage under the Certificate terminates, this Rider will
terminate automatically without further action or notice by BCN.

2. Until further notice, all terms, limitations, exclusions, and conditions of the Certificate
of Coverage remain unchanged except as provided in this Rider.

3. This Rider is only available to self-funded Group Health Plans.
Tell us what you think. Your opinions matter to BCN and help us improve how we serve our members. Please take a moment to share your thoughts about your enrollment experience. You can also take our online survey at bcbsm.com/bcnfeedback.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before enrolling, I received accurate information about BCN benefits.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>The member handbook helps me understand my benefits.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I am satisfied with the BCN enrollment process.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>My early impression of BCN is favorable.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Name: ____________________________

Address: ________________________

City, State ZIP code: ____________________________

How could we have better met your needs during the enrollment experience?

________________________________________________________________________

________________________________________________________________________

Thank you for your feedback.

BCN HMO
R027302

SOUTHFIELD MI 48086-9929
PO BOX 5043
MAIL CODE C403
MEMBER HANDBOOK FEEDBACK

POSTAGE WILL BE PAID BY ADDRESSEE

SOUTHFIELD MI 48086-9929
FIRST-CLASS MAIL PERMitted NO 312 SOUTHFIELD MI
BUSINESS REPLY MAIL
NO POSTAGE
NECESSARY IN THE UNITED STATES

To return this card to us, just fold to show our address, tape closed and drop in the mail. Postage is prepaid.