

BCN Service Company Member Handbook

Appendix A

with your Benefit Document and Amendments



**BCN
Service
Company**

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

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January 15, 2014

Dear Dow Chemical Sample,

We're pleased you're a member of BCN Service Company, a plan that's committed to helping you achieve your wellness goals.

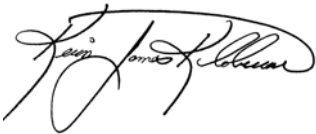
This book has been personalized for you as a guide to your benefits. It explains how your plan works. It also describes the resources we offer to help you stay healthy, get better if you're ill or injured and improve your quality of life while living with an illness. We suggest that you keep it for your reference.

After you've looked through this book, please take a moment to tell us about your enrollment experience and how this book helped. A postage-paid card is attached to the back page for your convenience in responding.

If you have any questions, please call us. Our automated telephone response system is available 24/7 to answer many of your questions. Customer Service representatives are also available to assist you, and we've listed other important numbers below for your information.

Thank you for your membership.

Sincerely,



Kevin James Klobucar
President and CEO

Important phone numbers

Behavioral health services	1-800-482-5982
BlueHealthConnection®	1-800-637-2972
Care while you travel (BlueCard®)	1-800-810-BLUE (2583)
Chronic condition management nurse line	1-800-392-4247
Diabetic supplies (J&B Medical Supply Company)	1-888-896-6233
Durable medical equipment (Northwood)	1-800-667-8496
Laboratory (Joint Venture Hospital Laboratories)	1-800-445-4979
Quality Management	248-455-3471
Quit the Nic	1-800-811-1764

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

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.

We offer translation services for non-English speakers. Over 140 languages are available.

Write: Member Inquiry, Blue Care Network, P.O. Box 68767, Grand Rapids, MI 49516-8767

Include your name, address, day and evening telephone numbers and your enrollee ID as shown on your BCN identification card.

Hello, Dow Chemical Sample!

Welcome to BCN Service Company.

Ready to get the most from your membership? Start here:

- 1 Pick a primary care physician for yourself and everyone on your contract.** All health services must be handled through your PCP. Care you arrange on your own may not be covered.

Need to choose a PCP? Visit bcbsm.com/find-a-doctor or call Customer Service at the number at the bottom of the page. Keep in mind that if our records show “None Selected” for your PCP, we’ll assign one.

- 2 Schedule your next appointment today.** Get to know your PCP by making an appointment for your covered wellness visit, or if you need to get or renew a prescription. Why not make an appointment while you’re thinking about it?

- 3 Register for your online account.** Our website, bcbsm.com, is your 24/7 gateway to member services and tools. If you haven’t signed up yet, take a moment now. All you need is your member number, which you can find on your ID card.

In this handbook, you’ll find:

Your customized Benefit Summary **Page 03**

Read your plan’s key features and benefits, including cost-sharing requirements, coverage limitations and exceptions.

Guidelines to Good Health **Page 23**

See the exams, tests and vaccines that BCN covers and how often you should have them to stay on top of your health.

Details about your travel coverage **Page 19**

BCN covers you at home and when you travel. Carry your member ID card wherever you go, and be sure to follow your plan’s coverage rules.

PRIMARY CARE PHYSICIAN

Dow ChemicalSample
Bea Well, MD

YOUR PLAN DETAILS

Your BCN Service Company plan is administered in partnership with **Blue Care Network** – the only Michigan HMO backed by the reputation and security of Blue Cross Blue Shield of Michigan.

Whenever you get health services, it's important to stay in network and obtain authorization when required so you don't overpay or have coverage denied.

WHAT WE PAY

Because BCN contracts with doctors, hospitals and health care professionals across Michigan, we pay them directly when you get covered services. That means no paperwork or forms for you to fill out, and no hassle.

Healthy hints

Not feeling well? Call your PCP. Your PCP's role is to take care of you when you're ill, and to help you stay healthy. When you need to see a specialist, your PCP will give you a referral. Under our Women's Choice program, women can see a participating OB-GYN without a referral.

Getting care? Show your card. Your member ID card is your key to PCP, specialist, urgent and emergency care, hospital care, drug benefits (if included in your plan), and all other health care covered by your plan. Your member ID card is sent separately – if you don't have it yet, watch your mail.

Have other coverage? Let us know. Because more than one insurer may be responsible for paying your claims, it's important to tell us if you have health coverage in addition to your BCN plan. Call Customer Service or fill out the online *Coordination of Benefits Form*.

Want a different PCP? Choose one online. Visit **bcbsm.com/find-a-doctor** to select a different doctor for yourself or any member of your family. For your children, you can select a pediatrician. Or, you can choose one general practitioner or family doctor for all members in your family.

Don't forget to tell us – if you change doctors and don't let us know, you may not be covered.

What you pay for services

Copayment or copay A fixed amount you pay for services at the time you get them – for example, \$25 for an office visit. Your Benefit Summary lists your copayments for different services.

Coinsurance Your share of the cost of health care services after you've met your deductible, always a percentage. For example, your health plan pays 80% while you pay 20%.

Deductible The amount you pay for health care services, such as a hospital stay, before your plan starts to pay. For example, if you have a \$1,000 deductible, we start paying for covered health care services after you've spent \$1,000 out of pocket.

Benefit Summary

About your benefit summary

This is an easy-to-read description of some of the most frequently used benefits. This summary provides only a general overview of your benefits. It is not a contract or an official description of coverage. Additional limitations and exclusions may apply to covered services. An official description of your benefits is contained in your Benefit Document and accompanying amendments. To view your most current Benefit Document and amendments, please log in as a member at bcbsm.com, or call Customer Service and ask for a free-of-charge paper copy of the document.

In addition to this summary, you may also have access to a Summary of Benefits and Coverage, customized for you as required by the Affordable Care Act. This summary is available from your employer.

What you pay

Payment amounts are based on the Blue Care Network approved amount, less any applicable cost sharing (deductible, coinsurance or copayment) required by the plan. Your cost share may apply to the out-of-pocket maximum, depending on your plan. Once you meet your plan's annual out-of-pocket maximum, your plan will pay for any additional covered health care services in full. You will not have any additional out-of-pocket costs for the remainder of the year.

Your primary care physician provides your care or manages it through a referral process. Only your primary care physician can refer you to specialist care. If your primary care physician doesn't refer you, you are responsible for the charges. Certain services must also be authorized by BCN.

Annual Deductible and Out-of-Pocket Maximum

Deductible	This health plan has no deductible.
Out-of-Pocket Maximum - deductibles, copays and coinsurance amounts for covered services apply to the out-of-pocket maximum	\$6,350 per individual; \$12,700 per family out-of-pocket maximum per calendar year

Physician Office Services

Primary Care Physician Visits	\$15 copay for primary care physician office visits
Specialist Visits	\$30 copay for specialist office visits when referred
Maternity	\$15 copay for prenatal and postnatal maternity visits See Hospital Care below for facility charges.
Allergy Office Visit	\$30 copay for allergy office visits
Immunizations	Pediatric and adult immunizations as recommended by the Advisory Committee on Immunization Practices are covered in full.

Benefit Summary

Emergency Services

Emergency Room	\$100 copay for emergency room treatment. ER copay waived if admitted as an inpatient or when sent via ambulance by company medical
Urgent Care Center	\$15 copay for urgent care visits
Emergent Ambulance Services	Emergency ambulance transport covered in full when other transportation would endanger a members life
Non-Emergent Ambulance Services	Non-emergent ambulance transport covered in full. Requires prior authorization by BCN.

Diagnostic and Therapeutic Services

Lab and Pathology Services	Lab and pathology services are covered in full.
X-Ray	X-ray and radiology services are covered in full.
Outpatient Facility Visits/Diagnostic Services	Outpatient diagnostic or therapeutic services are covered in full.
Radiation Therapy	Radiation therapy in an inpatient or outpatient facility setting is covered in full.
Chemotherapy	Chemotherapy in an inpatient or outpatient facility setting is covered in full. Chemotherapy drugs are covered in full.
Dialysis	Dialysis treatment in an inpatient or outpatient facility setting is covered in full.

Hospital Care

Inpatient Hospital Admission	\$250 copay per inpatient hospital admission; unlimited days. See certificate for specific surgical coinsurance.
Newborn Care	\$250 copay for newborn care in an inpatient hospital setting. Note: One copayment applies per inpatient hospital admission.

Alternatives to Hospital Care

Skilled Nursing Facility	Services in a skilled nursing facility are covered in full
Skilled Nursing Facility Days	Limited to 45 days of skilled nursing care per benefit year in a skilled nursing facility. Requires prior authorization by BCN.
Hospice	Inpatient and outpatient hospice covered in full. Inpatient care requires prior authorization.
Home Care Visits	\$30 copay for home care visits.

Surgical Services

Outpatient Surgery Facility	\$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.
Second Surgical Opinion	\$30 copay for second surgical opinion when referred.
Surgical Assistant	Services performed by a surgical assistant are covered in full

Benefit Summary

Surgical Services

Anesthesia	Anesthesia is covered in full.
Sterilization Procedures	Adult sterilization is covered in full
Termination Procedures	Elective first trimester terminations are covered in full. Limited to one procedure per 24 month period.
Weight Reduction Procedures (Criteria Required)	Weight reduction procedures are covered in full. Requires prior authorization by BCN. Limited to one procedure per lifetime.
Orthognathic Surgery	50% coinsurance for orthognathic surgery

Mental Health and Substance Abuse Treatment - Call 1-800-482-5982 when you need care.

Inpatient Mental Health	Inpatient mental health/partial hospitalization per hospital admission covered in full. Requires prior authorization by BCN.
Inpatient Mental Health Days	Unlimited visits when medically necessary. Requires prior authorization by BCN Behavioral Health management.
Inpatient Mental Health Time Period	Coordinated by BCN Behavioral Health management
Outpatient Mental Health	\$15 copay per visit for outpatient/intensive outpatient mental health
Outpatient Mental Health Visit Limit	Unlimited visits when medically necessary. Requires prior authorization by BCN Behavioral Health management.
Outpatient Mental Health Additional Visits	Coordinated by BCN Behavioral Health management
Inpatient Substance Abuse	Residential/intermediate substance abuse/partial hospitalization covered in full. Requires prior authorization by BCN Behavioral Health management.
Inpatient Substance Abuse Time Period	Coordinated by BCN Behavioral Health management
Outpatient Substance abuse	\$15 copay per outpatient/intensive outpatient substance abuse. Requires prior authorization by BCN Behavioral Health management.
Outpatient Substance Abuse Visit Limit	Unlimited visits when medically necessary. Requires prior authorization by BCN Behavioral Health management.
Detoxification - Substance Abuse	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.

Durable Medical Equipment, Diabetic Supplies and Prosthetics and Orthotics - Call Northwood at 1-800-667-8496.

Durable Medical Equipment	20% coinsurance for durable medical equipment. Must be preauthorized and obtained from a BCN supplier.
Diabetic Supplies	20% coinsurance for diabetic supplies and equipment. Must be preauthorized and obtained from a BCN supplier.

Benefit Summary

Durable Medical Equipment, Diabetic Supplies and Prosthetics and Orthotics - Call Northwood at 1-800-667-8496.

Prosthetics	20% coinsurance for prosthetics. Must be preauthorized and obtained from a BCN supplier.
Orthotics	20% coinsurance for orthotics. Must be preauthorized and obtained from a BCN supplier.

Prescription Drugs

Contraceptives	Tier 1 - \$10 copay, Tier 2 - \$20 copay, Tier 3 - Not covered. Tier 1 contraceptive drugs covered in full. Drugs for the treatment of sexual dysfunction 50% coinsurance. 30 day supply. Mail order covered at 2x the applicable tiered copay up to a 90 day supply.
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Other Services

Allergy Evaluation/Serum/Testing	Allergy related services are covered in full.
Allergy Injections	Allergy injections are covered in full.
Infertility Care (Criteria Required)	50% coinsurance for infertility services when such care is authorized by BCN. In vitro fertilization is not covered
Outpatient Physical, Occupational and Speech Therapy/Outpatient Rehabilitation	\$30 copay per visit for outpatient physical therapy and rehabilitation
Outpatient Physical, Occupational and Speech Therapy/Outpatient Rehabilitation Limits	60 visits per medical episode per plan year
Autism Spectrum Disorder	\$15 copay for applied behavioral analysis per visit. ABA is limited to 25 hours a week for line therapy. Outpatient therapy cost sharing applies for autism related speech, physical and occupational therapy with unlimited visits. Requires prior authorization by BCN.
Temporomandibular Joint (TMJ)	50% coinsurance for TMJ services. Requires prior authorization by BCN.

Your BCN Service Company Coverage

About your BCN Service Company coverage

You have health care coverage from BCN Service Company, and your benefits are provided through a partnership with Blue Care Network. This book explains the BCN programs and policies that govern your coverage.

Early diagnosis and treatment can keep minor problems from turning serious. Rapid treatment can help you get better when you're ill or injured.

BCN oversees care management programs that include preventive services such as physical exams, immunizations and well-child care. BCN also provides health information, risk assessment tools and special programs to help you reach your health and wellness goals.

BCN manages the medical networks that serve you, whether you're getting preventive care or treatment. If you have a chronic illness, BCN chronic condition and case management programs can help you manage your condition and achieve the best possible quality of life.

How to get services

Carry your identification card with you at all times and show it each time you need health care. Be sure to see your primary care physician first. For care to be covered, all services have to be handled through your primary care physician. Care you seek on your own may not be covered.

What you pay out of pocket

When you receive medical and behavioral health covered services, you may be responsible for a deductible before our payments begin. Once this obligation is satisfied, you pay any required copayment or coinsurance at the time you receive services. See the Benefit Summary at the front of this book for your payment obligations.

The doctor, hospital or other health care provider will bill us for covered services. If a network provider asks you to pay more than your copayment for covered services, please call Customer Service.

In the unlikely event that you had to pay for covered services, we'll reimburse you for our share of the cost. Call Customer Service for the form you need to get reimbursed. Or download a copy from bcbsm.com/billform. You can also download a pharmacy reimbursement form from this page.

Complete the form and send it to **Member Claims, Blue Care Network, P.O. Box 68767, Grand Rapids, MI 49516-8767** with:

- An itemized bill, including diagnosis, date and type of service
- Proof of payment (a cancelled check or receipt from the provider)
- The treatment record or emergency report
- Prescription (label from the prescription with the name of the drug, dosage and quantity received)

Your BCN Service Company Coverage

Some services aren't covered

Your plan doesn't cover the following:

- Services obtained without a referral or BCN authorization
- Cosmetic services or supplies
- Custodial care
- Experimental or investigational treatment
- Personal convenience items
- Rest cures
- Routine examinations related to employment, insurance licensing, a court order or travel
- Acupuncture
- Self-help programs
- Services or supplies received before the effective date of coverage or after coverage has ended
- Services that could have been paid under workers' compensation laws
- Services or supplies that could be paid by government programs
- Services that are not medically necessary

Coordination of benefits

BCN coordinates your benefits with other insurers to make sure you get maximum coverage. Coordination of benefits also helps keep down the cost of health care.

Here are some situations where we coordinate your BCN coverage with other insurers:

- You are covered by BCN Service Company and also have health care or prescription coverage through your spouse's employer.
- Someone in your family is covered by Medicare and has BCN Service Company coverage to pay for that portion of the charges not covered by Medicare.
- Your children are covered by your BCN Service Company contract and also have coverage through their other parent's health care plan.
- Your spouse is employed and has coverage through his or her employer in addition to your BCN Service Company coverage.
- You were injured in an auto accident or at work, and your auto insurance or your workers compensation insurance is responsible for medical services.

If you receive a coordination of benefits questionnaire from BCN, please complete it and return it to us as quickly as possible. If we don't receive your coordination of benefits information, we may not be able to process your claim.

For more information about coordination of benefits and for a copy of the form, visit **bcbsm.com**. Enter *coordination of benefits* in the search box in the upper right corner of the page.

Your BCN Service Company Coverage

Changing your records

Contact your group benefits representative to make changes to your record. Make sure you report address changes or life events within 31 days of when they happen so we can process the change and pay your claims.

These are the events you should report:

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

Resources at bcbsm.com

Manage coverage and more on bcbsm.com

Our website is a valuable resource for health information that can help you get the most from your coverage. Here's some of what you can do:

- Complete a health assessment and develop a personal action plan with our online health coach.
- Verify eligibility for everyone on your contract.
- Order ID cards.
- View and print claim summaries.
- View your benefits.
- Change your primary care physician.
- Use our Coverage Advisor™ to compare health plans and their costs.
- View and pay your bill online. Get details at bcbsm.com/ebilling.

To access all these features, log in to your account at bcbsm.com.

Note to new members: You can log in as a member immediately after your effective date of coverage.

Complete a health assessment

Take control of your health by taking a health assessment, available from the bcbsm.com home page. (Click on *Healthy Living*, *Getting Started*, *Health Assessment*.) After you answer some questions about your health, you'll receive a healthy living plan that's created just for you.

It's a good idea to have the following medical information on hand when you take the health assessment:

- Your blood pressure
- Your cholesterol levels (total and HDL)
- The approximate date of your last checkup
- When you had your most recent vaccinations, such as for flu and tetanus
- When you had your most recent screenings, such as a mammogram or colonoscopy

If you include this information when you fill out the questionnaire, your results will be more accurate and recommendations to you more focused. If you don't have your medical information, write in your best guesses.

If you would like to complete a health assessment but don't have Internet access, call us at 1-800-873-0509. Have your contract number (or enrollee ID number) and group number ready.

Care Begins with Your PCP

Your primary care physician is your health care partner — a doctor who knows your medical history and coordinates your care.

Your PCP provides checkups and monitors your health, writes prescriptions, takes care of you when you're ill and gives referrals when you need specialist care. If you were seeing a specialist before switching to BCN coverage, your new primary care physician must reauthorize your treatment. If you have drug coverage, your new primary care physician should also check the medications you've been receiving to see if we cover them.

Your doctor or the doctor on call can be reached 24 hours a day, seven days a week, through an answering service. Make sure you have your doctor's telephone number handy at all times. Post it near your home telephone, and always carry it with you.

In an emergency, always go to the nearest hospital emergency room or call 911. Tell your primary care physician about the problem within 24 hours or as soon as you can. It's fine if another person calls on your behalf.

Choosing a primary care physician

You can choose a primary care physician who is an M.D. (medical doctor) or a D.O. (osteopathic doctor). Each person covered under your contract must select a primary care physician, but members of the same family don't have to have the same physician. Adults may choose one doctor type for themselves and another for their children from these categories:

- **Family medicine and general practice** — These practitioners treat patients of all ages, from newborns to adults. They also provide obstetrical and gynecological care.
- **Preventive medicine** — These practitioners promote health and well-being for patients of all ages.
- **Internal medicine** — Internists are trained to identify and treat adult and geriatric medical conditions. Most of our network internists treat patients age 18 and older.
- **Internal medicine/pediatrics** — Physicians who are trained in internal medicine and pediatrics treat infants, children, adolescents and adults.
- **Pediatrics** — Pediatricians specialize in the treatment of infants, children and adolescents 18 years and younger.

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. You can verify the license status of our health care providers at www.dleg.state.mi.us/free/ or by calling the Michigan Department of Consumer and Industry Services at 517-241-9427.

**This website is not controlled by BCN, and BCN is not responsible for its content.*

Care Begins with Your PCP

Finding a primary care physician

To find network physicians, use our online search tool at bcbsm.com/find-a-doctor or call Customer Service.

Online or on the phone, you can:

- Locate practices by languages spoken, handicap accessibility, gender, credentials or hospital affiliations
- Find out if a doctor is accepting new patients
- Get directions to doctors, hospitals and facilities

Changing a primary care physician

Tell us when you want to change doctors, by doing one of the following:

- Log in to your account on bcbsm.com. Click on *Manage my plan* in the left menu; then click on *Primary care physician*.
- Call Customer Service.

Changes are limited to one every 30 days. When you change primary care physicians, any referrals you have in process need to be reissued by your new doctor.

Woman's Choice

A female member can see a gynecologist or obstetrician for Pap smears, annual well-woman visits and obstetrical care without a referral. Our Woman's Choice program allows you to visit a BCN-affiliated gynecologist, obstetrician or obstetrician/gynecologist in addition to your primary care physician.

Because your primary care physician coordinates nonroutine gynecological care, consider selecting a gynecologist who belongs to the same physician group. When your doctors practice in the same location and use the same hospital, it is easier for them to take care of you.

Primary Care Physicians Near You

You can select a doctor from our large network of conveniently located doctors.

Each family member must have a primary care physician who is a family practitioner, general practitioner or internist. Children can have a pediatrician as their primary care physician, as well as a family or general practitioner doctor. You can also choose one doctor for the entire family.

Females can see an OB-GYN without a referral as part of our Women's Choice program.

The following is a select list of primary care physicians available in your area. If the contracted doctor you are currently seeing is not accepting new patients, the doctor's name may not appear in this mini-directory. However, you can continue seeing this doctor since you are not a new patient to the practice. For an even larger selection of primary care physicians or more information about individual practitioners, visit bcbsm.com/find-a-doctor, or call Customer Service.

Family Practice

Munzer Samad, MD

26631 Southfield Rd
Lathrup Village, MI 48076
248-552-8195

Hospital Affiliation:

Providence Hospital and Medical Centers

Thomas Mays Jr, MD

20905 Greenfield Rd, Ste 489
Southfield, MI 48075
248-557-5005

Kamran Sheikh, MD

18900 W 10 Mile Rd, Ste 201
Southfield, MI 48075
248-424-8340

Hospital Affiliation:

Harper University Hospital & Hutzel Women's Hospit
Huron Valley Sinai Hospital
Botsford Hospital
Providence Hospital and Medical Centers
Henry Ford West Bloomfield Hospital

James Haney, DO

23077 Greenfield Rd
Southfield, MI 48075
313-822-9801

Sean Harris, MD

23077 Greenfield Rd, Ste 489
Southfield, MI 48075
248-423-0700

Hospital Affiliation:

Providence Hospital and Medical Centers

Internal Medicine

Bnan Razoky, MD

24901 Northwestern Hwy, Ste 195
Southfield, MI 48075
248-663-5353

Hospital Affiliation:

St Mary Mercy Hospital Livonia
St John Macomb Oakland Hospital - Oakland Center
Detroit Receiving Hospital and University Health C

Charles Godoshian, MD

27177 Lahser Rd, Ste 195
Southfield, MI 48034
248-353-0882

Hospital Affiliation:

Huron Valley Sinai Hospital

Primary Care Physicians Near You

Internal Medicine

Gregory Berger, MD

27207 Lahser Rd Ste 200B
Southfield, MI 48034
248-358-4892

Hospital Affiliation:

Detroit Receiving Hospital and University Health C
Harper University Hospital & Hutzel Women's Hospit

Mohamed Siddique, MD

27207 Lahser Rd Ste 200B
Southfield, MI 48034
248-358-4892

Hospital Affiliation:

Henry Ford Macomb Hospital

Cheryl Moore, MD

27209 Lahser Rd
Southfield, MI 48034
248-603-2410

Hospital Affiliation:

Providence Hospital and Medical Centers

Access to Care

When you need medical care

You must have a BCN-contracted primary care physician to access your benefits. Call your primary care physician first for all your health care needs – from a routine checkup to an injury or illness (high fever, unusual pain) that needs prompt attention.

Type of care	Description	Time frame	What you need to do
Preventive care	A health history and exam. Includes screenings and shots listed in the Guidelines to Good Health in this <i>Member Handbook</i> . For women, this includes your annual gynecology exam.	Within 30 days	<ul style="list-style-type: none"> • Call well in advance. • Bring all prescriptions and over-the-counter medications. • Always bring immunization records. • Make a list of questions to ask your doctor.
Routine primary care	<ul style="list-style-type: none"> • Conditions that are not sudden or not life threatening or symptoms that keep coming back, such as rashes and joint or muscle pain. • Conditions that need ongoing care. 	Within 10 days	Call ahead to ensure prompt service. If a follow-up visit is needed, schedule it before you leave the doctor's office.
Urgent care	<p>Sudden but not life-threatening conditions, such as:</p> <ul style="list-style-type: none"> • Fevers greater than 101 degrees lasting for more than 24 hours • Vomiting that persists • Mild diarrhea • A new skin rash 	Within 2 days	Call your primary care physician. Your physician or an on-call doctor will provide care or direct you to an urgent care center near your home. You can also locate an urgent care center near you at bcbsm.com/find-a-doctor .
Emergency care	A condition that causes symptoms severe enough that someone with average health knowledge would believe that immediate medical attention is needed	Immediately	<ul style="list-style-type: none"> • Seek help at the nearest emergency room or call 911. • Contact your primary care physician within 24 hours.
Hospital care	Conditions that require inpatient care	As needed	Your primary care physician will arrange the hospital care you need and direct the care of any specialists who will see you there.

Access to Care

When you need behavioral health care

Call the mental health help number on the back of your ID card 24 hours a day, seven days a week to obtain behavioral health services (substance abuse care and mental health services). A care manager will evaluate your needs and arrange for services. You do not need a referral from your primary care physician.

When you receive inpatient mental health care, it's a good idea to continue care with an outpatient mental health professional immediately after discharge.

Type of care	Description	Time frame	What you need to do
Routine care	Where no danger is detected and the member's ability to cope is not at risk.	Within 10 days	Tell the behavioral care manager of any special needs to ensure appropriate referral.
Urgent care	Conditions that are not life-threatening, but face-to-face contact is necessary within a short period of time (example: severe depression)	Within 48 hours	Call the mental health help number on the back of your ID card.
Emergency care for conditions that are not life-threatening	Conditions that require rapid intervention to prevent deterioration of the patient's state of mind, which, left untreated, could jeopardize the patient's safety	Within 6 hours	Call the mental health help number on the back of your ID card.
Emergency care for life-threatening conditions	A condition that requires immediate intervention to prevent death or serious harm to the patient or others	Immediately	<ul style="list-style-type: none"> • Seek help at the nearest emergency room, or call 911. • Contact your primary care physician within 24 hours.
Hospital care	Conditions that require inpatient care	As needed	Your primary care physician will arrange the hospital care you need and direct the care of any specialists who will see you there.

Access to Care

Your doctor coordinates specialty health care

The more complicated the health care system becomes, the more important it is to help you navigate it. Your primary care physician – in partnership with you and in coordination with BCN – will arrange the specialty health care you need, referring you to doctors in our network. Most likely, the specialist will be someone your doctor knows professionally. By managing your care, your primary care physician makes sure that you get appropriate services and that the specialty care you receive becomes part of your health portfolio.

Referrals help your doctor monitor your care

Your primary care physician manages your health care through a referral process, which begins with you and your primary care physician determining the need for specialty health care. Here are some important points to remember about referral care:

- Your primary care physician refers you to a specialist. The referral isn't always in paper form.
- The treatment period can range from 30 days to 365 days.
- You may need special approval from BCN for certain services and for services from specialists who are not part of the BCN network.
- Your specialist can't refer you to another specialist. Only your primary care physician can refer you to specialist care.
- If your primary care physician doesn't refer you, you are responsible for the charges.
- Changing your primary care physician while a specialist is treating you may change your treatment authorization. Check with your new primary care physician.
- If you and your primary care physician are unable to agree about specialty care, please call Customer Service.

Out-of-network care

You must have a referral from your primary care physician before you get care from providers who are not part of our network, and BCN must authorize the care. If you receive medical care from providers who are not part of our network without an authorized referral from your primary care physician and BCN, you will be responsible for the cost of the service.

Access to Care

Special care for women

- **Breast reconstruction following a mastectomy**

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

- 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

- **Obstetrical stays**

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

A physician or other health provider does not need authorization to prescribe a length of 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.

Pain management

We provide coverage for the comprehensive evaluation and treatment of diseases, which includes the management of symptoms such as pain that may be associated with them. We consider pain management services an integral part of a complete disease treatment plan, subject to limitations detailed in your Benefit Document and Amendments. These can be viewed online at **bcbsm.com** after you log in as a member.

Continuing care with a doctor

In certain situations, you may be able to continue seeing the doctor you had under your previous health plan. In order to qualify for this continuity of care, your doctor must agree to keep you as a patient and must notify you of that intent in writing. Your doctor must also agree to accept BCN's reimbursement as payment in full and follow BCN's quality standards, utilization review policies and procedures.

For care to continue, one of these situations must apply:

- You must be receiving care for an ongoing course of treatment, and disruption of that care would interfere with recovery (care may continue until the treatment ends).
- You are in the second or third trimester of pregnancy (care may continue through postpartum)
- You have a terminal illness (care may continue for the remainder of the member's life).





Continuity of care may also apply when your BCN doctor is no longer part of our network.

Access to Care

Carry your member ID card when you travel

One of the many benefits of BCN Service Company is coverage that travels with you. You can receive benefits when you're away from home – on a short trip or for an extended time through BlueCard®. This Blue Cross and Blue Shield Association program gives members access to physicians in the United States wherever a Blue plan is offered. Call your primary care physician before you travel to arrange for coordinated care and required authorizations. See the chart below for care that needs to be authorized in advance.

Learn more about the BlueCard® program, which is part of your contract, by reading the disclosure document online at bcbsm.com/bluecarddisclosure or call Customer Service at 1-888-288-2738. to have a copy sent to you.

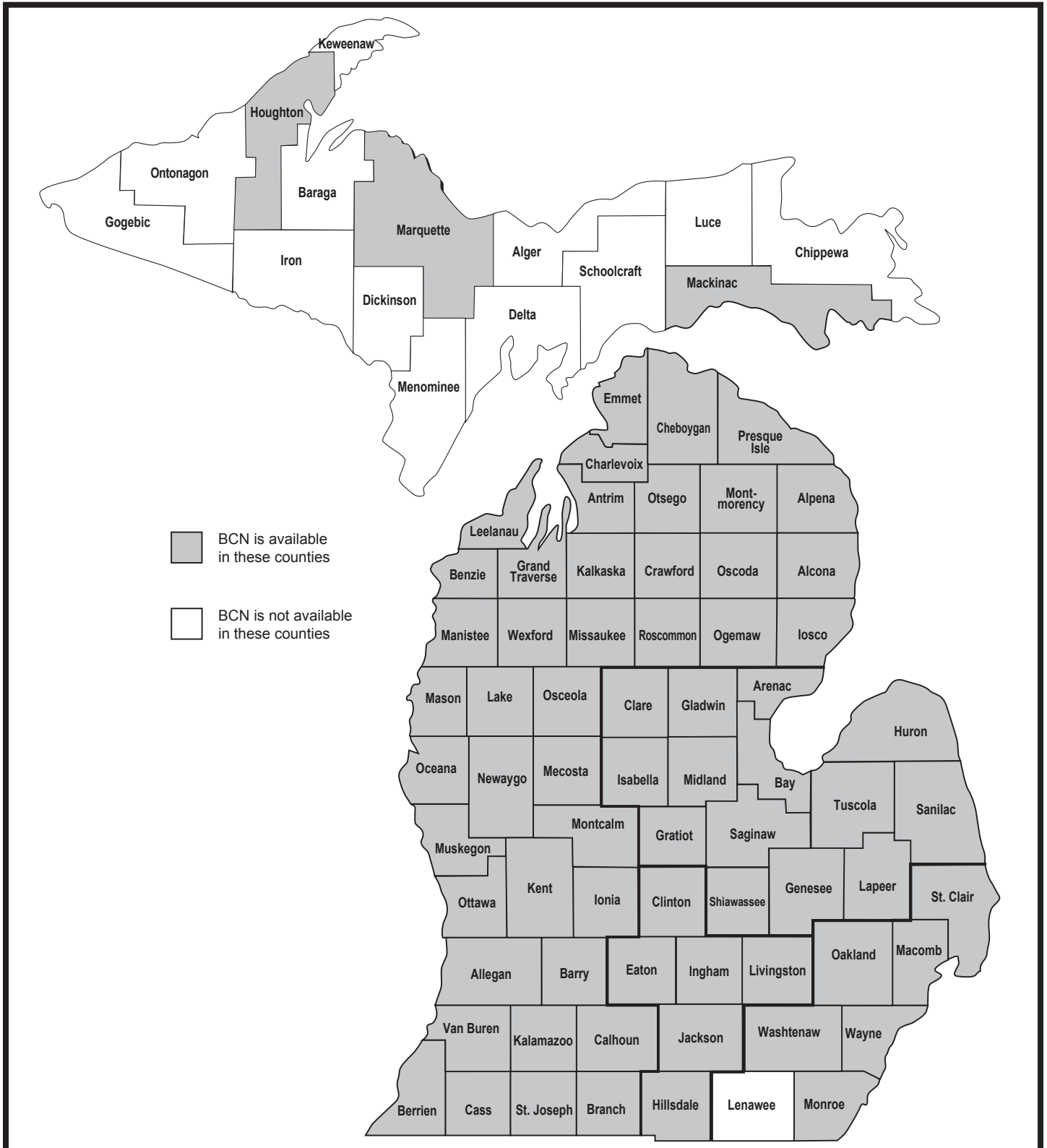
If you're traveling	And you need	Here's what you do
In Michigan where BCN is offered 	EMERGENCY CARE (The symptoms are severe enough that someone with average health knowledge believes that immediate medical attention is needed.)	Call 911 or go to the nearest hospital emergency room.
	URGENT CARE (The condition requires a medical evaluation within 48 hours.)	Call your primary care physician. To locate a participating urgent care center, call Customer Service or visit bcbsm.com/find-a-doctor .
	NONURGENT CARE	Call your primary care physician to coordinate services that don't require immediate attention.
In Michigan where BCN is not offered  <i>(You are covered for emergency care only.)</i>	EMERGENCY CARE	Call 911 or go to the nearest hospital emergency room.
In the United States but outside Michigan 	EMERGENCY CARE	Call 911 or go to the nearest hospital emergency room.
	URGENT CARE	Call BlueCard at 1-800-810-BLUE (2583)
	FOLLOW-UP CARE (To treat or monitor a chronic condition)	Call Customer Service for details about your health benefits and required authorizations.
	ROUTINE CARE (Doctor's visit for a minor illness)	Call BlueCard at 1-800-810-BLUE (2583) to find a physician at your destination.
	OTHER SERVICES (Such as elective surgeries, hospitalizations, mental health or substance abuse services)	Call Customer Service for details about your health benefits and to determine which services require prior authorization.
Outside the United States 	EMERGENCY CARE	Go to the nearest hospital emergency room. (You may be required to pay for services and then seek BCN reimbursement.)

Note: Before you go, call Customer Service for details about your health care benefits.

Access to Care

Health Care Network

Physicians, hospitals and other providers of care that have contracted with BCN Service Company and BCN are available in the counties noted below.



Access to Care

Durable medical equipment

In general, durable medical equipment is only covered when appropriate for use in the member's home. Your primary care physician determines what you need and writes a prescription for the basic equipment or appliances, as well as for any additional medically necessary items. Certain prescriptions require BCN authorization.

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. Medical equipment for diabetic patients (such as glucose monitors and insulin pumps) are considered durable medical equipment and may be covered as part of your medical benefit.

Northwood Inc. partners with BCN to provide all other durable medical equipment for members, as well as all prosthetic and orthotic appliances. To locate the Northwood provider nearest you, please call 1-800-667-8496. Representatives are available from 8:30 a.m. to 5:30 p.m. Monday through Friday. On-call associates are available after business hours.

If you qualify only for basic services but wish to receive items considered deluxe or items that do not meet our medical necessity criteria, you may elect to pay the difference between the provider's charge and the allowed maximum for the basic services.

Lab provider offers access across the state

Your lab work is performed by the same hospital in your community that you and your physicians use for most other services. BCN contracts with Joint Venture Hospital Laboratories to provide clinical laboratory services. This partnership offers statewide 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 patient service centers in your community, call 1-800-445-4979 or visit JVHL.org.*

**This website is not controlled by BCN, and BCN is not responsible for its content.*

Make the BlueHealthConnection

Our BlueHealthConnection® umbrella of care is designed to help you stay healthy, get better or live well with illness. We offer health education, disease management and case management programs, tailored to your needs and built on our partnership with members, physicians and other providers.

Health education keeps you informed

Knowledge is an important part of prevention because the more you know the better you can be. We keep you informed so you can stay on top of your health.

- Read our *Good Health* magazine, sent twice a year, for information about your benefits, advice on healthy self-care practices and the latest news about our medical, behavioral health and pharmacy programs.
- Sign up for our free BCN e-newsletter at bcbsm.com/enewsletters for articles on how to improve your health, seasonal tips and an *Ask the Coach* feature.
- Make an appointment with your doctor when you get one of our reminders to get a health checkup, screening or immunization.
- Call 1-800-637-2972 to request a free self-help guide on nutritious eating, exercise, depression, high blood pressure, stress management, losing weight, back pain, cholesterol or quitting smoking.

Money-saving offers

People who achieve a healthy weight and increase their activity feel better and decrease their risk of developing medical problems such as high blood pressure, diabetes and heart disease. The Blues help you stay healthy and save money at the same time.

- Healthy Blue XtrasSM is a Blues program with special offers from companies across Michigan. Savings cover a variety of healthy goods and services from groceries and fitness gear to yoga and gym packages.
- Members can stay healthy 365 days a year by using Blue365[®], a program sponsored by the Blue Cross and Blue Shield Association. Savings cover activities such as fitness, weight control, recreation and alternative medicine. Blue365 also provides helpful resources that allow you to make informed health care decisions.

For more information and for access to discounts, visit bcbsm.com, and click on the *Healthy Living* menu at the top of the page

No more tobacco

Because tobacco is linked to many life-threatening illnesses, we want to help you quit.

Our tobacco cessation program includes a battery of tools to help you quit. You get educational materials and ongoing telephone support to keep you motivated. Call 1-800-811-1764 to enroll. The hours are 9 a.m. to 9 p.m. Monday through Saturday.

Make the BlueHealthConnection

Good health guidelines for women

Though many women live in fear of developing breast cancer, the No. 1 cause of death among American women is coronary heart disease. To reduce your risk for this and other diseases, we recommend you:

- **Eat healthy, balanced meals.** Eating five or more servings of fruits and vegetables a day and less saturated fat can improve your health and may reduce the risk for disease.
- **Keep your weight under control.** Anyone who's overweight is more at risk for diseases and conditions such as diabetes, high blood pressure, heart disease and stroke.
- **Exercise.** Thirty minutes of moderate physical activity a day will keep you fit and help prevent disease. Exercise can be cutting the grass or just walking. The important thing is to get moving.
- **Don't smoke.** Smoking increases your risk for cancer and heart disease. If you smoke, join BCN's tobacco cessation program by calling 1-800-811-1764.
- **Manage stress.** Stress can keep us on our toes or undermine our health. If stress is causing you to eat poorly, drink too much, smoke or neglect your health, you need to take time to be good to yourself.
- **Get routine exams and screenings** for high blood pressure, high cholesterol, diabetes and sexually transmitted diseases.

Heart healthy tip: Ask your doctor about aspirin use.

Use the following timetable of health actions to help prevent illness or detect conditions in their earliest stages. These guidelines are based on recommendations provided by the Michigan Quality Improvement Consortium and are updated by MQIC every two years unless new research reveals findings that affect the current recommendations.

Make the BlueHealthConnection

Good health guidelines for women

WHAT	AGE	HOW OFTEN
Health exam (including, height and weight assessment, body mass index evaluation and obesity counseling, alcohol/drug abuse, tobacco use and injury)	18 – 49 50 – 65+	Every 1 – 5 years Every 1 – 3 years
Blood pressure screening	18+	Every 2 years if blood pressure is \leq 120/80. Every year if blood pressure is higher than 120 – 139/80 – 89. Screen more frequently if needed.
Diabetes screening	18 – 65+	Every 3 years with blood pressure \geq 135/80.
Colorectal cancer screening	18 – 49 50 – 75 76+	If at high risk, ask your doctor. Fecal occult blood test OR Sigmoidoscopy every 5 years with fecal occult blood test every 3 years OR Colonoscopy every 10 years Ask your doctor.
Glaucoma screening	18 – 64	If at high risk, ask your doctor.
Osteoporosis screening	50 – 64 65+	Ask your doctor. Screen
HIV screening	18 – 64 65+	One test for everyone Every year if high risk

WOMEN	AGE	HOW OFTEN
Cholesterol and lipid screening	20 – 45+	Ask your doctor.
Osteoporosis screening	50 – 64 65+	Ask your doctor. Test
Mammogram (with or without clinical breast exam)	18 – 49 50 – 74 75+	Ask your doctor. Every 2 years Ask your doctor.
Cervical cancer/ Pap test screening	21 – 64 65+	Every 3 years Ask your doctor.
Chlamydia screening	Under 24 (sexually active) 25+ (if high risk) Pregnant women	Every year Every year Screen
Pregnancy (prenatal visits)	Childbearing	Week 6 – 8: First visit Week 14 – 16: 1 visit Week 24 – 28: 1 visit Week 32: 1 visit Week 36: 1 visit Week 38 – 41: Every week
Pregnancy (postnatal visits)	Childbearing	Once 21 – 56 days after delivery
IMMUNIZATIONS	AGE	HOW OFTEN
HPV (human papillomavirus)	Females, 9 – 26 Males, 9 – 26	3 doses Ask your doctor.
Tdap	After age 12	1 dose
Tetanus	18 – 65+	Once every 10 years
Flu	18 – 65+	Every year
MMR	18 – 49	1 – 2 doses if needed
Varicella (chicken pox)	18 – 65+	2 doses if needed
Hepatitis A, Hepatitis B, Meningococcal	18 – 65+	If high risk
Pneumococcal (meningitis and pneumonia)	18 – 64 65+	If high risk 1 dose. If you received a dose before age 65, and 5 or more years have passed since the first dose, get another dose at age 65.
Zoster (shingles)	60+	One dose

Make the BlueHealthConnection

Some hospitals stand out

We've identified hospitals and other facilities that have consistently demonstrated expertise in delivering quality health care as Blue Distinction Centers for Specialty Care®. These centers of excellence provide quality health care in the following specialties:

- Blue Distinction Centers for Bariatric Surgery®
- Blue Distinction Centers for Cardiac Care®
- Blue Distinction Centers for Complex and Rare Cancers®
- Blue Distinction Centers for Knee and Hip Replacement®
- Blue Distinction Centers for Spine Surgery®
- Blue Distinction Centers for Transplants®

Blue Distinction Centers are part of a national program developed with the Blue Cross and Blue Shield Association and other Blue plans across the country. The Blue Distinction designation means these facilities met criteria established with recommendations from expert clinicians and leading professional organizations. Although individual outcomes may vary, the Blue Distinction designation can help members and physicians make informed decisions when selecting a quality facility for certain procedures.

Selecting a hospital with a Blue Distinction designation is not required.

For more information about these facilities, visit bcbsm.com. Click on *FAQs*, listed under the *Help* menu at the top of the page. Click *Getting Care* in the left column under the *Browse by Topic* heading.

How to live better with chronic illness

Management is your key to living with a chronic medical condition. Our BlueHealthConnection chronic condition management programs provide the information and people to help you manage your condition and achieve the best possible quality of life. We offer programs for:

- Asthma
- Cardiovascular heart disease
- Chronic kidney disease
- Chronic obstructive pulmonary disease
- Depression
- Diabetes
- Heart failure

For more information about our programs, the various tools we offer and the levels of assistance with chronic conditions, call our BlueHealthConnection nurse line at 1-800-392-4247.

Make the BlueHealthConnection

When you need extra care

When you're seriously ill or injured, we offer extra help. Our case management support includes information about treatment options, coordination of care and social work counseling. Our registered nurses work closely with you, your primary care physician and your specialist to help arrange the services needed and support you through the treatment your physician orders. Your case manager can also help you find community resources.

In addition to the conditions noted on the previous page, the following are generally monitored through case management:

- Chronic progressive disease (for example, lupus, rheumatoid arthritis and multiple sclerosis)
- Emergency room use for members who have been using the emergency room frequently
- Kidney disease
- Heart disease following a heart attack, angioplasty or coronary bypass surgery
- High-risk pregnancy for women who may expect complications during pregnancy and delivery
- Pediatric care
- Oncology
- Organ transplant
- Catastrophic condition (for example, stroke or brain injury)

For more information or to see if you qualify to enroll in one of our case management programs, please call Customer Service.

Quality management

Our quality improvement programs help doctors give appropriate care. Please call our Quality Management department at 248-455-3471 for more information about our programs and guidelines.

For health information, call BlueHealthConnection at 1-800-637-2972..

Advance directives speak for you when you cannot

Sometimes people become unable to make health care decisions for themselves due to accidents or serious illness. You have the right to say what you want to happen if you are in this situation. The legal documents that you can use to give your directions in advance in these situations are called advance directives.

Talk with your physician about your health and potential future health needs. You will also want to discuss your wishes with family and friends.

Preparing an advance directive is your choice and not a health care requirement. Whether or not you create one will not affect your health care coverage.

For information about creating an advance directive and for the forms you need to complete, visit **bcbsm.com**. Click on *FAQs*, listed under the *Help* menu at the top of the page. Click *Other Topics* in the left column under the *Browse by Topic* heading.

Your Drug Benefit

About your prescription drug coverage

This guide lists the most commonly used drugs available to members with Blue Care Network prescription drug coverage. Drugs on this Custom Drug List are grouped into tiers, with the safest and least expensive drugs included in the lower tiers. Your copayment, or out-of-pocket cost, is outlined in your drug benefit and defined by one of the tiers outlined below.

Tier 1 — Lowest copayment

You'll pay the lowest copayment for the mostly generic drugs in this tier. Generics are the most cost-effective option for treatment. If you have a six-tier drug rider, tier 1 drugs are further divided into:

- 1A. Preferred generic drugs used to treat chronic diseases like high blood pressure, cholesterol, diabetes, heart disease, certain eye diseases, depression and congestive heart failure. They're available at the lowest generic copayment. For a list of tier 1A drugs, please visit bcbsm.com/BCNdruglists.
- 1B. Generics that don't fall into 1A are in this category for a low copayment.

Tier 2 — Higher copayment

This tier includes preferred, brand-name drugs. These drugs are more expensive than those in tier 1, and you'll pay a higher copayment for them.

Tier 3 — Highest copayment or not covered

In this category are nonpreferred brand-name drugs for which there is either a generic alternative or a more cost-effective preferred brand. You'll pay the highest copayment for these nonspecialty drugs, or they may not be covered.

You may have this drug benefit

Some members may have the 3-Tier + Specialty prescription drug benefit instead of the standard BCN drug formulary. This benefit adds two copayment levels for specialty drugs that treat complex conditions, such as cancer, chronic kidney failure, multiple sclerosis, organ transplants and rheumatoid arthritis, and may require special handling and monitoring. If you have this program, or a six-tier pharmacy rider, you'll pay a percentage of the cost of specialty drugs, up to a maximum copayment per prescription and an out-of-pocket limit per year.

Tier 4 – Lowest specialty drug copayment

Tier 4 preferred specialty drugs are more effective and less expensive than nonpreferred specialty drugs in tier 5.

Tier 5 – Highest specialty drug copayment

You'll pay the highest copayment for nonpreferred specialty drugs in tier 5. That's because there may be a more cost-effective generic or preferred brand.

For a list of 3-Tier + Specialty drugs, visit bcbsm.com/BCNdruglists.

Your Drug Benefit

Drugs covered with no copayment

Under the Affordable Care Act, some members can receive certain commonly prescribed drugs without any cost sharing. These include aspirin, folic acid, fluoride, iron, vitamin D, smoking cessation products and certain contraceptive medications. 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 visit [bcbsm.com/pharmacy](https://www.bcbsm.com/pharmacy).

For more information about your drug coverage, log in to your account on [bcbsm.com](https://www.bcbsm.com).

How do I know what type of drug coverage I have?

Individual drug plans vary. For details about your drug benefit, please call the Customer Service phone number on the back of your Blues ID card. Or, if you have online access, log in to your account at [bcbsm.com](https://www.bcbsm.com). You can also find more general information about the Blues' prescription coverage at [bcbsm.com/pharmacy](https://www.bcbsm.com/pharmacy).

Generic drugs deliver better value

Brand-name drugs can be costly, but many are now available as generics, which cost less. Frequently, your prescription will be filled with a generic drug for a lower copayment. That's because generic drugs work the same as brand-name drugs. The Food and Drug Administration requires that generic drugs have the same active ingredients as their brand-name versions. If you're taking a brand-name drug, ask your doctor if there's an alternative for your condition.

Why do some drugs need approval?

The Blues 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, or your doctor may have to get approval before a certain drug is covered.

Drugs that require approval are identified in the drug list. The conditions for approval are based on current medical information and the recommendations of the Blues Pharmacy and Therapeutics Committee, a group of doctors, pharmacists and other health care experts.

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

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

Your Drug Benefit

How do I fill my 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 Blues card. You may fill all prescriptions (including specialty drugs) at any of these pharmacies.

- **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.
- All other drugs should be ordered through Express Scripts* mail order pharmacy.

If you have questions about which mail order vendor to use, please call the Customer Service number on the back of your Blues ID card, or visit bcbsm.com/pharmacy.

NOTE: Each prescription refill for a specialty drug is limited to a 30-day supply. You may need to try some specialty drugs for 15 days before we'll fill a 30-day supply.

Getting more for your copayment dollar

You can get up to a 30-day supply of medication for one copayment. You can also get up to a three-month (90 days) supply of most prescription medications from most retail pharmacies. To ensure the drug and dosage are right for you, an initial 30 day trial period is required for eligible brand-name medications.

What's not 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 that are usually given in a doctor's office)
- Compounded drugs that do not meet BCN requirements
- Prescriptions filled after your coverage has ended (includes prescription refills that are more than 30 days past your last date of coverage)
- Replacement prescriptions resulting from loss, theft or mishandling
- Drugs for which there are over-the-counter equivalents in both strength and dosage (a few are included in our drug list)

For more information about your drug coverage, log into your account on bcbsm.com.

Your Drug Benefit

Commonly prescribed drugs

The Custom Drug List was developed by a team of doctors, pharmacists, and other health professionals and includes the drugs that are covered under your drug benefit. All drugs on the list are approved by the U.S. Food and Drug Administration.

The Custom Drug List is meant to help you and your doctor choose drugs that are the safest, most effective and least costly. It's not intended to take the place of your doctor's advice. To view this list, visit bcbsm.com/BCNdruglists. You can also call Customer Service and ask for a copy.

How to read the drug list

The drug list that follows shows the drug's copayment tier and whether the drug has special requirements. If two drug names are shown (*generic* and *Brand*), the tier is matched to the generic.

Brand generic (Brand)	Tier	Approval needed	Quantity limits	Specialty drug
1 Cardiovascular, blood pressure, cholesterol				
2 atorvastatin calcium (Lipitor)	1		✓	
3 Benicar, HCT	2	✓	✓	
4 Crestor	3	✓	✓	

- 1** Drugs are organized under a category heading.
- 2** The generic drug, *atorvastatin calcium*, requires only a tier 1 copayment. Its brand-name equivalent (in parentheses) may require a higher copayment and plan approval.
- 3** Benicar HCT is a tier 2, brand drug. BCN requires plan approval before the drug is covered. BCN also requires that prescriptions meet quantity guidelines.
- 4** Crestor is a brand-name, tier 3 drug, which requires the highest copayment. It also requires plan approval and must follow quantity guidelines before being covered.
- 5** **Approval needed:** Plan approval is required for coverage.
- 6** **Quantity limits:** Prescriptions must meet quantity guidelines.
- 7** **Specialty drugs:** These drugs may need to be filled at designated pharmacies.

NOTE: For the most accurate list of drugs, including specialty and tier 1 generics, please visit bcbsm.com/BCNdruglists.

Brand generic (Brand)	Tier	Approval needed	Quantity limits	Specialty drug
ADD and ADHD				
Adderall XR	1		✓	
<i>amphet asp/amphet/d-amphet</i> (Adderall XR)	1	✓	✓	
<i>amphet asp/amphet/d-amphet</i> (Adderall)	1		✓	
Focalin XR	3		✓	
Intuniv	3	✓	✓	
<i>methylphenidate</i> (Concerta)	1		✓	
<i>methylphenidate</i> (Ritalin, SR; Methylin, ER)	1			
Strattera	3	✓	✓	
Vyvanse	3	✓	✓	
Allergy, cough and cold				
<i>benzonatate</i> (Tessalon Perles)	1			
<i>cetirizine</i> (Zyrtec OTC)	1			
<i>codeine/promethazine</i> (Phenergan w/Codeine)	1			
<i>d-methorphan hb/prometh</i> (Phenergan DM)	1			
Epipen, JR	2			
<i>hydrocodone/chlorphen polis</i> (Tussionex)	1			
<i>hydroxyzine</i> (Atarax, Vistaril)	1			
<i>levocetirizine</i> (Xyzal)	1	✓	✓	
<i>loratadine</i> (Claritin [OTC])	1			
<i>p-ephed/cetirizine</i> (Zyrtec-D [OTC])	1			
<i>p-ephed/loratadine</i> (Claritin-D [OTC])	1			
Antibiotics, antifungal and antiviral				
<i>acyclovir</i> (Zovirax)	1			
<i>amox tr/potassium clavulanate</i> (Augmentin, ES, XR)	1			
<i>amoxicillin trihydrate</i> (Amoxil)	1			
Avelox, ABC	2			
<i>azithromycin</i> (Zithromax)	1			
<i>cefdinir</i> (Omnicef)	1			
<i>cefuroxime axetil</i> (Ceftin)	1			
<i>cephalexin monohydrate</i> (Keflex)	1			
<i>ciprofloxacin</i> (Cipro)	1			
<i>clarithromycin</i> (Biaxin, XL)	1			
<i>clindamycin</i> (Cleocin)	1			
<i>doxycycline hyclate</i> (Vibramycin, Vibratabs)	1			
<i>hydroxychloroquine sulfate</i> (Plaquenil)	1			
<i>levofloxacin</i> (Levaquin)	1			
<i>metronidazole</i> (Flagyl)	1			
<i>minocycline</i> (Minocin, Dynacin)	1			
<i>nitrofurantoin</i> (Macrobid)	1			
<i>nitrofurantoin</i> (Macrochantin)	1			
<i>penicillin v potassium</i> (Penicillin VK)	1			
<i>phenazopyridine</i> (Pyridium)	1			
<i>sulfamethoxazole/trimethoprim</i> (Bactrim, DS. Septra, DS)	1			

Brand generic (Brand)	Tier	Approval needed	Quantity limits	Specialty drug
Antibiotics, antifungal and antiviral (continued)				
Tamiflu cap, susp	2		✓	
<i>terbinafine</i> (Lamisil)	1			
<i>valacyclovir</i> (Valtrex)	1		✓	
Antidepressants, antipsychotics, antianxiety				
Abilify	2	✓		
<i>alprazolam</i> (Xanax, XR)	1			
<i>amitriptyline</i> (Elavil)	1			
<i>bupropion</i> (Wellbutrin, SR, XL)	1		✓	
<i>bupirone</i> (Buspar)	1			
<i>citalopram hydrobromide</i> (Celexa)	1			
Cymbalta	3	✓	✓	
<i>diazepam</i> (Valium)	1			
<i>doxepin</i> (Sinequan)	1			
<i>escitalopram oxalate</i> (Lexapro)	1		✓	
<i>fluoxetine</i> (Prozac, Sarafem)	1			
<i>lamotrigine</i> (Lamictal)	1			
<i>lithium carbonate</i> (Eskalith, Lithobid)	1			
<i>lorazepam</i> (Ativan)	1			
<i>mirtazapine</i> (Remeron)	1			
<i>nortriptyline</i> (Pamelor, Aventyl)	1			
<i>olanzapine</i> (Zyprexa, Zydys)	1			
<i>paroxetine</i> (Paxil)	1			
Pristiq ER	3	✓	✓	
<i>quetiapine fumarate</i> (Seroquel)	1			
<i>risperidone</i> (Risperdal, ODT)	0			
<i>sertraline</i> (Zoloft)	1			
<i>trazodone</i> (Desyrel)	1			
<i>venlafaxine</i> (Effexor XR)	1		✓	
<i>venlafaxine</i> (Effexor)	1			
Asthma and COPD				
Advair	2		✓	
<i>albuterol sulfate</i> (Albuterol Soln)	1			
Alvesco	1			
Asmanex	1			
<i>budesonide</i> (Pulmicort)	1			
Combivent, Respimat	2			
Dulera	2		✓	
Flovent HFA, Diskus	1			
Foradil	2			
<i>ipratropium bromide</i> (Atrovent)	1			
<i>montelukast</i> (Singulair)	1		✓	
Proair HFA, Ventolin HFA	2			
Qvar	1			
Serevent	2			

Brand generic (Brand)	Tier	Approval needed	Quantity limits	Specialty drug
Asthma and COPD (continued)				
Spiriva	2			
Symbicort	2		✓	
Xopenex HFA	3			
Cancer and transplant				
<i>anastrozole</i> (Arimidex)	1	✓		
<i>letrozole</i> (Femara)	1	✓		
<i>mycophenolate mofetil</i> (Cellcept)	1			✓
<i>tacrolimus anhydrous</i> (Prograf)	1			✓
<i>tamoxifen</i> (Nolvadex)	1			
Cardiovascular, blood pressure, cholesterol				
Aggrenox	3			
<i>amiodarone</i> (Cordarone)	1			
<i>amlodipine besylate</i> (Norvasc)	1			
<i>amlodipine besylate/benazepril</i> (Lotrel)	1			
<i>atenolol</i> (Tenormin)	1			
<i>atenolol/chlorthalidone</i> (Tenoretic)	1			
<i>atorvastatin calcium</i> (Lipitor)	1		✓	
Azor	3	✓	✓	
<i>benazepril</i> (Lotensin)	1			
<i>benazepril-hctz</i> (Lotensin HCT)	1			
Benicar, HCT	2	✓	✓	
<i>bisoprolol/hydrochlorothiazide</i> (Ziac)	1			
<i>bisoprolol fumarate</i> (Zebeta)	1			
<i>bumetanide</i> (Bumex)	1			
Bystolic	3			
<i>carvedilol</i> (Coreg)	1			
<i>chlorthalidone</i> (Hygroton, Thalitone)	1			
<i>cilostazol</i> (Pletal)	1			
<i>clonidine</i> (Catapres)	1			
<i>clopidogrel bisulfate</i> (Plavix)	1			
Crestor	3	✓	✓	
<i>digoxin</i> (Digoxin)	1			
<i>diltiazem</i> (Cardizem, SR, CD, LA)	1			
Diovan	3	✓		
<i>doxazosin</i> (Cardura)	1			
Effient	2		✓	
<i>enalapril maleate</i> (Vasotec)	1			
<i>enoxaparin sodium</i> (Lovenox)	1			✓
Exforge	3	✓		
<i>felodipine</i> (Plendil)	1			
<i>fenofibrate</i> (Antara, Lofibra)	1			
<i>fenofibrate</i> (Tricor)	1		✓	
<i>flecainide</i> (Tambocor)	1			
<i>fosinopril</i> (Monopril)	1			

Brand generic (Brand)	Tier	Approval needed	Quantity limits	Specialty drug
Cardiovascular, blood pressure, cholesterol (continued)				
<i>furosemide</i> (Lasix)	1			
<i>gemfibrozil</i> (Lopid)	1			
<i>guanfacine</i> (Tenex)	1			
<i>hydralazine</i> (Apresoline)	1			
<i>hydrochlorothiazide</i> (Hydrodiuril, Microzide)	1			
<i>indapamide</i> (Lozol)	1			
<i>irbesartan</i> (Avapro)	1	✓	✓	
<i>irbesartan-hctz</i> (Avalide)	1	✓	✓	
<i>isosorbide</i> (Imdur, Isordil)	1			
<i>labetalol</i> (Trandate)	1			
<i>lisinopril</i> (Prinivil, Zestril)	1			
<i>lisinopril/hydrochlorothiazide</i> (Prinzide, Zestoretic)	1			
<i>losartan potassium</i> (Cozaar)	1		✓	
<i>losartan/hctz</i> (Hyzaar)	1		✓	
<i>lovastatin</i> (Mevacor)	1			
Lovaza	3			
<i>metolazone</i> (Zaroxolyn)	1			
<i>metoprolol</i> (Lopressor, Toprol XL)	1			
Micardis, HCT	3	✓	✓	
Multaq	2		✓	
<i>nadolol</i> (Corgard)	1			
Niaspan	2			
<i>nifedipine</i> (Procardia, XL; Adalat CC)	1		✓	
Nitrostat	2			
Pradaxa	2		✓	
<i>pravastatin</i> (Pravachol)	1		✓	
<i>propafenone</i> (Rythmol)	1			
<i>propranolol</i> (Inderal)	1			
<i>quinapril</i> (Accupril)	1			
<i>ramipril</i> (Altace capsule)	1			
<i>simvastatin</i> (Zocor)	1		✓	
<i>sotalol</i> (Betapace)	1			
<i>spironolactone</i> (Aldactone)	1			
<i>spironolactone-hctz</i> (Aldactazide)	1			
<i>terazosin</i> (Hytrin)	1			
<i>torseamide</i> (Demadex)	1			
<i>triamterene/hctz</i> (Maxzide, Dyazide)	1			
Trilipix	3	✓	✓	
<i>valsartan/hctz</i> (Diovan HCT)	1	✓	✓	
<i>verapamil</i> (Calan SR/Isoptin SR)	1			
Vytorin	3	✓	✓	
<i>warfarin sodium</i> (Coumadin)	1			
Welchol	2			
Zetia	2		✓	

Brand generic (Brand)	Tier	Approval needed	Quantity limits	Specialty drug
Dementia				
<i>donepezil</i> (Aricept)	1			
Exelon patch/solution	2		✓	
Namenda	2			
<i>rivastigmine</i> (Exelon capsule)	1		✓	
Dermatology				
<i>betamethasone dipropionate</i> (Diprolene AF)	1			
<i>betamethasone valerate</i> (Valisone)	1			
<i>ciclopirox</i> (Loprox)	1			
<i>ciclopirox</i> (Penlac)	1			
<i>clindamycin phos/benzoyl perox</i> (Benzaclin)	1			
<i>clobetasol propionate</i> (Temovate, Clobevate)	1			
<i>clotrimazole/betamet diprop</i> (Lotrisone)	1			
<i>desonide</i> (Desowen, Tridesilon)	1			
<i>desoximetasone</i> (Topicort)	1			
<i>econazole nitrate</i> (Spectazole)	1			
Epiduo	3			
<i>erythromycin-benzoyl peroxide</i> (Benzamycin)	1			
<i>fluocinonide</i> (Lidex)	1			
<i>hydrocortisone</i> (Hytone)	1			
<i>hydrocortisone valerate</i> (Westcort)	1			
<i>ketoconazole</i> (Nizoral)	1			
<i>lidocaine-prilocaine</i> (Emla)	1			
Lidoderm	3			
<i>mometasone furoate</i> (Elocon)	1			
<i>mupirocin</i> (Bactroban)	1			
<i>nystatin</i> (Mycostatin)	1			
<i>nystatin-triamcinolone</i> (Mycolog II)	1			
<i>permethrin</i> (Elimite)	1			
Tazorac	2			
<i>tretinoin</i> (Retin-A)	1			
<i>triamcinolone acetonide</i> (Aristocort, Kenalog)	1			
Diabetes				
Apidra	2			
Byetta	3	✓	✓	
<i>glimepiride</i> (Amaryl)	1			
<i>glipizide</i> (Glucotrol, XL)	1			
<i>glyburide</i> (Diabeta, Micronase)	1			
<i>glyburide/metformin</i> (Glucovance)	1			
Humalog, Mix	2			
Humulin	2			
Janumet XR	2		✓	
Januvia, Janumet	3	✓	✓	
Kombiglyze XR	3	✓	✓	
Lantus, Solostar	2			

Brand generic (Brand)	Tier	Approval needed	Quantity limits	Specialty drug
Diabetes (continued)				
Levemir	2			
<i>metformin</i> (Glucophage, XR)	1			
Novolog, Mix	2			
Onglyza	3	✓	✓	
<i>pioglitazone</i> (Actos)	1		✓	
Prandin	2			
Victoza	3	✓	✓	
Ear, nose				
<i>antipyrine-benzocaine</i> (Benzotic)	1			
Astepro	2			
<i>azelastine</i> (Astelin)	1			
Ciprodex	2			
<i>fluticasone propionate</i> (Flonase)	1			
Nasonex	3	✓		
<i>neomycin-polymyxin-hc</i> (Cortisporin)	1			
Endocrinology				
Androgel, 1.62%	2		✓	
<i>calcitriol</i> (Rocaltrol)	1			
<i>desmopressin acetate</i> (DDAVP)	1			
<i>dexamethasone</i> (Decadron)	1			
<i>ergocalciferol</i> (Calciferol)	1			
<i>levothyroxine</i> (Levothyroxine, Synthroid)	1			
<i>liothyronine</i> (Cytomel)	1			
<i>methylprednisolone</i> (Medrol, dosepak)	1			
<i>prednisolone</i> (Prednisolone, tabs, syrup)	1			
<i>prednisolone</i> (Orapred)	1			
<i>prednisone</i> (Prednisone)	1			
<i>somatropin</i> (Genotropin, Nutropin)	2	✓		✓
Somatuline Depot	2			
<i>testosterone cypionate</i> (Depo-Testosterone)	1			
Erectile dysfunction, smoking, weight loss				
Chantix	2		✓	
Cialis	2	✓	✓	
Levitra	3	✓	✓	
<i>phentermine</i> (Adipex-P)	1	✓	✓	
Viagra	2	✓	✓	
Eye				
Alphagan P 0.1%	2			
Azopt	2			
<i>brimonidine tartrate</i> (Alphagan P)	1			
<i>dorzolamide-timolol</i> (Cosopt)	1			
<i>erythromycin base</i> (Ilotycin)	1			
<i>gentamicin sulfate</i> (Garamycin)	1			

Brand generic (Brand)	Tier	Approval needed	Quantity limits	Specialty drug
Eye (continued)				
latanoprost (Xalatan)	1			
Lumigan	2			
Moxeza	2			
neomycin-polymyxin-dexameth (Maxitrol)	1			
ofloxacin (Ocuflox)	1			
Patanol	2			
polymyxin b sulfate/tmp (Polytrim)	1			
prednisolone acetate (Pred Forte)	1			
Restasis	2			
timolol maleate (Timoptic)	1			
tobramycin (Tobrex)	1			
tobramycin sulfate/dexameth (Tobradex)	1			
Travatan Z	2			
Vigamox	2			
Gastrointestinal				
Asacol, HD	2			
Aciphex	3	✓		
Delzicol	2			
Dexilant	3	✓	✓	
diphenoxylate/atrop sulf (Lomotil)	1			
famotidine (Pepcid, prescription only)	1			
hydrocortisone-pramoxine (Analpram-HC)	1			
hyoscyamine sulfate (Levsin, Levbid)	1			
lansoprazole (Prevacid)	1	✓		
meclizine (Antivert)	1			
metoclopramide (Reglan tab, solution)	1			
Nexium	3	✓		
omeprazole (Prilosec, OTC)	1			
omeprazole-sodium bicarbonate (Zegerid)	1	✓		
ondansetron (Zofran, ODT)	1			
pantoprazole (Protonix)	1			
polyethylene glycol 3350 (Miralax)	1			
prochlorperazine (Compazine)	1			
promethazine (Phenergan)	1			
ranitidine (Zantac, prescription only)	1			
sucralfate (Carafate tabs)	1			
ursodiol (Actigall)	1			
Migraine				
butalb/acetaminophen/caffeine (Fioricet; Esgic, plus)	1			
Relpax	3	✓	✓	
rizatriptan (Maxalt, MLT)	1	✓	✓	
sumatriptan (Imitrex)	1		✓	

Brand generic (Brand)	Tier	Approval needed	Quantity limits	Specialty drug
Multiple sclerosis				
Avonex	2			✓
Copaxone	2			✓
Extavia	3			✓
Rebif	2			✓
Muscle relaxants				
baclofen (Lioresal)	1			
carisoprodol (Soma)	1			
cyclobenzaprine (Flexeril)	1			
metaxalone (Skelaxin)	1			
methocarbamol (Robaxin)	1			
orphenadrine citrate (Norflex)	1			
tizanidine (Zanaflex)	1	✓		
Osteoporosis, rheumatology, gout				
Actonel	2	✓	✓	
alendronate sodium (Fosamax)	1		✓	
allopurinol (Zyloprim)	1			
azathioprine (Imuran)	1			
Colcrys	2			
Enbrel	2	✓	✓	✓
Evista	2			
Humira	2	✓	✓	✓
methotrexate (Trexall)	2			
Uloric	2	✓	✓	
Pain, inflammation				
Celebrex	3	✓	✓	
diclofenac sodium (Voltaren)	1			
etodolac (Lodine)	1			
ibuprofen (Motrin)	1			
indomethacin (Indocin, SR)	1			
ketorolac tromethamine (Toradol)	1		✓	
meloxicam (Mobic)	1			
nabumetone (Relafen)	1			
naproxen (Naprosyn, Anaprox, DS)	1			
Pain				
codeine phos/acetaminophen (Tylenol w/codeine)	1		✓	
fentanyl (Duragesic)	1		✓	
hydrocodone bit/acetaminophen (Vicodin, [various])	1		✓	
hydrocodone/ibuprofen (Vicoprofen)	1			
hydromorphone (Dilaudid)	1			
methadone (Methadone)	1			
morphine sulfate (MS Contin [Various])	1			
oxycodone (Oxycodone)	1			
oxycodone/acetaminophen (Percocet)	1		✓	

Brand generic (Brand)	Tier	Approval needed	Quantity limits	Specialty drug
Pain (continued)				
Suboxone Film	2			
tramadol (Ultram)	1			
tramadol/acetaminophen (Ultracet)	1			
Parkinson's				
Azilect	2			
carbidopa-levodopa (Sinemet)	1			
pramipexole dihydrochloride (Mirapex)	1			
ropinirole (Requip)	1			
Seizure				
carbamazepine (Tegretol)	1			
clonazepam (Klonopin, Wafer)	1			
divalproex sodium (Depakote, ER)	1			
gabapentin (Neurontin)	1			
levetiracetam (Keppra)	1			
Lyrica	3	✓	✓	
oxcarbazepine (Trileptal)	1			
phenytoin sodium (Dilantin)	1			
primidone (Mysoline)	1			
topiramate (Topamax)	1			
modafinil (Provigil)	1	✓	✓	
Nuvigil	3	✓	✓	
Vimpat	2			
Sleep				
Lunesta	3	✓	✓	
temazepam (Restoril)	1		✓	
zolpidem (Ambien)	1		✓	
zolpidem (Ambien CR)	1	✓	✓	
Urology				
Avodart	2			
Cialis 2.5mg, 5mg	2	✓	✓	
Detrol LA	2			
dicyclomine (Bentyl)	1			
finasteride (Proscar)	1			
Jalyn	2		✓	
oxybutynin chloride (Ditropan, XL)	1			
tamsulosin (Flomax)	1			
Vesicare	3			
Vitamins, oral Health				
chlorhexidine gluconate (Peridex)	1			
cyanocobalamin (Vitamin B Inj)	1			
folic acid (Folic Acid)	1			
potassium chloride (K-Dur [Various])	1			
sodium fluoride (Fluoride)	1			

Brand generic (Brand)	Tier	Approval needed	Quantity limits	Specialty drug
Women's health				
desogestrel/eth-estradiol (Desogen, Ortho-Cept)	1			
desog-et estra/ethin estra (Mircette)	1			
estradiol (Estrace)	1			
estradiol-norethindrone acetat (Activella)	1			
ethinyl estradiol/drospirenone (Yasmin 28)	1			
ethinyl estradiol/drospirenone (Yaz)	1			
etonogestrel/ethinyl estradiol (Nuvaring)	3		✓	
fluconazole (Diflucan)	1			
levonorgestrel-eth estra (Alesse, Levlite)	1			
levonorgestrel-eth estradiol (Nordette, Levlen)	1			
levonorgestrel-eth estradiol (Seasonale)	1		✓	
levonorgestrel-eth estradiol (Triphasil, Trilevlen)	1			
medroxyprogesterone acet (Provera)	1			
norethindrone (Ortho Micronor, Nor-QD)	1			
norethindrone/eth-estradiol/fe (Loestrin, FE)	1			
norethindrone-ethinyl estrad (Norinyl 1/50, Ortho-Novum 1/50)	1			
norgestimate-ethinyl estradiol (Ortho-Cyclen)	1			
norgestimate-ethinyl estradiol (Ortho Tri-Cyclen)	1			
norgestrel-ethinyl estradiol (Lo/Ovral)	2			
Ortho evra	2		✓	
Ortho Tri-Cyclen LO	2			
Premarin	2			
Prempro	2			
progesterone (Prometrium)	1			
terconazole (Terazol)	2			
Vivelle-DOT	2		✓	

About BCN Service Company

Part of the Blues family

BCN Service Company is a subsidiary of Blue Care Network. Both are independent, nonprofit affiliates of Blue Cross Blue Shield of Michigan. Both operate under licenses from the Blue Cross and Blue Shield Association that permit them to use the Blue Cross and Blue Shield names and service marks in Michigan.

BCN Service Company is governed by a three-member board of directors, each of whom also serves on the 18-member BCN board of directors that includes BCN subscribers and other private citizens, as well as representatives of large business, small business, labor, physicians, hospitals and other health care providers.

As an independent licensee of the Blue Cross and Blue Shield Association, BCN Service Company is required to furnish you with the following disclosure statements:

- The Blue Cross and Blue Shield Association licenses BCN Service Company to offer certain products and services under the Blue Cross and Blue Shield names.
- BCN Service Company 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 BCN Service Company's obligations.
- BCN files an annual report with the Michigan Department of Insurance and Financial Services. Find our annual statement online at mi.gov/difs by entering "HMO financial information" in the search box.

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 do not have financial arrangements that encourage denial of coverage or service. Nurses and physicians employed by BCN do not 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 a member's plan coverage.

We monitor the care you get

BCN Service Company's primary goal is to help you receive appropriate medical care from your physician. Our medical review staff are in close communication with your physician. We routinely monitor data to identify potential underuse of health care services.

We would like you to know:

- By contract, physicians who are contracted with BCN Service Company and BCN are required to make decisions about your care based only on your individual health care needs.

About BCN Service Company

- We monitor members' health care services to promote the physicians' duty to provide the most appropriate care for their conditions.
- We do not advertise, market or promote specific products or services to you or your doctors when discussing a member's health condition.
- We do not have any financial ownership arrangements with other entities engaged in advertising, marketing or providing goods and services. In limited circumstances, BCN Service Company or BCN may notify you of new products or treatment opportunities.
- Health care providers, including physicians and hospitals, are never paid for denying services.
- Our medical review staff do not 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 BCN 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. Enter *Blue Care Network Policies and Practices* in the Search box, located in the upper right corner of the Web page.

Tell us what you think

Occasionally, we send out satisfaction surveys and publications that have feedback cards for you to complete and return to us. Returning these surveys and cards help us fine tune the way we serve you.

Here's how you can tell us how we're doing:

- Fill out and return the satisfaction surveys or feedback cards you receive from us. You'll see one on the inside back cover of this book, or you may get one in the mail.
- Call Customer Service and tell us what you think.

Your Rights and Responsibilities

BCN Service Company is committed to open and honest communication with our members.. 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*
- 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 their care and that BCN Service Company and BCN adhere 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 their health care by contacting Customer Service or submitting a formal written grievance through the BCN Service Company Member Grievance program
- Receive clear and understandable written information about BCN Service Company and BCN, including services, practitioners and providers and 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 BCN Service Company:
 - The location of providers contracted with BCN Service Company and BCN
 - The professional credentials of the health care providers who are participating providers with BCN Service Company and BCN, 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

Your Rights and Responsibilities

- Information about the financial relationships between BCN Service Company, BCN and a participating provider
- A Certificate of Creditable Coverage at any time during membership and up to 24 months after BCN coverage ends by calling Customer Service or by writing to:
Blue Care Network
P.O. Box 5184
Southfield, MI 48086

All members have the responsibility to...

- Read their Benefit Document and applicable amendments, their *Member Handbook* and all other materials for members, and call Customer Service with any questions.
- Coordinate all nonemergency care through their primary care physician.
- Use the BCN provider network unless otherwise referred and approved by BCN and their primary care physician.
- 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 BCN and its practitioners and providers need in order to provide care for them.
- Make and keep appointments for nonemergent medical care or call their doctor's office if they need to cancel an appointment.
- Participate in the medical decisions regarding their health.
- Be considerate and courteous to practitioners, providers, their staff, other patients and BCN staff.
- Notify BCN of address changes and additions or deletions of dependents covered by their contract.
- Protect their identification card against misuse and call Customer Service immediately if a card is lost or stolen.
- Report to BCN all other health care coverage or insurance programs that cover their health and their family's health.
- Participate in understanding their health problems and developing mutually agreed-upon treatment goals.

Resolving Concerns: Call on Us

BCN Service Company 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 Blue Care Network Customer Service with any question or problem you have. BCN Service Company partners with BCN to support your coverage with customer service and appeals and grievances.

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 or appeal a decision of BCN Service Company. There are no fees or costs.

To submit a standard grievance, you or someone authorized by you in writing, must submit a statement of the problem in writing to:

Appeals and Grievance Unit – Mail Code C248

Blue Care Network

P.O. Box 284

Southfield, MI 48086-5043

Fax: 1-888-458-0716

Step One

We'll review your concern and reply within 15 calendar days for preservice claims and within 20 calendar days for postservice claims. The individuals who review the first-level appeal are not the same ones involved in the initial decision. If we deny your appeal, we'll write to you and explain the reasons for the denial and the next steps in the grievance process. At your request and at no charge to you, we'll provide all documents and records used in making the decision.

Step Two: Review by a BCN Grievance Panel

If you appeal from Step One, BCN's Member Grievance Panel will review the decision made at Step One. You must file an appeal within 180 calendar days of your receipt of the adverse Step One decision. For preservice and postservice claims, you'll be notified of the Step Two grievance decision within 15 calendar days.

If we fail to provide a final decision within 30 calendar days for preservice or 35 calendar days for postservice claims (plus 10 business days if we ask for additional medical information) from the date we receive the written grievance, you may request an external review.

Resolving Concerns: Call on 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. You, your doctor or someone acting on your behalf can initiate an expedited review by calling the Customer Service number on the back of your card or faxing us at 1-888-458-0716.

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.

For a complete copy of the grievance policy, which includes more detail about your appeal rights and how soon we must respond, go to 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 1-800-257-9980.

Other steps

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

NOTES

NOTES 1

Tell us what you think

We hope your enrollment into Blue Care Network went well. Your membership is very important to us. To help us improve how we serve new members, please tell us about your enrollment into Blue Care Network. Check the boxes that apply and add a comment if you wish. To return to us, just fold it over so the BCN address shows. Postage is prepaid. Or take our survey online at bcbsm.com/BCNfeedback.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Before enrolling, I received accurate information about BCN benefits.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Member Handbook helps me understand my benefits.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the Blue Care Network enrollment process.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My early impression of Blue Care Network is favorable.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What can we do to be more helpful?

Name: _____

Address: _____

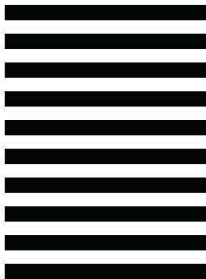
City: _____ State: _____ Zip: _____

Thank you for your comments.

SF



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Customer Service

1-800-662-6667

711 (TTY users)

8 a.m. to 5:30 p.m.

Monday through Friday



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