

# BCN Advantage HMO-POS 2020 Benefits at a Glance State of Michigan



<b>Deductible, copayments and dollar maximums</b>	
<b>Deductible</b>	\$125 per member
<b>Copays</b>	\$20 office visits, \$20 urgent care visits, \$65 emergency room visits,
• Fixed dollar copay	
• Percent copay	None
<b>Copay dollar maximums</b>	
• Fixed dollar copay	None
• Fixed dollar and percent copay (Maximum out of pocket)	\$500
<b>Dollar maximums</b>	None
<b>Preventive care services</b>	
Health maintenance exam	Covered – 100%
Annual gynecological exam	Covered – 100%
Pap smear screening — laboratory services only	Covered – 100%
Immunizations	Covered – 100%
Prostate specific antigen, or PSA, screening — laboratory services only	Covered – 100%
Mammography screening	Covered – 100%
<b>Physician office services</b>	
Office visits	Covered – copay \$20
Online visits	Covered – copay \$20
Consulting specialist care — when referred	Covered – copay \$20 after deductible
<b>Emergency medical care</b>	
Hospital emergency room — copay waived if admitted, inpatient hospital benefits apply	Covered – copay \$65 after deductible
Urgent care center	Covered – copay \$20
Ambulance services — medically necessary	Covered – 100% after deductible, ground and air service
<b>Diagnostic care</b>	
Laboratory and pathology tests	Covered – 100%, office visit copay may apply per member, per visit
Diagnostic tests and X-rays	Covered – 100% after deductible, office visit copay may apply per member, per visit
High technology imaging (includes MRI, MRA, CT scan, PET)	Covered – 100% after deductible
Radiation therapy	Covered – 100% after deductible, office visit copay may apply per member, per visit
<b>Hospital care</b>	

Inpatient physician care, general nursing care, hospital services and supplies	Covered- 100% after deductible, unlimited days
Outpatient surgery	Covered- 100% after deductible
<b>Alternatives to hospital care</b>	
Skilled nursing care	Covered – 100% after deductible, up to 100 days per benefit period
Home health care	Covered – 100% after deductible, physician visit copay may apply
<b>Surgical services</b>	
Surgery — includes all related surgical services and anesthesia	Covered- 100% after deductible
Human organ transplants	Covered- 100% after deductible, subject to medical criteria
<b>Mental health care and substance use treatment</b>	
Inpatient mental health care and substance use care	<b>Mental Health Care:</b> Covered – 100%, unlimited days. Prior authorization required. <b>Substance Abuse Care:</b> Covered – 100%, unlimited days
Outpatient mental health care	Covered – 100%, unlimited visits
Outpatient substance use care	Covered – 100%, unlimited visits
<b>Other services</b>	
Allergy testing and therapy	Covered – 100% after deductible, office visit copay may apply per member, per visit
Allergy injections	Covered – 100%, office visit copay may apply per member, per visit
Chiropractic spinal manipulation — when referred	Covered – copay \$20 after deductible
Outpatient physical, speech and occupational therapy	Covered – copay \$20 after deductible
Durable medical equipment	Covered – 100%
Prosthetic and orthotic appliances	Covered – 100%
<b>Other services cont'd</b>	
SilverSneakers® fitness benefit Benefits including: A fitness center membership at any participating location across the country <ul style="list-style-type: none"> <li>• Conditioning classes, exercise equipment, pool, sauna and other available amenities</li> <li>• Customized SilverSneakers classes and seminars</li> </ul>	\$0 copay for fitness services. Fitness services must be provided at SilverSneakers participating locations. You can find a location or request SilverSneakers Steps information at <a href="http://www.silversneakers.com">www.silversneakers.com</a> or 1-866-584-7352, Monday – Friday, 8 a.m. to 8 p.m. TTY users call 711.
<b>Prescription drugs</b>	
Formulary drug — Tier 1 — preferred generic	Covered – Standard Pharmacy: \$ 10 copay up to a 31-day supply Preferred Pharmacy: \$ 2 copay up to a 31-day supply
Formulary drug — Tier 2 — generic	Covered – Standard Pharmacy: \$ 10 copay up to a 31-day supply

	Preferred Pharmacy: \$ 2 copay up to a 31-day supply
Formulary drug — Tier 3 — preferred brand name	Covered – Standard Pharmacy: \$ 30 copay up to a 31-day supply Preferred Pharmacy: \$ 25 copay up to a 31-day supply
Formulary drug — Tier 4 — nonpreferred drugs	Covered – Standard Pharmacy: \$ 60 copay up to a 31-day supply Preferred Pharmacy: \$ 50 copay up to a 31-day supply
Formulary drug — Tier 5 — specialty drugs	Covered – Standard Pharmacy: \$ 60 copay up to a 31-day supply Preferred Pharmacy: \$ 50 copay up to a 31-day supply
<Formulary drug — Tier 6 — generic drugs>	Covered – Standard Pharmacy: \$ copay up to a 31-day supply Preferred Pharmacy: \$ copay up to a 31-day supply
Mail-order prescription drugs	Covered – Two times the applicable generic and brand copay for a 32-day to a 90-day supply
Drugs for the treatment of sexual dysfunction	Covered – 50% coinsurance
Part D-catastrophic coverage	Once member's out of pocket costs reach over \$6,550 the copay is <b>the greater of</b> 5% or \$3.70 generics and \$9.20 brands, not to exceed base copay.

**To be eligible to enroll in BCN Advantage HMO-POS, you must have Medicare Part A and Part B, and live in our service area.**

You can always view your most current *Evidence of Coverage* and riders 24/7 by signing into the secure Blue Cross online member account site, [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare) or by contacting Customer Service. You must generally use network pharmacies for benefit coverage of Part D drug prescriptions. Some of our network pharmacies have preferred cost sharing. You may pay less if you use these pharmacies. You can see our plan's pharmacy directory at [www.bcbsm.com/pharmaciesmedicare](http://www.bcbsm.com/pharmaciesmedicare). You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions online at [www.bcbsm.com/formularymedicare](http://www.bcbsm.com/formularymedicare).