

2013 Benefits-at-a-Glance for BCN Advantage

City of Jackson

BCN Advantage HMO-POS™



Medicare and more

Blue Care Network of Michigan is a service corporation and member company of the Blue Cross and Blue Shield Association.

www.MiBCN.com/medicare

BCN Advantage HMO-POSSM is available only to individuals enrolled in Medicare Part A and Medicare Part B.

The benefit information provided below is a brief summary, not a complete description of benefits. For more information, contact the plan by calling Customer Service at 1-800-450-3680, 8 a.m. to 8 p.m., Monday through Friday, with weekend hours Oct. 1 through Feb. 14. TTY users should call 711. You can always view your most current *Evidence of Coverage* and riders by signing into Member Secured Services at www.MiBCN.com/medicare or by requesting them from Customer Service.

Limitations, copayments, and restrictions may apply. Benefits and copayments/coinsurance may change on January 1 of each year. Payment amounts are based on the Blue Care Network approved amount, less any applicable deductible and/or copay amounts required by the plan. Services must be provided or arranged by the member's primary care physician or health plan.

Deductible, Copays and Dollar Maximums

Deductible	None
Copays	\$10 for office visits, \$10 for urgent care, and \$50 for emergency room visits
• Fixed Dollar Copay	
• Percent copay	None
Copay Dollar Maximums	
• Fixed dollar and percent copay	\$6,700
Dollar Maximums	None

Preventive Services

Health maintenance exam	Covered – 100%
Annual gynecological exam	Covered – 100%
Medical nutritional therapy	Covered – 100%
Diabetes self-management training	Covered – 100%
Pap smear screening – laboratory services only	Covered – 100%
Immunizations	Covered – 100%
Prostate Specific Antigen (PSA) screening – laboratory services only	Covered – 100%
Mammography screening	Covered – 100%

Physician Office Services

Office visits	Covered – \$10 copay per visit
Consulting specialist care – when referred	Covered – \$10 copay per visit;

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Emergency Medical Care

Hospital emergency room – copay waived if admitted, inpatient hospital benefits apply	Covered – \$50 copay per visit
Urgent care center	Covered – \$10 copay per visit
Ambulance services – medically necessary	Covered – 100%, ground and air service

Diagnostic Services

Laboratory and pathology tests	Covered – 100%, office visit copay may apply per member, per visit
Diagnostic tests and x-rays	Covered – 100%
Radiation therapy	Covered – 100%

Hospital Care

Inpatient physician care, general nursing care, hospital services and supplies	Covered – 100%, unlimited days
Outpatient surgery	Covered – 100%

Alternatives to Hospital Care

Skilled nursing care	Covered – 100%, up to 100 days per benefit period
Hospice care	Covered – 100%
Home health care	Covered – 100%

Surgical Services

Surgery – includes all related surgical services and anesthesia	Covered – 100%
Human organ transplants	Covered – 100%, subject to medical criteria

Mental Health Care and Substance Abuse Treatment

Inpatient mental health care and substance abuse care	<p>Mental Health Care: Covered – 100%, %, unlimited days Prior authorization required.</p> <p>Substance Abuse Care: Covered – 100%, unlimited days</p>
Outpatient mental health care	Covered – 100%, unlimited visits

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Outpatient substance abuse care	Covered – 100%, unlimited visits
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Other Services

Allergy testing and therapy	Covered – 100%
Allergy injections	Covered – 100%, office visit copay may apply per member, per visit
Chiropractic spinal manipulation – when referred	Covered – \$10 copay per visit
Outpatient physical, speech and occupational therapy	Covered – \$10 copay per visit
Durable medical equipment	Covered – 100%
Prosthetic and orthotic appliances	Covered – 100%

Prescription Drugs

Formulary Drug – Generic	Covered – \$10 copay
Formulary Drug – Non-Preferred Generic	Covered – \$10 copay
Formulary Drug – Brand Name	Covered – \$20 copay
Formulary Drug – Non-Preferred Brand Name	Covered – \$20 copay
Formulary Drug – Specialty Drugs	Covered – \$20 copay
Mail Order Prescription Drugs	Covered – Two times the applicable generic and brand copay for up 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 \$4,750, the copay is the greater of 5% or \$2.65 generics and \$6.60.brands.

BCNA, 10OVCR, ER50, UR10, MOOP, BCNAP, 1020DC, MOPD2C, PD3600

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