2026

READY TO HELP

BCN Advantage℠ HMO
ConnectedCare

Summary of Benefits

This is a summary document, to get a complete list of services we cover, call Customer Service and ask for the *Evidence of Coverage* (phone numbers are printed on the back cover of this booklet).

BCN Advantage is a Health Maintenance Organization (HMO). To join BCN Advantage HMO ConnectedCare, you must have both Medicare Part A <u>and</u> Medicare Part B, be a United States citizen or lawfully present in the United States and live in our geographic service area. Incarcerated individuals are not considered living in the geographic service area even if they are physically located in it.

Our service area for BCN Advantage HMO ConnectedCare includes these counties in Michigan: Arenac, Genesee, Iosco, Kalamazoo, Livingston, Macomb, Oakland, Saginaw, St. Clair, Washtenaw and Wayne.

BCN Advantage HMO ConnectedCare has a network of doctors, hospitals, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. For some services you can use providers that are not in our network. You can see our plan's provider directory at our website at **www.bcbsm.com/providersmedicare** or call us and we will send you a copy of the provider directory.

Out-of-network/non- contracted providers are under no obligation to treat BCN Advantage members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

www.bcbsm.com/medicare

Premium/Cost-sharing Table for BCN Advantage HMO ConnectedCare

Premiums vary by county in which you permanently reside (rates are based on the use and cost of health care services in each regional segment). You must continue to pay your Medicare Part B premium.

1) Find the county that you live in.

2) Look across the plan option column to find your monthly premium rate.

Counties	BCN Advantage HMO ConnectedCare monthly premium
Arenac, Genesee, Iosco, Kalamazoo, Livingston, Macomb, Oakland, Saginaw, St. Clair, Washtenaw and Wayne	$41
Optional Supplemental Dental, Hearing and Vision	$17.90

Deductible and limits on how much you pay for covered services	
Deductible	$0 annually This plan has a $125 deductible for Part D prescription drugs for Tiers 3, 4 and 5.
Deductible – Optional Supplemental Dental, Hearing and Vision	$0 annually
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	$4,400 annually
Note: Your primary care provider (PCP) is the best resource for coordinating your care and can help you find an in-network specialist. However, BCN Advantage HMO ConnectedCare doesn't require a referral for you to make an appointment with an in-network specialist. Some in-network specialists may still need to confirm with your PCP that you need specialty care.	

Benefits	BCN Advantage HMO ConnectedCare
Note: Services with * may require prior authorization.	
Inpatient Hospital Coverage* Our plan covers an unlimited number of days for an inpatient stay.	$275 copay per day for days 1-7, per admission $0 copay for days 8 and beyond
Outpatient Hospital Coverage*	$225 copay for Medicare-covered outpatient hospital services
Ambulatory Surgical Center (ASC) Services*	$0 copay for Medicare-covered arthroplasty knee and hip services in an ambulatory surgical center. $100 copay for Medicare-covered surgical services.
Doctor Visits o Primary care provider o Specialists* o Telehealth	 $0 copay $35 copay $0 copay for each telehealth primary care provider medical visit through Teladoc Health™. $0 copay for each telehealth mental health visit through Teladoc Health™.

Benefits	BCN Advantage HMO ConnectedCare
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Preventive Care (Any additional preventive services approved by Medicare during the contract year will be covered.)	$0 copay Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Alcohol misuse screening and counseling • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Flexible sigmoidoscopy, Guaiac-based fecal occult blood test, Fecal immunochemical test, DNA based colorectal screening every 3 years) • Depression screening • Diabetes screenings • Diabetes self-management training • Glaucoma screening • HIV screening • Immunizations, including COVID-19, flu, Hepatitis B, Pneumococcal • Intensive behavioral therapy for obesity • Medical nutrition therapy services • Medicare Diabetes Prevention Program • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screenings (PSA) • Screening for lung cancer with low dose computed tomography • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • "Welcome to Medicare" preventive visit (one-time)
Emergency Care You are covered for emergency medical care worldwide.	$130 copay **Note:** The copay is waived if you are admitted to the hospital within three days for the same condition.
Urgently Needed Services You are covered for urgently needed services worldwide.	$0 copay for Medicare-covered urgently needed services in a primary care provider's office. $45 copay for Medicare-covered services in an urgent care center.

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Diagnostic Services/Labs/ Imaging*	
o Diagnostic tests and procedures	$20 copay
o Lab services When rendered at a participating Joint Venture Hospital Lab (JVHL).	$0 copay
o COVID-19 testing	$0 copay
o Diagnostic radiology service *(e.g., X-rays, MRI)*	$20 – $100 copay
o Therapeutic radiology services	$25 copay
Hearing Services	
Medicare-covered hearing services	
o Medicare-covered hearing exam to diagnose and treat hearing and balance issues	$0 – $35 copay
Non-Medicare-covered hearing services Must be received from a TruHearing® provider.	
o Routine hearing exam (1 every year)	$0 copay
o Hearing aid fitting/ evaluation (1 every year)	$0 copay
o Hearing aids	$495 copay per aid for Basic Aids $895 copay per aid for Standard Aids $1,295 copay per aid for Advanced Aids $1,695 copay per aid for Premium Aids All content © 2026 TruHearing, Inc. All Rights Reserved. TruHearing® is a registered trademark of TruHearing, Inc.

Benefits	BCN Advantage HMO ConnectedCare
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Dental Services (Medicare-covered)	$0 – $225 copay
Enhanced dental services (Preventive and Comprehensive) Preventive services include oral exams, routine cleanings, certain dental X-rays and fluoride treatment Comprehensive services include brush biopsies, resin and amalgam fillings, crowns for permanent teeth only, crown repairs, root canals, deep cleaning, simple extractions and oral surgery	This benefit provides a $1,500 annual maximum (in-network) for preventive and comprehensive dental services. $0 copay
Dental – Optional Supplemental Benefit (available at additional monthly premium) Includes, but not limited to, dentures, bridges, onlays and implants	25% coinsurance The benefit provides a $1,500 in-network annual maximum for comprehensive dental services. No deductible.
Vision Services (Medicare-covered)	
o Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening).	$0 – $35 copay
o Screening for diabetic retinopathy is covered once per year for those at risk.	$0 – $35 copay
o Eyeglasses or contact lenses after Medicare-covered cataract surgery	$0 copay
Enhanced Vision Services	
Routine eye exam through the VSP Choice Network	$0 copay for up to 1 routine eye exam once every calendar year.

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Optional Supplemental Vision (available for additional monthly premium) Every calendar year, we cover **one** of the following: o Elective contacts, OR o One pair standard lenses, OR o One frame OR o One complete pair of eyeglasses (lenses and frames) For a complete pair of eyeglasses, the allowance can be used for the frame only.	The optional eyewear benefit provides a $250 maximum vision allowance every calendar year and may be used for either (a) elective contact lenses or (b) 1 frame.
Inpatient Mental Health Care* Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.	$275 copay per day for days 1-7, per admission $0 copay per day for days 8-90
Outpatient Mental Health Care Individual and group therapy	$20 copay
Skilled Nursing Facility (SNF)* Our plan covers up to 100 days in a SNF. No prior hospital stay is required for a skilled nursing facility stay.	$0 copay per day for days 1-20 $218 copay per day for days 21-100
Outpatient Rehabilitation* Physical/Speech/Occupational therapy	$40 copay

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Ambulance Services	
o Medicare-covered ground or air transportation	$230 copay
o Ambulance services without transportation	$90 copay
Transportation services	Not covered
Medicare Part B Drugs*	
o Medicare Part B Insulin Drugs (one-month supply)	Up to 20% coinsurance; however, not more than $35 per month
o Drugs such as chemotherapy drugs and other Part B Drugs	0% – 20% coinsurance
Medical Equipment/ Supplies*	
o Durable Medical Equipment and Prosthetics and Orthotic Devices	20% coinsurance
o Diabetes supplies	0% – 20% coinsurance
Health fitness program (SilverSneakers)	$0 for the health fitness program. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2025 Tivity Health, Inc. All rights reserved.
Over-the-Counter (OTC) Allowance: Advantage Dollars Over-the-Counter (OTC) items are drugs and health related products that do not need a prescription. This benefit covers certain approved non-prescription over-the-counter drugs and health-related items.	You receive $50 per quarter, no rollover. **Note:** All purchases must be made through plan-approved retailers.

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Special Supplemental Benefits for the Chronically Ill **Food and Produce Allowance** The benefits described are Special Supplemental Benefits for the Chronically Ill. Members with certain health conditions can use their quarterly over-the-counter Advantage Dollars allowance to buy approved foods. This benefit will be available only to plan-identified members who have been diagnosed with: o **Autoimmune disorders** including polyarteritis nodosa, polymyalgia rheumatica, polymyositis, dermatomyositis, rheumatoid arthritis, systemic lupus erythematosus, psoriatic arthritis and scleroderma o **Cancer** o **Cardiovascular disorders** including cardiac arrhythmias, coronary artery disease, peripheral vascular disease and valvular heart disease o **Chronic alcohol use disorder and other substance use disorders** (SUDs) o **Chronic and disabling mental health conditions** including bipolar disorders, major depressive disorders, paranoid disorder, schizophrenia, schizoaffective disorder, post-traumatic stress	You receive $50 per quarter, no rollover. **Note:** This benefit works with the over-the-counter (OTC) Advantage Dollars allowance and is limited to the maximum OTC allowance amount. All purchases must be made through plan-approved retailers.

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disorder (PTSD), eating disorders and anxiety disorders o **Chronic gastrointestinal disease** including Chronic Liver disease, (Non-alcoholic fatty liver disease (NAFLD), Hepatitis B, Hepatitis C, Pancreatitis, Irritable bowel syndrome, Inflammatory bowel disease o **Chronic heart failure** o **Chronic hypertension** o **Chronic kidney disease** (CKD) including CKD requiring dialysis/End-stage renal disease (ESRD) and CKD not requiring dialysis o **Chronic lung disorders** including cystic fibrosis, emphysema, pulmonary fibrosis, pulmonary hypertension and chronic obstructive pulmonary disease (COPD) o **Conditions with functional challenges** including spinal cord injuries, paralysis, limb loss, stroke and arthritis o **Dementia** o **Diabetes Mellitus** o **HIV/AIDS** o **Neurologic disorders** including amyotrophic lateral sclerosis (ALS), epilepsy, extensive paralysis (that is, hemiplegia, quadriplegia, paraplegia, monoplegia), Huntington's disease, multiple sclerosis, Parkinson's disease,	

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polyneuropathy, fibromyalgia, chronic fatigue syndrome, spinal cord injuries, spinal stenosis and stroke-related neurologic deficit o **Pre-diabetes** o **Severe hematologic disorders** including aplastic anemia, hemophilia, immune thrombocytopenic purpura, myelodysplastic syndrome, sickle-cell disease (excluding sickle-cell trait) and chronic venous thromboembolic disorder. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us.	

BCN Advantage HMO ConnectedCare

Phase 1: The Deductible Stage

You begin in this stage when you fill your first prescription of the year. There is no deductible for Tiers 1 and 2. There is a $125 total deductible per year for Tiers 3, 4, and 5. Deductible does not apply to insulins.

Phase 2: The Initial Coverage Stage

During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date out-of-pocket costs (your payments) total $2,100.

Your share of the cost when you get a *one-month* (31-day) supply of a covered Part D prescription drug:

	Standard retail and standard mail-order cost sharing (in-network)	**Preferred retail and preferred mail-order cost sharing (in-network)**
Tier 1: Preferred Generic	$5	$0
Tier 2: Generic	$7	$2
Tier 3: Preferred Brand	20%	20%
Tier 4: Non-Preferred Drug	25%	25%
Tier 5: Specialty Tier	31%	31%

You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Your share of the cost when you get a *long-term* (32- to 90-day) supply of a covered Part D prescription drug:

	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	$15	$0
Tier 2: Generic	$21	$0
Tier 3: Preferred Brand	20%	20%
Tier 4: Non-Preferred Drug	25%	25%
Tier 5: Specialty Tier	Not Covered	Not Covered

You won't pay more than $105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at **www.bcbsm.com/medicare-evidence-of-coverage**.

Phase 3: The Catastrophic Stage

You have coverage during the Catastrophic Coverage stage. During this stage, you will pay $0.

Most members do not reach the Catastrophic Coverage stage. For information about your costs in this stage, look at Chapter 6, Section 6, in the *Evidence of Coverage* online at **www.bcbsm.com/medicare-evidence-of-coverage**.

*Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations. You can see the most complete and current information about which drugs are covered on our website (**www.bcbsm.com/formularymedicare**).*

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost sharing. You may pay less if you use these pharmacies. You can see our plan's pharmacy directory at our website (**www.bcbsm.com/pharmaciesmedicare**).

For more information

A complete list of services is found in the *Evidence of Coverage*. For a copy of the *Evidence of Coverage*, go to **www.bcbsm.com/medicare-evidence-of-coverage**, or contact Customer Service at 1-800-450-3680 from 8 a.m. to 8 p.m. Eastern time, seven days a week from October 1 through March 31; 8 a.m. to 8 p.m. Eastern time, Monday through Friday from April 1 through September 30, for more information. TTY users call 711.

You can order a copy of the “Medicare & You” handbook at **www.medicare.gov**, or you can call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

For more information, please call us at the phone number below or visit us at **www.bcbsm.com/medicare**.

If you are not a member of this plan, call toll-free 1-888-563-3307. TTY users should call 711. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 9 p.m. Eastern time. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 9 p.m. Eastern time.

If you are a member of this plan, call toll-free 1-800-450-3680. TTY users should call 711. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. Eastern time. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at **www.medicare.gov** or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as audio CD and large print. This document may be available in a non-English language. For additional information, call us at 1-800-450-3680. TTY users should call 711.

BCN Advantage℠ HMO

Blue Care Network of Michigan

Medicare and more

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