2027

READY TO HELP

BCN Advantage℠ HMO-POS Prime Value

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) with a Point-of-Service (POS) option. To join BCN Advantage HMO-POS Prime Value, you must have both Medicare Part A and 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-POS Prime Value includes these counties in Michigan: Allegan, Barry, Berrien, Branch, Calhoun, Genesee, Gratiot, Hillsdale, Ionia, Jackson, Kalamazoo, Kent, Lenawee, Livingston, Macomb, Monroe, Montcalm, Muskegon, Oakland, Ottawa, St. Clair, St. Joseph, Van Buren, Washtenaw, and Wayne.

BCN Advantage HMO-POS Prime Value 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.

Premium/Cost-sharing Table for BCN Advantage HMO-POS Prime Value

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. For the Prime Value plan, for Region 4, a Medicare Part B premium reduction of $6 is provided.

1) Find the county and region that you live in.
2) Look across the plan option columns to find your monthly premium rate.

Regions with counties	BCN Advantage HMO Prime Value monthly premium
Region 1 Allegan, Barry, Ionia, Kalamazoo, Kent, Muskegon, and Ottawa counties	$48
Region 2 Berrien, Branch, Calhoun, Gratiot, Hillsdale, Jackson, Monroe, Montcalm, St. Joseph, and Van Buren counties	$41
Region 4 Genesee, Lenawee, Livingston, and St. Clair counties	$39.30
Region 5 Macomb, Oakland, Washtenaw, and Wayne counties	$48
Optional Supplemental Dental and Vision	$26.60

Deductible and limits on how much you pay for covered services	
Deductible	**In-Network** $0 annually **Point-of-service** $0 annually $0 deductible on Part D prescription drugs in Tiers 1 and 2. $600 total deductible per year for Tiers 3, 4 and 5.
Deductible - Optional Supplemental Dental and Vision	There is no deductible.

Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	$6,000 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 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 Prime Value
Note: Services with a [1] may require prior authorization.	
Inpatient Hospital Coverage[1]	**For Medicare-covered inpatient hospital per admission:** **In-network:** Days 1-7: $350 copayment per day. Days 8-90: $0 copayment per day. **Point-of-service:** Days 1-7: $350 copayment per day. Days 8-90: $0 copayment per day.
Outpatient Hospital Coverage[1]	**In-network:** $150 copayment for non-surgical services $375 copayment for surgical services **Point-of-service:** $150 copay for non-surgical outpatient hospital services. $375 copay for surgical outpatient hospital services.
Ambulatory Surgical Center (ASC) Services[1]	**In-network:** $0 copayment for Medicare-covered arthroplasty knee and hip services in an ASC **Point-of-service:** $0 copayment for Medicare-covered arthroplasty knee and hip services in an ASC. **In-network:** $240 copayment for Medicare-covered surgical and non-surgical services. **Point-of-service:** $240 copayment for Medicare-covered surgical and non-surgical services.

Benefits	BCN Advantage HMO Prime Value
Note: Services with a [1] may require prior authorization.	
Doctor Visits • Primary care provider	**In-network:** $0 copayment **Point-of-service:** $35 copayment
• Specialists[1]	**In-network:** $35 copayment **Point-of-service:** $35 copayment
• Telehealth	**In-network:** $0 copayment for each telehealth primary care physician medical visit through plan-approved vendor. $0 copayment for each telehealth mental health visit through plan-approved vendor.

Benefits	BCN Advantage HMO Prime Value
Note: Services with a [1] may require prior authorization.	
Preventive Care (Any additional preventive services approved by Medicare during the contract year will be covered.)	**In-network:** $0 copayment 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 • 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 screening Diabetes self-management training • Glaucoma screening • HIV screening • Immunizations, including COVID-19, flu, Hepatitis B, and Pneumococcal vaccines • 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 copayment **Note**: The copayment is waived if you are admitted to the hospital within three days for the same condition.

Benefits	BCN Advantage HMO Prime Value
Note: Services with a [1] may require prior authorization.	
Urgently Needed Services You are covered for urgently needed services worldwide.	$0 copayment for Medicare-covered urgently needed services in a primary care provider's office. $45 copayment for Medicare-covered services in an urgent care center.
Diagnostic Services/Labs/ Imaging[1] - Medicare-covered	**In-network:** $20 copayment
• Diagnostic tests and procedures	**Point-of-service:** $20 copayment
• Lab services When rendered at a participating Joint Venture Hospital Lab (JVHL).	**In-network:** $0 copayment **Point-of-service:** $0 copayment
• COVID-19 testing	**In-network:** $0 copayment **Point-of-service:** $0 copayment
• Diagnostic radiology services (e.g., X-rays, MRI)	**In-network:** $20-$100 copayment **Point-of-service:** $20-$100 copayment
• Therapeutic radiology services	**In-network:** $25 copayment **Point-of-service:** $25 copayment
Hearing Services **Medicare-covered hearing services** • Medicare-covered hearing exam to diagnose and treat hearing and balance issues	**In-network:** $0-$35 copayment **Point-of-service:** $0-$35 copayment
Dental Services (Medicare-covered)	**In-network:** $0-$375 copayment **Point-of-service:** $35-$375 copayment

Benefits	BCN Advantage HMO Prime Value
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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 $950 annual maximum (combined in- and out-of-network) for preventive and comprehensive dental services. **In-network:** $0 copayment **Out-of-network:** 50% of the allowed amount
Dental - Optional Supplemental Benefit (available at an additional monthly premium) Includes, but not limited to, dentures, bridges, onlays and implants	The benefit provides a $1,500 annual maximum (in addition to the enhanced dental annual maximum) for combined in- and out-of-network dental services per calendar year. **In-network:** 25% coinsurance **Out-of-network:** 50% of the approved amount
Vision Services **(Medicare-covered)** • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) • Eyeglasses or contact lenses after Medicare-covered cataract surgery • Screening for diabetic retinopathy is covered once per year for those at risk.	**In-network:** $0-$35 copayment **Point-of-service:** $0-$35 copayment **In-network:** $0 copayment **Point-of-service:** $0 copayment **In-network:** $0 copayment **Point-of-service:** $0 copayment

Benefits	BCN Advantage HMO Prime Value
Note: Services with a [1] may require prior authorization.	
Enhanced Vision Services Routine eye exam through VSP Choice Network, one per calendar year	**In-network:** $0 copayment for up to one routine eye exam once every calendar year.
Optional Supplemental Vision (available for additional monthly premium) Standard eyeglass lenses are covered in full once every calendar year. You are eligible for ONE of the following, every calendar year: • Elective contacts, OR • One frame Lens options for eyeglasses include polycarbonate lenses and/or anti-reflective coating.	**In-network:** The benefit provides a $250 benefit maximum once every calendar year and may be used for either (a) elective contact lenses or (b) 1 frame. **Out-of-network:** Not covered
Inpatient Mental Health Care[1] - Medicare-covered Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.	**In-network:** Days 1-7: $300 copayment per day, per admission. Days 8-90: $0 copayment per day. **Point-of-service:** Days 1-7: $300 copayment per day, per admission. Days 8-90: $0 copayment per day.
Outpatient Mental Health Care Individual and group therapy	**In-network:** $20 copayment **Point-of-service:** $40 copayment
Skilled Nursing Facility (SNF)[1] - Medicare-covered Our plan covers up to 100 days in a SNF. No prior hospital stay is required for a skilled nursing facility stay.	**In-network:** Days 1-20: $0 copayment per day. Days 21-100: $221 copayment per day. **Point-of-service:** Days 1-20: $0 copayment per day. Days 21-100: $221 copayment per day.

Benefits	BCN Advantage HMO Prime Value
Note: Services with a [1] may require prior authorization.	
Outpatient Rehabilitation[1] Physical/Speech/Occupational therapy	**In-network:** $35 copayment **Point-of-service:** $35 copayment
Ambulance Services	
• Medicare-covered ground or air transportation	**In-network:** $310 copayment **Point-of-service:** $310 copayment
• Ambulance services without transportation	**In-network:** $90 copayment **Point-of-service:** $90 copayment
Transportation Services	Not covered
Medicare Part B Drugs[1]	
• Medicare Part B Insulin Drugs (one-month's supply)	**In-network and Point-of-Service:** Up to 20% coinsurance; however, not more than $35 per month
• Drugs such as chemotherapy drugs and other Part B Drugs	**In-network:** 0%-20% coinsurance **Point-of-service:** 0%-20% coinsurance
Medical Equipment/ Supplies[1]	
• Durable Medical Equipment and Prosthetics and Orthotic Devices	**In-network:** 20% coinsurance **Point-of-service:** 20% coinsurance
• Diabetes supplies Diabetes supplies are items such as continuous glucose monitors and blood glucose testing supplies	**In-network:** 0%-20% coinsurance **Point-of-service:** 0%-40% coinsurance

Prime Value

Medicare Part D: Prescription Drugs

Costs may differ based on pharmacy type (standard, preferred or mail-order).
Your provider may need to obtain prior authorization

Stage 1: Deductible Stage

$0 deductible on Part D prescription drugs in Tiers 1 and 2. $600 total deductible per year for Tiers 3, 4 and 5. Deductible does not apply to insulins.

Stage 2: Initial Coverage Stage

You pay the amounts listed in the table below until your out-of-pocket costs reach $2,400.

	Standard retail and standard mail-order cost sharing (in-network) 31-day supply	**Preferred retail and preferred mail-order cost sharing (in-network) 31-day supply**	**Standard retail and standard mail-order cost sharing(in-network) 32- to 90-day supply (Tiers 2-5) 32- to 100-day supply (Tier 1*)**	**Preferred retail and preferred mail-order cost sharing (in-network) 32- to 90-day supply (Tiers 2-5) 32- to 100-day supply (Tier 1*)**
Tier 1: Preferred Generic	$5	$0	$15	$0
Tier 2: Generic	$6	$0	$18	$0
Tier 3: Preferred Brand	20%	20%	20%	20%
Tier 4: Non-Preferred	21%	21%	21%	21%
Tier 5: Specialty	26%	26%	Not Offered	Not Offered

*Tier 1 drugs allow for a 100-day supply at the same cost share as a 90-day supply. If you are taking Tier 1 drug, talk to your doctor about whether it's appropriate to get a new prescription for a 100-day supply.

You won't pay more than $35 for a 31-day supply and no more than $105 for up to a 3-month supply of each covered insulin product regardless of the cost-sharing tier.

Stage 3: Catastrophic Coverage Stage	You have coverage for generic and brand-name drugs in the Catastrophic Coverage stage. During this stage, you will pay $0. Most members do not reach this stage. For detailed cost information, look at Chapter 6 in your *Evidence of Coverage*. You can also see our plan's pharmacy directory at our website **bcbsm.com/pharmaciesmedicare**. For the most current information about covered drugs visit **bcbsm.com/formularymedicare**.

*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 (**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 (**bcbsm.com/pharmaciesmedicare**).

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 **bcbsm.com/medicare-evidence-of-coverage**.

Additional Information about BCN Advantage HMO-POS

What does "point-of-service" mean?

This is an HMO-POS plan. HMO means Health Maintenance Organization; POS means Point-of-Service. You can use certain providers outside the BCN Advantage network when traveling, often for your in-network cost-sharing amount.

When you're **out of Michigan**, our POS benefit (offered through the nationwide network of Blue Plan Providers via the Blue Cross and Blue Shield Association) lets you get care from providers who participate with Blues plans. **In Michigan**, except for emergency or urgent care, if you go to an out-of-network doctor, you must pay for this care yourself.

Note: POS is not the same as out-of-network; you pay all costs for POS services from out-of-network providers.

Note: Services received under your point-of-service benefit apply toward your maximum out-of-pocket amount.

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 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 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.