BCN Advantage[SM]
Mail Code J208
P.O. Box 441010
Detroit, MI 48224-1010
bcbsm.com/medicare

BCN Advantage℠ HMO
BCN Advantage℠ HMO-POS
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.

Dear BCN Advantage Member:

Thank you for your continued interest in BCN Advantage. BCN Advantage offers four HMO-POS plans and one HMO plan in 2027. Our plans provide the same coverage as Original Medicare, plus more, including dental services such as dental exams, cleaning, X-rays and fluoride. All plans except Elements include prescription drug benefits.

- **BCN Advantage HMO-POS** plans: **Classic, Prestige, Prime Value and Elements**. Availability and monthly premiums vary per plan, depending on the county in which you live. Use the chart on the Plan Selection Form to determine your premium for the plan you choose.
- **BCN Advantage HMO** plan: **ConnectedCare**, available to Arenac, Genesee, Iosco, Kalamazoo, Livingston, Macomb, Oakland, Saginaw, St. Clair, Washtenaw and Wayne County residents only.

Optional supplemental dental and vision packages are available for an additional monthly premium of $26.60.

To change the Medicare Advantage plan you have with Blue Care Network, fill out the enclosed plan selection form. Check off the plan you want, sign the form and mail the completed form back to us by December 7. You may also use the enclosed form to add an optional supplemental package to your base BCN Advantage plan.

You can change health plans only at certain times during the year. From October 15 through December 7, you can join, switch or drop a Medicare health or drug plan for the following year. In addition, from January 1 through March 31, anyone enrolled in a Medicare Advantage plan (except an MSA plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare prescription drug plan).

Generally, you can't make changes at other times except in certain situations, such as if you move out of your plan's service area, if you want to join a plan in your area with a 5-star rating, or if you qualify for (or lose) Extra Help paying for prescription drug coverage.

If you select another BCN Advantage plan or add the optional supplemental plan, your new coverage will begin on the first of the month following acceptance of your application. Your monthly plan premium can be found in the premium chart on the plan selection form. You may see any BCN Advantage primary care doctor or specialist who participates in your plan's network.

Complete the attached form only if you wish to change plans.

To help you with your decision, we've included an overview of benefits for the 2027 plan options. If you have any questions, please call BCN Advantage Customer Service at **1-800-450-3680** from 8 a.m. to 8 p.m. Eastern time Monday through Friday, with weekend hours October 1 through March 31. TTY users, call **711**.

Thank you,

Membership and Billing
BCN Advantage

Plan Selection Form

Date: _____

Member name: _____

Member number: _____

Service areas and monthly premiums

A plan's monthly premium is determined by the county where you live. Use the chart below to find plans available in your county and their monthly premiums. Plan benefits are listed on the following pages.

Your county	Classic HMO-POS	Prestige HMO-POS	Elements (medical only) HMO-POS
Allegan, Barry, Ionia, Kalamazoo, Kent, Mason, Muskegon, Newaygo, Oceana and Ottawa	**$107**	**$194**	**$0**
Berrien, Branch, Calhoun, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Monroe, Montcalm, St. Joseph and Van Buren	**$127**	**$256**	**$0**
Alcona, Alpena, Arenac, Bay, Charlevoix, Cheboygan, Clare, Crawford, Gladwin, Huron, Iosco, Kalkaska, Luce, Mackinac, Montmorency, Ogemaw, Oscoda, Presque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee and Tuscola	**$138**	**$248**	**$0**
Antrim, Benzie, Clinton, Emmet, Genesee, Grand Traverse, Isabella, Lake, Lapeer, Leelanau, Lenawee, Livingston, Manistee, Mecosta, Midland, Missaukee, Osceola, Otsego, St. Clair and Wexford	**$117**	**$241**	**$0**
Macomb, Oakland, Washtenaw and Wayne	**$158**	**$282**	**$0**

Prime Value HMO-POS	
Monthly premium	**Your county**
$48	Allegan, Barry, Ionia, Kalamazoo, Kent, Muskegon, Ottawa
$41	Berrien, Branch, Calhoun, Gratiot, Hillsdale, Jackson, Monroe, Montcalm, St. Joseph, Van Buren
$39.30	Genesee, Lenawee, Livingston, St. Clair
$48	Macomb, Oakland, Washtenaw, Wayne
ConnectedCare HMO Monthly premium – $50	Available only in Arenac, Genesee, Iosco, Kalamazoo, Livingston, Macomb, Oakland, Saginaw, St. Clair, Washtenaw, Wayne counties

BCN Advantage[SM] HMO and HMO-POS plans

Check the appropriate box below to join a BCN Advantage HMO-POS or HMO plan:

I wish to transfer from my current BCN Advantage plan to the plan I have selected below. I understand that if this form is received by the end of any month, my new plan will generally be effective on the first day of the following month. If I enroll during the annual enrollment period, my coverage will be effective January 1 of the next year.

☐ **BCN Advantage HMO-POS Prime Value**

$0 in-network deductible; $6,000 out-of-pocket maximum; $0 in-network copay primary care provider office visit; $35 specialist office visit copay; $350 inpatient acute hospital copay per day (days 1 to 7) per admission; $130 emergency room copay; $0-45 urgent care copay; $0 routine eye exam; $950 annual maximum per calendar year for dental services; $600 pharmacy deductible (tiers 3, 4 and 5); $0 tier 1 and 2 copay for 31-day preferred retail/mail pharmacy. **No hearing aid benefits.**

☐ **BCN Advantage HMO-POS Elements**

$0 in-network deductible; $4,500 out-of-pocket maximum; $0 copay primary care provider office visit; $35 specialist office visit copay; $250 inpatient acute hospital copay per day (days 1 to 7) per admission; $130 emergency room copay; $0-45 urgent care copay; $1,500 annual maximum per calendar year for dental services; $100/calendar year eyewear allowance; $0 routine eye exam; $0 routine hearing exam; $495-$1,695 copay per ear per year for hearing aids (through TruHearing®). $50 every three months Advantage Dollars OTC allowance, no rollover; **No prescription drug coverage.**

☐ **BCN Advantage HMO-POS Classic**

$0 in-network deductible; $4,800 out-of-pocket maximum; $0 copay primary care provider office visit; $30 specialist office visit copay; $250 inpatient acute hospital copay per day (days 1 to 7) per admission; $130 emergency room copay; $0-40 urgent care copay; $1,500 annual maximum per calendar year for dental services; $100/calendar year eyewear allowance; $0 routine eye exam; $0 routine hearing exam; $495-$1,695 copay per ear per year for hearing aids (through TruHearing®). $30 every three months Advantage Dollars OTC allowance, no rollover; $200 pharmacy deductible(tiers 3, 4 and 5): $0 tier 1 copay/$7 tier 2 copay for 31-day preferred retail/mail pharmacy.

☐ **BCN Advantage HMO-POS Prestige**

$0 in-network deductible; $4,400 out-of-pocket maximum; $0 copay primary care provider office visit; $25 specialist office visit copay; $200 inpatient acute hospital copay per day (days 1 to 7) per admission; $130 emergency room copay; $0-35 urgent care copay; $1,500 annual maximum per calendar year for dental services; $150/calendar year eyewear allowance; $0 routine eye exam; $0 routine hearing exam; $495-$1,695 copay per ear per year for hearing aids (through TruHearing®). $50 every three months Advantage Dollars OTC allowance, no rollover; $100 pharmacy deductible(tiers 3, 4 and 5); $0 tier 1 copay/$5 tier 2 copay for 31-day preferred retail/mail pharmacy.

☐ **BCN Advantage HMO ConnectedCare–*available to Arenac, Genesee, Iosco, Kalamazoo, Livingston, Macomb, Oakland, Saginaw, St. Clair, Washtenaw and Wayne County residents only.***

$0 in-network deductible; $4,800 out-of-pocket maximum; $0 copay primary care provider office visit; $35 specialist office visit copay; $325 inpatient acute hospital copay per day (days 1 to 7) per admission; $130 emergency room copay; $0-45 urgent care copay; $1,500 annual maximum per calendar year for dental services; $100/ calendar year eyewear allowance; $0 routine eye exam; $0 routine hearing exam; $495-$1,695 copay per ear per year for hearing aids (through TruHearing®). $25 every three months Advantage Dollars OTC allowance, no rollover; $100 pharmacy deductible (tiers 3, 4 and 5); $0 tier 1 copay/$0 tier 2 copay for 31-day preferred retail/mail pharmacy.

Optional Supplemental packages for BCN Advantage members

☐ **Optional package for the Prime Value, Elements, Classic and Prestige HMO-POS plans for an *additional* monthly premium of $26.60.** Extra coverage to offset costs for dental services and eyewear not covered in your base HMO-POS plans.

Dental – $1,500 annual maximum per calendar year for combined in- and out-of-network dental services. This is in addition to your base plan benefit. No waiting period, no deductible.

Vision –$250 maximum benefit (in addition to your base plan benefit) once every calendar year for elective contact lenses or one pair of frames, but not both. No prior authorization needed. No deductible.

☐ **Optional package for the ConnectedCare HMO plan for an *additional* monthly premium of $26.60.** Extra coverage to offset costs for dental procedures and eyewear not covered in your base HMO plan.

Dental – $1,500 annual maximum per calendar year for in-network dental services.

This is in addition to your base plan benefit. No waiting period, no deductible.

Vision – $250 in-network allowance once every calendar year for elective contact lenses or one frame. The benefit may be used for elective contact lenses or one pair of frames, but not both. One pair of lenses for glasses is covered in full every 12 months.

TruHearing is an independent company contracted to provide hearing services on behalf of Blue Cross Blue Shield of Michigan and Blue Care Network.

Paying your plan premium

You can pay your monthly plan premium, including any late enrollment penalty you have or may owe, by mail or automatic withdrawal from your bank account each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board check each month.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you're eligible, Medicare could help pay for your drug costs including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to a late enrollment penalty. Many people are eligible for these savings and don't even know it.

For more information about this Extra Help, contact your local Social Security office, or call **1-800-MEDICARE** (**1-800-633-4227**), 24 hours per day, seven days per week. TTY/TDD users should call **1-877-486-2048.** If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we'll bill you for the amount that Medicare doesn't cover.

If you don't select a payment option, you'll receive a bill each month.

Select a premium payment option:

☐ **Get a bill each month**. You may choose from the following payment methods:

- **Pay online:** To learn how to pay your premium online, go to **bcbsm.com/paymedicare**. Members can make one-time payments **or** set up automatic withdrawals from a bank account or credit/debit card.
- **Pay by phone:** Call BCN Advantage Customer Service at **1-800-450-3680** from 8 a.m. to 8 p.m. Eastern time Monday through Friday, with weekend hours October 1 through March 31. TTY users, call **711**.
- **Pay by mail:** Mail your check, cashier's check or money order made payable to Blue Care Network directly to:

  Blue Care Network
  P.O. Box 33608
  Detroit, MI 48232-5608.

☐ **Automatic deduction from your monthly Social Security or Railroad Retirement Board benefit check.**

I get monthly benefits from: ☐ Social Security ☐ RRB

The Social Security or RRB deduction may take two or more months to begin after Social Security or the RRB approves the deduction. Please pay any premium bills prior to your Social Security/Railroad Retirement Board deduction effective date. If Social Security or the RRB doesn't approve your request for automatic deduction, we'll send you a paper bill for your monthly premiums.

All fields in this section are optional.
Answering these questions is your choice. You can't be denied coverage because you don't answer.
Select one if you want us to send you information in a language other than English. ☐ English (default) ☐ Spanish ☐ Other (language other than English)
Select one if you want us to send you information in an accessible format. ☐ Large print ☐ Audio CD ☐ Data CD Please contact BCN Advantage at **1-800-450-3680** if you need information in an accessible format other than what's listed above. Our office hours are from 8 a.m. to 8 p.m. Eastern time, Monday through Friday, with weekend hours Oct. 1 through March 31. TTY users, call **711**.
List your primary care physician (PCP), clinic or health center. Please verify that your PCP is contracted with the BCN Advantage℠ plan that you're choosing.: Name of PCP:_____ City:_____ Provider's NPI #:_____ Can be found on **bcbsm.com/providersmedicare**.

Signature:	**Today's date:**
For an individual helping the enrollee with completing this form only	
Complete this section if you're an individual (i.e. agent, broker, SHIP counselor, family member, or other third party) helping an enrollee fill out this form.	
Name	Relationship to enrollee
Signature	National Producer Number (agents/brokers only)

Please mail this completed form to:

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