



**Blue Care  
Network**  
of Michigan

# 2021 BLUE CARE NETWORK BENEFIT INFORMATION

PROVIDING VALUE BEYOND YOUR BENEFITS

Open Season is  
November 9 through  
December 14.  
For more information  
about benefits and  
changes for 2021,  
be sure to visit  
[fepopenseason.com/  
michigan](https://fepopenseason.com/michigan).



## Blue Cross® Health & Well-Being, powered by WebMD®

The Blue Cross Health & Well-Being online site gives you access to many free online programs that help you make positive changes and lead a healthy lifestyle. These programs include Digital Health Assistant<sup>SM</sup> programs, articles, message boards, health trackers, videos, healthy recipes and more. Log in to your account on [bcbsm.com](https://bcbsm.com), then click the *Health & Well-Being* tab to enter the Blue Cross Health & Well-Being site.

## Nurse Advice Line

Get answers to health care questions anytime, anywhere with support from registered nurses. Call **855-624-5214** to reach the 24-hour nurse advise line.

## Blue Cross Online Visits<sup>SM</sup>

Blue Cross Online Visits<sup>SM</sup> gives you access to online medical and behavioral health services anywhere in the U.S. You and your covered family members can see and talk to a U.S. board-certified doctor or nurse practitioner online for minor illnesses such as a cold, flu or sore throat when your primary care physician isn't available, or a behavioral health professional to help work through different challenges such as anxiety, depression and grief.

Download the **BCBSM Online Visits<sup>SM</sup> app**, visit [bcbsmonlinevisits.com](https://bcbsmonlinevisits.com) or call **844-606-1608**.

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# 2021 HIGH OPTION RATES

## Southeast

Serving Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw and Wayne counties

HIGH OPTION RATES		NONPOSTAL PREMIUM		POSTAL BIWEEKLY PREMIUM	
2021	Code	Biweekly Your Share	Monthly Your Share	Category 1 Your Share	Category 2 Your Share
Self Only	LX1	\$111.87	\$242.39	\$108.51	\$98.45
Self Plus One	LX3	\$295.49	\$640.23	\$288.30	\$266.74
Self & Family	LX2	\$300.17	\$650.37	\$292.36	\$268.94

## East

Serving Arenac, Bay, Genesee, Gratiot, Isabella, Lapeer, Midland, Saginaw, Shiawassee (excluding the towns of Perry, Shaftsbury and Morrice) and Tuscola counties

HIGH OPTION RATES		NONPOSTAL PREMIUM		POSTAL BIWEEKLY PREMIUM	
2021	Code	Biweekly Your Share	Monthly Your Share	Category 1 Your Share	Category 2 Your Share
Self Only	K51	\$218.34	\$473.07	\$214.98	\$204.92
Self Plus One	K53	\$540.37	\$1,170.81	\$533.18	\$511.62
Self & Family	K52	\$559.96	\$1,213.25	\$552.15	\$528.73

# SUMMARY OF BENEFITS AND COVERAGE

You can access a *Summary of Benefits and Coverage* document by logging into your account at [bcbsm.com](http://bcbsm.com) and clicking the *Summary of Benefits and Coverage* link, or by calling the Customer Service number on the back of your ID card. This document provides a general overview of your plan's coverage and includes medical examples that help illustrate the benefits of your health care coverage.

## 2021 Blue Care Network | High Option benefit plan for federal employees

Benefit	You pay
<b>Preventive services</b>	Nothing
<b>Physician care</b> Diagnostic and treatment services in the office	\$15 per primary care physician visit \$25 per specialist visit
<b>Telehealth services</b>	\$15 per service
<b>Lab, X-ray and other diagnostic tests</b>	Nothing if received during your office visit otherwise: \$15 primary care physician visit \$25 specialist visit
<b>Maternity care</b> Prenatal, postnatal and delivery	Nothing for prenatal and delivery \$15 for postnatal care
<b>Surgery</b> Inpatient and outpatient professional services	Nothing
<b>Hospital care</b> Inpatient and outpatient	Nothing
<b>Ambulance transport</b> Emergency ground and air transportation when medically appropriate	Nothing
<b>Emergency care</b> <ul style="list-style-type: none"> <li>Primary care physician</li> <li>Urgent care center</li> <li>Outpatient at a hospital (copay waived if admitted)</li> </ul>	\$15 per visit \$15 per visit \$100 per visit

## 2021 Blue Care Network | High Option benefit plan for federal employees *(continued)*

Benefit	You pay
<b>Physical and occupational therapy</b> 60 visits combined per year per medical condition	\$25 per visit or 50% of the approved amount, whichever is less
<b>Speech therapy</b> 60 visits per year per medical condition	\$25 per visit
<b>Chiropractic care</b> 30 visits per calendar year	\$25 per office visit
<b>Mental health and substance abuse care</b> <ul style="list-style-type: none"> <li>Professional services, medication management and diagnostic tests</li> <li>Hospital or alternative facility such as a residential treatment facility and full-day hospitalization</li> </ul>	Nothing
<b>Annual deductible</b>	Nothing
<b>Out-of-pocket maximums</b> Included in the annual out-of-pocket maximums is medical, prescription drug copayments and coinsurances.	\$6,350 for self \$12,700 for self and family

<b>Prescription drugs</b> (includes contraceptives)	
<b>30-day retail and mail order</b>	\$10 for Tier 1 (mostly generic drugs) \$30 for Tier 2 (preferred brand drugs) \$60 for Tier 3 (nonpreferred brand-name drugs) 20% coinsurance up to a maximum of \$100 for Tier 4 (specialty drugs) 20% coinsurance up to a maximum of \$200 for Tier 5 (specialty nonpreferred)
<b>90-day retail and mail order</b>	\$20 for Tier 1 drugs \$60 for Tier 2 drugs \$120 for Tier 3 drugs

<b>Vision</b> (Administered by Vision Service Plan 800-877-7195)	
<b>Exam</b>	\$5
<b>Lenses and contacts</b>	\$7.50
<b>Frames</b>	Member pays all charges above \$130.00

<b>Hearing</b>	
<b>Monaural hearing aids: up to \$3,000</b> <b>Binaural hearing aids: up to \$6,000</b> Every 36 months regardless of age	\$15 per primary care physician \$25 per specialist

### We speak your language

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta.

إذا كنت أنت أو شخص آخر تساعد به بحاجة لمساعدة، ف لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك.

### Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign

language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: [CivilRights@bcbsm.com](mailto:CivilRights@bcbsm.com). If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

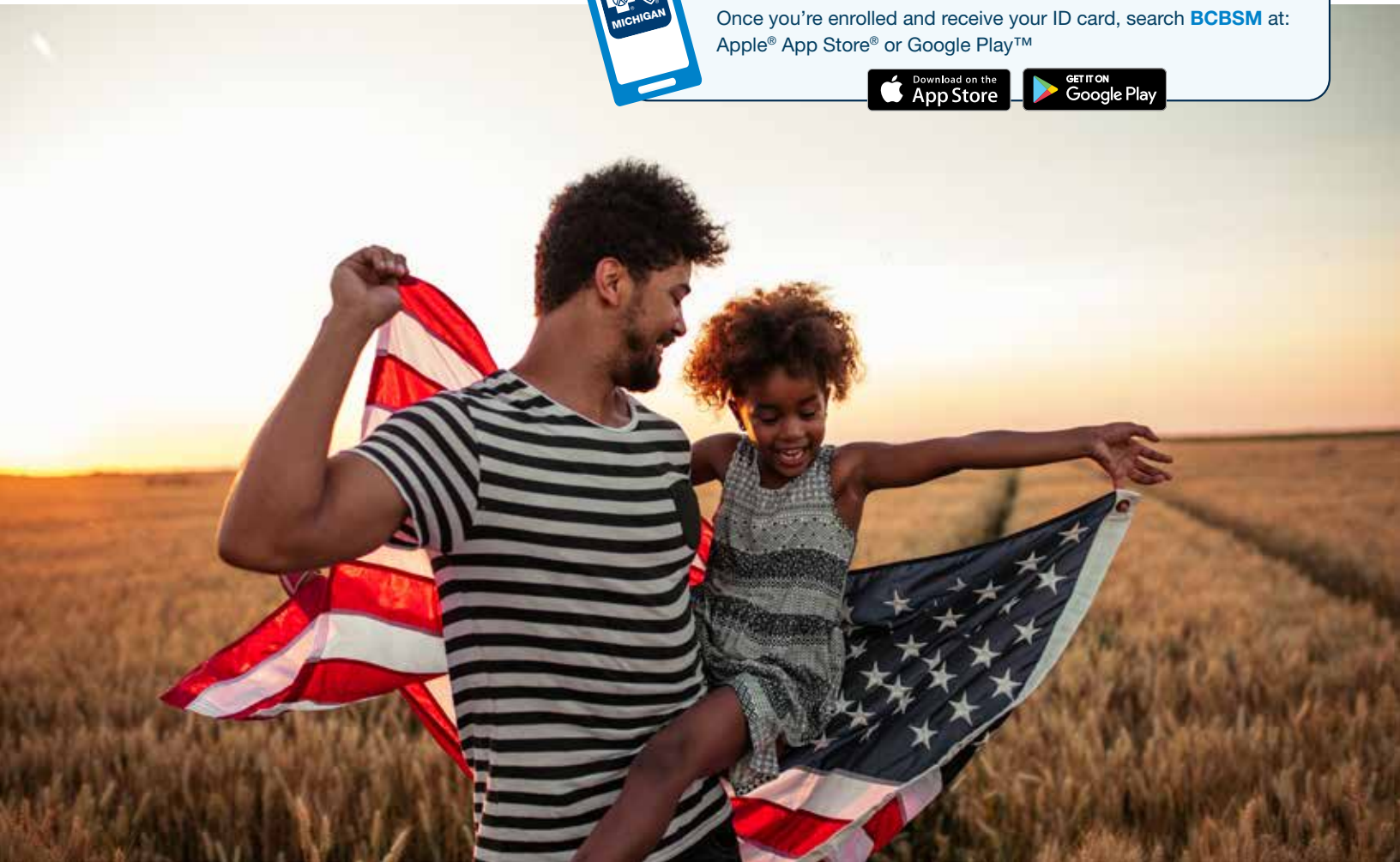
# 2021 BLUE CARE NETWORK BENEFIT INFORMATION

Your health care plan. Your health. And, the online account to manage them — anytime, anywhere.



**Blue Cross mobile app:  
Take your account on the go**

Once you're enrolled and receive your ID card, search **BCBSM** at:  
Apple® App Store® or Google Play™



## CONTACT US

### CUSTOMER SERVICE

1-800-662-6667 | TTY users 1-800-257-9980  
8 a.m. to 5:30 p.m. Monday through Friday

### BEHAVIORAL HEALTH SERVICES

1-800-482-5982

### BLUECARD® CARE WHILE YOU TRAVEL

1-800-810-BLUE (2583)

### DIABETIC SUPPLIES

1-888-896-6233  
(J&B Medical Supply Company)

### CHRONIC CONDITION MANAGEMENT NURSE LINE

1-800-392-4247

### DURABLE MEDICAL EQUIPMENT

1-800-667-8496  
(Northwood)

### LABORATORY

1-800-445-4979  
(Joint Venture Hospital Laboratories)

### TOBACCO CESSATION PROGRAM

1-800-811-1764

### VISION SERVICES

1-800-877-7195  
Vision Service Plan



### CONNECT WITH US ONLINE:

[bcbsm.com](http://bcbsm.com)  
[facebook.com/MiBCN](https://facebook.com/MiBCN)  
[ahealthiermichigan.org](http://ahealthiermichigan.org)