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BCN AdvantageSM HMO
ConnectedCare

Summary of Benefits

January 1, 2021 — December 31, 2021

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 be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

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.

BCN Advantage is an HMO plan with a Medicare contract. Enrollment in BCN Advantage depends on contract renewal.

www.bcbsm.com/medicare



Medicare Advantage Plans

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 | \$57.00 |
| Optional Supplemental Dental, Hearing and Vision Package 1 | \$13.50 |
| Optional Supplemental Dental, Hearing and Vision Package 2 | \$35.50 |

| Deductible and limits on how much you pay for covered services | | | |
|---|--|------------------|---|
| Deductible | \$0 annually This plan does not have a deductible for Part D prescription drugs. | | |
| Deductible – Optional Supplemental Dental, Hearing and Vision Package 1 | There is no deductible. | | |
| Deductible – Optional Supplemental Dental, Hearing and Vision Package 2 | There is no deductible. | | |
| Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i> | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center; vertical-align: top;">\$3,800 annually</td> <td style="width: 67%; vertical-align: top;"> <p>The most you pay for copays, coinsurance and other costs for medical services for the year.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>You will still need to pay your monthly plan premiums, Medicare Part B premiums, and cost sharing for your Part D drugs.</p> </td> </tr> </table> | \$3,800 annually | <p>The most you pay for copays, coinsurance and other costs for medical services for the year.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>You will still need to pay your monthly plan premiums, Medicare Part B premiums, and cost sharing for your Part D drugs.</p> |
| \$3,800 annually | <p>The most you pay for copays, coinsurance and other costs for medical services for the year.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>You will still need to pay your monthly plan premiums, Medicare Part B premiums, and cost sharing for your Part D drugs.</p> | | |

| Benefits | BCN Advantage HMO ConnectedCare | What you should know |
|---|---|--|
| Note: Services with * may require prior authorization. | | |
| Inpatient Hospital Coverage* | \$225 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90 \$0 copay per day for days 91 and beyond | The copays are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care for 60 days in a row. Our plan covers an unlimited number of days for an inpatient hospital stay. If you go to out-of-network providers you pay the full cost. |
| Outpatient Hospital Coverage* <ul style="list-style-type: none"> • Ambulatory surgical center • Outpatient hospital | \$0 – \$100 copay \$0 – \$225 copay | Services may require prior authorization. If you go to out-of-network providers you pay the full cost. |
| Doctor Visits <ul style="list-style-type: none"> • Primary • Specialists* | \$0 copay \$40 copay | If you go to out-of-network providers you pay the full cost. Specialist services may require referral. |
| Preventive Care You pay nothing. Our plan covers many preventive services, including: <ul style="list-style-type: none"> • 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 • Glaucoma screening • HIV screening • Immunizations, including flu shots, hepatitis B shots, pneumococcal shots • Intensive behavioral therapy for obesity | | Any additional preventive services approved by Medicare during the contract year will be covered. |

| Benefits | BCN Advantage HMO ConnectedCare | What you should know |
|--|------------------------------------|---|
| Note: Services with * may require prior authorization. | | |
| <ul style="list-style-type: none"> • Medical nutrition therapy services • Medicare Diabetes Prevention Program • 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 | \$90 copay | <p>You may go to any emergency room if you reasonably believe you need emergency care.</p> <p>If you are admitted to the hospital within one day, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>You have coverage for worldwide emergency medical care. There is a combined \$50,000 lifetime plan coverage limit for emergency care, urgent care and transportation services outside the U.S. and its territories.</p> |
| Urgently Needed Services | \$0 – \$45 copay | <p>You have coverage for worldwide emergency medical care. There is a combined \$50,000 lifetime plan coverage limit for emergency care, urgent care and transportation services outside the U.S. and its territories.</p> |

| Benefits | BCN Advantage HMO ConnectedCare | What you should know |
|--|---|--|
| Note: Services with * may require prior authorization. | | |
| <p>Diagnostic Services/Labs/Imaging*</p> <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • COVID-19 testing • Diagnostic radiology service (e.g., MRI) • Outpatient X-rays • Therapeutic radiology services | <p>\$0 – \$20 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$20 – \$100 copay</p> <p>\$20 – \$100 copay</p> <p>\$25 copay</p> | <p>Prior authorization is required for some services by your doctor or other network provider. Please contact the plan for more information.</p> <p>If you go to out-of-network providers you pay the full cost.</p> |
| <p>Hearing Services</p> <ul style="list-style-type: none"> • Hearing exam to diagnose and treat hearing and balance issues | <p>\$0 – \$40 copay, depending on the service</p> | <p>If you go to out-of-network providers you pay the full cost.</p> |

| Benefits | BCN Advantage HMO ConnectedCare | What you should know |
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| Note: Services with * may require prior authorization. | | |
| <p>Dental Services</p> <p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)</p> <p>Preventive dental services</p> <ul style="list-style-type: none"> • Cleaning (for up to two every year) • Dental X-rays (one set of up to four bitewing X-rays, or one set of up to six periapical films every two years) • Oral exam (up to two every year) | <p>\$0 – \$225 copay for Medicare-covered services</p> <p>\$0 copay</p> | <p>If you go to out-of-network providers you pay the full cost.</p> <p>For preventive dental services, you must obtain services from a participating dentist. Please visit www.mibluedentist.com and search for PPO dentists in the BCN Advantage network or contact Customer Service.</p> |
| <p>Vision Services*</p> <ul style="list-style-type: none"> • Exam to diagnose and treat diseases and conditions of the eye • Eyeglasses or contact lenses after Medicare-covered cataract surgery • Routine eye exam | <p>\$0 - \$40 copay, depending on the service</p> <p>\$0 copay</p> <p>\$0 copay for up to one routine eye exam every 12 months</p> | <p>If you go to out-of-network providers you pay the full cost.</p> <p>Routine vision care must be from a VSP Choice Network provider. To locate a VSP Choice Network provider, call the Customer Service number on the back of this booklet or visit www.vsp.com.</p> <p>Services may require prior authorization.</p> |

| Benefits | BCN Advantage HMO ConnectedCare | What you should know |
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| Note: Services with * may require prior authorization. | | |
| <p>Mental Health Services*</p> <ul style="list-style-type: none"> • Inpatient visit • Outpatient group therapy visit • Outpatient individual therapy visit | <p>\$225 copay per day for days 1 through 6</p> <p>\$0 copay per day for days 7 through 90</p> <p>\$40 copay for outpatient group/individual therapy visit</p> | <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care for 60 days in a row. If you go into a hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>Services may require prior authorization.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> |
| <p>Skilled Nursing Facility* (SNF)</p> | <p>\$0 copay per day for days 1 through 20</p> <p>\$178 copay per day for days 21 through 100</p> | <p>Our plan covers up to 100 days in a SNF.</p> <p>Services may require prior authorization.</p> |

| Benefits | BCN Advantage HMO ConnectedCare | What you should know |
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| Note: Services with * may require prior authorization. | | |
| Physical Therapy* <ul style="list-style-type: none"> • Physical therapy, occupational therapy, and speech and language therapy visit | \$30 copay | Services may require prior authorization. |
| Ambulance | \$230 copay | Copay is for each one-way trip for Medicare-covered services. |
| Transportation | Qualified members pay \$0. | <p>Qualified members who have been selected to be a part of Blue Cross Coordinated Care, our care management program for members with special health needs may be eligible for non-emergency medical transportation provided by a plan-approved transportation provider, to medical appointments, physical therapy, a pharmacy or other plan-approved locations.</p> <p>For members who reside in Wayne, Oakland, Macomb and Washtenaw counties, non-emergency, medical transportation is covered for up to 28 days after each acute care hospital discharge.</p> <p>Your Care Manager must arrange your transportation with the plan-approved transportation provider.</p> |
| Medicare Part B Drugs* <ul style="list-style-type: none"> • Part B drugs such as chemotherapy/radiation drugs • Other Part B drugs • Home infusion drugs | 0% – 20% of the cost depending on the drug | Services may require prior authorization and/or step therapy. |

| Benefits | BCN Advantage HMO ConnectedCare | What you should know |
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| Note: Services with * may require prior authorization. | | |
| <p>Chiropractic Care*</p> <ul style="list-style-type: none"> • Manipulation of the spine to correct a subluxation (when one or more bones in your spine moves out of position) • Routine care/other <p>Routine chiropractic visits give members coverage for one set of X-rays (up to three views) per year performed by a chiropractor. Cost share is the same as diagnostic X-rays.</p> | <p>\$20 copay</p> <p>\$20 – \$40 copay depending on the service</p> | <p>One routine office visit per year.</p> |
| <p>Durable Medical Equipment/Supplies*</p> <ul style="list-style-type: none"> • Durable Medical Equipment (includes wheelchairs, oxygen, etc.) • Prosthetics (braces, artificial limbs, etc.) • Diabetes supplies (monitoring, shoes or inserts) | <p>20% coinsurance of the cost for Medicare-covered items</p> <p>20% coinsurance of the cost for Medicare-covered items</p> <p>\$0 copay</p> | <p>Services may require prior authorization.</p> <p>Member must obtain diabetic supplies (except diabetic shoes) from BCN’s supplier, J&B Medical Supply Company at 1-888-896-6233 from 8 a.m. to 5 p.m. Monday through Friday, Eastern time. TTY users call 711.</p> <p>Member must obtain diabetic shoes and inserts from BCN’s DME supplier, Northwood at 1-800-667-8496, 8:30 a.m. to 5 p.m. Monday through Friday, Eastern time. TTY users call 711.</p> <p>When outside of the plan’s service area, members must contact the appropriate vendor listed above.</p> <p>Prosthetics must be obtained from a preferred vendor. Contact us for a list of preferred vendors.</p> |

| Benefits | BCN Advantage HMO ConnectedCare | What you should know |
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| Note: Services with * may require prior authorization. | | |
| Health Fitness Program | <p>All members can join the SilverSneakers® Fitness program at no cost. SilverSneakers® is a leading fitness program for people with Medicare.</p> <ul style="list-style-type: none"> • Locations nationwide • Low-impact classes to improve strength and balance • Health education events • Live and on-demand online classes, online tools, and basic fitness equipment to use in your home <p>You must use network facilities to obtain this benefit. You can find locations and more information at www.silversneakers.com. Tivity Health® is an independent corporation retained by Blue Care Network to provide health and fitness services to its BCN Advantage members. Tivity Health and SilverSneakers® are registered trademarks or trademarks of Tivity Health, Inc. and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2017 Tivity Health, Inc. All rights reserved.</p> | |
| Home Health Care* | \$0 copay | <p>Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc. Custodial care is not a benefit.</p> <p>Services may require prior authorization.</p> |
| Hospice | <p>\$0 copay for hospice care from a Medicare-certified hospice.</p> <p>You may have to pay part of the cost for drugs and respite care.</p> <p>Hospice is covered outside of our plan.</p> <p>Please contact us for more details (phone numbers are on the back of this booklet).</p> | |

| Benefits | BCN Advantage HMO ConnectedCare | What you should know |
|---|---|---|
| Note: Services with * may require prior authorization. | | |
| <p>Meal Benefit</p> | <p>\$0 copay for qualified members for 28 meals over 14 days from plan-approved meal provider.</p> <p>Twenty-eight (28) meals will be delivered to your home in a refrigerated cooler pack in two shipments (14 meals per shipment). Meals can be tailored to meet certain dietary needs.</p> | <p>Members who have been selected to be a part of our Blue Cross care management program for members with special health needs and have been discharged from a hospital may be eligible for a two-week (14 day) meal benefit. Members are eligible for this benefit during the 30-day period after they return home from the hospital.</p> <p>An assessment with your Blue Cross nurse care manager is required to determine eligibility for the meal benefit.</p> <p>If you qualify for this benefit your Blue Cross Care Manager will make a referral to the plan-approved meal provider.</p> |
| <p>Online Visits</p> <ul style="list-style-type: none"> Remote access technologies give you the opportunity to meet with a health care provider through electronic forms of communication (such as online). This does not replace an in-person visit, but allows you to meet with a health care provider when it is not possible for you to meet with your doctor in the office. | <p>Medical: \$0 copay</p> <p>Mental Health: \$0 copay</p> | |
| <p>Outpatient Substance Abuse*</p> <ul style="list-style-type: none"> Individual or Group therapy visit | <p>\$40 copay each visit</p> | <p>Services may require prior authorization.</p> |

| Benefits | BCN Advantage HMO ConnectedCare | What you should know |
|---|---|---|
| Note: Services with * may require prior authorization. | | |
| <p>Over-the-counter items (from authorized vendor only)*</p> <p>Over-the-Counter (OTC) items are drugs and health related products that do not need a prescription.</p> <p>Covered items include but are not limited to antacids, cough drops, denture adhesive, eye drops, ibuprofen, toothpaste and first aid items. Food items are covered for members with certain conditions.</p> <p>There are four ways to use your benefit:</p> <ol style="list-style-type: none"> 1) In-store: You will receive an allowance card in the mail. You can use this card to purchase many common items at local retailers. You can find a complete list of participating retailers online at bcbsm.com/medicareotc. 2) Online. Go to bcbsm.com/medicareotc and follow the prompts to place an order using the online catalog. 3) Mail. You may request a printed catalog by calling 1-866-637-6863, Monday - Friday, 8 a.m. - 8 p.m. Eastern time (TTY: 711). Complete and mail the order form included with the requested catalog that you will receive in the mail. 4) Telephone. Select items using the requested physical or online catalog and call 866-637-6863, Monday - Friday, 8 a.m. - 8 p.m. Eastern time (TTY: 711), to place an order. Items will be mailed to you. | <p>Members receive a \$25 per quarter benefit, no rollover.</p> | <p>This benefit covers certain approved non-prescription over-the-counter drugs and health-related items. You will receive one OTC card which can be used for purchasing approved non-prescription, over-the-counter drugs and health-related items at participating retail locations. The dollar benefit amount will be automatically reloaded each quarter.</p> <p>For online and mail orders, only one order can be placed per quarter. Benefits are available each quarter (January, April, July, October).</p> <p>In addition to the over-the-counter benefit, plan-identified members diagnosed with certain health conditions can use their quarterly allowance to buy approved foods. The food benefit will be available to plan-identified members who have been diagnosed with: diabetes, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), stroke, hypertension, coronary artery disease (CAD), and/or rheumatoid arthritis or have known risk factors associated with exposure to COVID-19. See Special supplemental benefits for the chronically ill below.</p> <p>Note: All purchases must be made through the plan's approved vendor or purchased at participating retail locations. Items cannot be obtained from any other vendor or retailer.</p> <p>Note: Amounts left on the account at the end of each quarter do not roll over into the next quarter, so be sure to use this benefit regularly.</p> |

| Benefits | BCN Advantage HMO ConnectedCare | What you should know |
|--|---|--|
| Note: Services with * may require prior authorization. | | |
| Renal dialysis | 20% coinsurance | |
| <p>Special Supplemental Benefits for the Chronically Ill</p> <p>Plan-identified members with certain health conditions can use their quarterly over-the-counter allowance to buy approved foods. This benefit will be available only to plan-identified members who have been diagnosed with:</p> <ul style="list-style-type: none"> • Diabetes • Chronic obstructive pulmonary disease (COPD) • Congestive Heart Failure (CHF) • Stroke • Hypertension • Coronary Artery Disease (CAD) • Rheumatoid arthritis • Have known risk factors associated with exposure to COVID-19 | \$25 per quarter benefit, no rollover | See above for more information on the over-the-counter items benefit. |
| <p>Worldwide Coverage</p> <p>Worldwide coverage consists of:</p> <ul style="list-style-type: none"> • Worldwide emergency coverage • Worldwide urgent coverage • Worldwide emergency transportation. | <p>\$90 copay for worldwide emergency care services.</p> <p>\$45 copay for worldwide urgent care services.</p> <p>\$230 copay for each one-way trip for worldwide emergency transportation.</p> | <p>If you need care when you're outside of the United States, you have coverage for emergency and urgently needed services only.</p> <p>You have coverage for worldwide emergency medical care.</p> <p>You have coverage for worldwide emergency transportation.</p> <p>There is a combined \$50,000 lifetime plan coverage limit for emergency care, urgent care, and transportation services outside the U.S. and its territories.</p> |

BCN Advantage HMO ConnectedCare

Phase 1: The Deductible Stage

Because there is no deductible for the plan, this stage does not apply to you.

As part of the Senior savings model, you pay no more than \$35 for a 30-day supply on select insulins.

Phase 2: The Initial Coverage Stage

You begin in this stage when you fill your first prescription of the year. 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 “total drug costs” (your payments plus any Part D plan’s payments) total \$4,130.

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 | \$7 | \$1 |
| Tier 2: Generic | \$18 | \$10 |
| Tier 3: Preferred Brand | \$47 | \$42 |
| Select preferred insulin (Senior Savings Model 30-day supply) | \$35 | \$35 |
| Tier 4: Non-Preferred Drug | 48% | 48% |
| Tier 5: Specialty Tier | 33% | 33% |
| Tier 6: Select Care Drugs | \$5 | \$0 |

Your share of the cost when you get a *long-term* (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 | \$21 | \$0 |
| Tier 2: Generic | \$54 | \$0 |
| Tier 3: Preferred Brand | \$141 | \$126 |
| Select preferred insulin (Senior savings model 30-day supply) | \$105 | \$105 |
| Tier 4: Non-Preferred Drug | 48% | 48% |
| Tier 5: Specialty Tier | Not Covered | Not Covered |
| Tier 6: Select Care Drugs | \$15 | \$0 |

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 & 4: The Coverage Gap & The Catastrophic Stages

You have additional coverage in the Coverage Gap stage for Tier 6 drugs. You pay a \$0 copayment for Tier 6 drugs at a preferred pharmacy. You pay 25% of the cost for all other generic drugs. For brand-name drugs, you pay 25% of the price (plus a portion of the dispensing fee). You have additional coverage in the Coverage Gap stage for select insulins. You pay no more than \$35 for a 30-day supply. Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, 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).

Optional Supplemental Benefits

(You must pay an extra premium each month for these benefits)

Package 1: Supplemental Dental, Vision and Hearing

| Benefit | BCN Advantage HMO ConnectedCare |
|---|---|
| Benefits include: | <ul style="list-style-type: none"> • Comprehensive Dental <ul style="list-style-type: none"> • Eyewear • Hearing Exams • Hearing Aids |
| How much is the monthly premium? | <p>Additional \$13.50 per month.</p> <p>You must keep paying your Medicare Part B premium and your \$57 monthly plan premium.</p> |
| How much is the deductible? | This package does not have a deductible. |
| Is there a limit on how much the plan will pay? | <p><i>Each benefit has its own dollar maximum and cannot be combined with another benefit.</i></p> <p><i>Comprehensive Dental: \$1,500 every year</i></p> <p><i>Eyewear: \$200 every 12 months</i></p> <p><i>Hearing Aid Fitting Exams: \$0 for one hearing aid fitting evaluation every three years.</i></p> <p><i>Hearing Aids: \$1,200 (\$600 per ear) every 3 years</i></p> |
| <p>Dental – Optional Supplemental Benefit – Package 1</p> <p>In addition to preventive dental, we cover:</p> | <p>Comprehensive Dental: \$1,500 maximum dental benefit every year.</p> <p>In Network</p> <p>\$0 cost-share for fluoride treatments and brush biopsies</p> <p>50% coinsurance for:</p> <ul style="list-style-type: none"> • Resin and amalgam fillings • Crowns • Crown repairs • Adjunct Crown Services • Root canals • Simple extractions <p>For in-network benefits, you must receive optional supplemental dental services from a participating provider.</p> |

| Benefit | BCN Advantage HMO ConnectedCare |
|---|---|
| <p>Vision – Optional Supplemental Benefit – Package 1 Every 12 months, we cover <u>one</u> of the following:</p> <ul style="list-style-type: none"> • Elective contacts • One pair of lenses • One frame • One complete pair of eyeglasses (lenses and frames) <p>If elective contact lenses are chosen, they are unlimited up to the maximum vision benefit.</p> | <p>The optional eye wear benefit provides a \$200 maximum vision benefit every 12 months and may be used for either (a) elective contact lenses or (b) frames.</p> <p>Standard eyeglass lenses are covered in full every 12 months.</p> <p>Supplemental vision benefits are provided in conjunction with enhanced vision benefit. Frequency limits apply.</p> |
| <p>Hearing – Optional Supplemental Benefit – Package 1</p> | <p>\$0 cost share for one hearing exam every year</p> <p>\$0 cost share for one hearing aid fitting evaluation every three years</p> <p>Hearing Aids: up to a \$1,200 (\$600 per ear) allowance, every three years</p> |

Optional Supplemental Benefits

(You must pay an extra premium each month for these benefits)

Package 2: Supplemental Dental, Vision and Hearing

| Benefit | BCN Advantage HMO ConnectedCare |
|---|--|
| Benefits include: | <ul style="list-style-type: none"> • Comprehensive Dental <ul style="list-style-type: none"> • Eyewear • Hearing Exams • Hearing Aids |
| How much is the monthly premium? | <p>Additional \$35.50 per month.</p> <p>You must keep paying your Medicare Part B premium and your \$57 monthly plan premium.</p> |
| How much is the deductible? | This package does not have a deductible. |
| Is there a limit on how much the plan will pay? | <p><i>Each benefit has its own dollar maximum and cannot be combined with another benefit.</i></p> <p><i>Comprehensive Dental: \$2,500 every year</i></p> <p><i>Eyewear: \$300 every 12 months</i></p> <p><i>Hearing Aid Fitting Exams: \$0 for one hearing aid fitting evaluation every three years.</i></p> <p><i>Hearing Aids: \$2,500 (\$1,250 per ear) every 3 years</i></p> |
| <p>Dental – Optional Supplemental Benefit – Package 2</p> <p>In addition to preventive dental, we cover:</p> | <p>Comprehensive Dental: \$2,500 maximum dental benefit every year.</p> <p>In Network</p> <p>\$0 cost-share for fluoride treatments and brush biopsies</p> <p>25% coinsurance for:</p> <ul style="list-style-type: none"> • Resin and amalgam fillings • Dentures • Bridges • Onlays • Crowns • Crown repairs • Adjunct Crown Services • Root canals • Simple extractions • Endodontics and periodontics • Oral surgery • Consultation exams • Anesthesia <p>For in-network benefits, you must receive optional supplemental dental services from a participating provider.</p> |

| Benefit | BCN Advantage HMO ConnectedCare |
|---|---|
| <p>Vision – Optional Supplemental Benefit – Package 2</p> <p>Every 12 months, we cover one of the following:</p> <ul style="list-style-type: none"> • Elective contacts • One pair of lenses • One frame • One complete pair of eyeglasses (lenses and frames) <p>If elective contact lenses are chosen, they are unlimited up to the maximum vision benefit.</p> | <p>The optional eye wear benefit provides a \$300 maximum vision benefit every 12 months and may be used for either (a) elective contact lenses or (b) frames.</p> <p style="text-align: center;">Standard eyeglass lenses are covered in full every 12 months.</p> <p>Supplemental vision benefits are provided in conjunction with enhanced vision benefit. Frequency limits apply.</p> |
| <p>Hearing – Optional Supplemental Benefit – Package 2</p> | <p style="text-align: center;">\$0 cost share for one hearing exam every year</p> <p style="text-align: center;">\$0 cost share for one hearing aid fitting evaluation every three years</p> <p style="text-align: center;">Hearing Aids: up to a \$2,500 (\$1,250 per ear) allowance, every three years</p> |

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.

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