



# Member Guide



Student Health Plan 2021-22

# Welcome

Thank you for choosing the Michigan Technological University Student Health Plan administered by Blue Cross Blue Shield of Michigan. This Member Guide will help you and your family get the most from your health plan. By being well-informed, you'll have the confidence and security of knowing that health care coverage is available when you need it.

This guide gives an overview of your health care coverage. For more details about your coverage:

- Visit **bcbsm.com** and click *Login*
- Register to create an account

If you have technical difficulties, please call Web Support at **1-888-417-3479**.

The information in this guide is a summary of your health care benefits. It's not a contract. It may not reflect additional limitations or exclusions that apply to covered services or the most recent updates to Blue Cross certificates, riders, plan modifications or changes that your group may be making to your coverage. Please contact your health care administrator or call the Customer Service phone number printed on the back of your member ID card if you have additional questions about your health care benefits.

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# Enrollment

## Who is eligible

Michigan Tech requires all international and graduate students hold comprehensive health insurance either through this Student Health Insurance Plan or through another individual or family plan.

All registered domestic undergraduate students taking credits are eligible to enroll in this Student Health Insurance Plan on a voluntary basis. Visit [www.bcbsm.com/michigantech](http://www.bcbsm.com/michigantech) for enrollment information.

Insured Students who are enrolled in the Student Health Insurance Plan may also enroll their eligible dependents at [www.bcbsm.com/michigantech](http://www.bcbsm.com/michigantech).

## Waive Coverage

Eligible Students required to have insurance who DO NOT WANT to be enrolled in the Student Health Insurance Plan must submit a Waiver Form documenting proof of comparable coverage in another health insurance plan prior to the posted waiver deadline date.

For more information about waiving coverage, including requirements and waiver forms, visit: [www.mtu.edu/hr/students/insurance](http://www.mtu.edu/hr/students/insurance)

# Enrollment

## Coverage Periods

**Students:** Coverage periods are below. Coverage will become effective at 12:01 AM on the Coverage Start Date indicated below and will terminate at 11:59 PM on the Coverage End Date indicated.

**Eligible Dependents:** Coverage will become effective at 12:01 AM on the Coverage Start Date indicated below and will terminate at 11:59 PM on the Coverage End Date indicated. Coverage for insured dependents terminates in accordance with the Termination Provisions described in the Certificate of Coverage. Student must have coverage for their dependents to be eligible.

ENROLLEMENT DATES			COVERAGE PERIOD	
ENROLLMENT PERIOD	ENROLLMENT OPENS	ENROLLMENT DEADLINE	COVERAGE START	COVERAGE END
ANNUAL	7/1/2021	9/30/2021	8/16/2021	8/15/2022
FALL	7/1/2021	9/30/2021	8/16/2021	1/15/2022
FALL/SPRING	7/1/2021	9/30/2021	8/16/2021	5/12/2022
SPRING	1/1/2022	1/31/2022	1/16/2022	5/12/2022
SPRING/SUMMER	1/1/2022	1/31/2022	1/16/2022	8/15/2022
SUMMER	5/1/2022	5/31/2022	5/13/2022	8/15/2022

## Rates

	ANNUAL	FALL	FALL/SPRING	SPRING	SPRING/SUMMER	SUMMER
STUDENT	\$1,660	\$692	\$1,245	\$553	\$968	\$415
SPOUSE	\$1,660	\$692	\$1,245	\$553	\$968	\$415
ONE CHILD	\$1,660	\$692	\$1,245	\$553	\$968	\$415
2 OR MORE CHILDREN	\$3,320	\$1,384	\$2,490	\$1,106	\$1,936	\$830

# Benefits at a Glance

## Plan overview

	<b>Blue Cross Blue Shield of Michigan PPO Plan</b>
Network Access	Members have the flexibility to visit a provider or facility of their choice. However, benefits increase when in-network providers are used.
Maximum Annual Benefit	Unlimited
In-Network Deductible	\$150 per person/ \$300 per family per policy year
Coinsurance	20% of approved amount for most covered services 50% of approved amount for bariatric surgery
Annual Out of Pocket Maximum	\$5,000 for one member, \$10,000 for the family (when two or more members are covered under your contract) each calendar year
Office Visit Copay	\$20 per visit
Specialist Visit Copay	\$40 per visit
Urgent Care Copay	\$35 per visit
Medical Online Visit Copay	\$20 per visit
Emergency Room Copay	\$50 per visit (waived if admitted)
Prescription Drug Copays	Generic: \$10, Preferred: \$40, Non-Preferred: \$80 Preferred Brand-Name Specialty: 15%, up to \$150 Non-Preferred Brand-Name: 25%, up to \$300
Dental	\$0 deductible, 0% coinsurance for Class I services, 50% coinsurance for Class II and III services and \$1,000 annual maximum
Vision	Eye exam: \$5 copay, Prescription glasses (lenses and/or frames): \$10 copay, Contact lenses: \$10 copay





# Your Blue Cross member ID card

Once enrolled, you'll receive a Blue Cross member ID card. All cards will show the contract holder's name, even those issued to dependents.

- 1**     **Enrollee name:** The contract holder's name
- 2**     **Enrollee ID:** The contract holder's assigned contract number, which allows health care providers to identify you and your benefits
- 3**     **Issuer:** Identifies you as a Michigan Blue Cross member to out-of-state providers
- 4**     **Group number:** Identifies your student plan
- 5 & 6**     These icons are present if your coverage includes dental or prescription drugs

**Customer service phone numbers** for you and your providers are located on the back of your member ID card.

**Sample card front**

	<b>3</b>
<b>Enrollee Name</b> <b>VALUED M CUSTOMER</b> <b>1</b>	
<b>Enrollee ID</b> <b>XXX888888888</b> <b>2</b>	<b>RxBIN</b> <b>610014</b>
<b>Issuer (80840)</b> 9101003777	<b>RxGRP</b> <b>BCBSMAN</b>
<b>Group Number</b> <b>77777</b> <b>4</b>	
	 <b>5</b>
	 <b>6</b>

**Sample card back**

<b>bcbsm.com</b>	
<b>Blue Cross Blue Shield of Michigan</b> 600 E. Lafayette Blvd., Detroit, MI 48226-2998 A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association	
<b>Customer Service:</b> 800-XXX-XXXX	<b>Customer Service:</b> 800-XXX-XXXX
To locate participating providers outside of Michigan: 800-XXX-XXXX	To locate participating providers outside of Michigan: 800-XXX-XXXX
Misuse may result in prosecution. If you suspect fraud, call: 800-XXX-XXXX	Misuse may result in prosecution. If you suspect fraud, call: 800-XXX-XXXX
24 Hr./7 Day Nurse Help Line: 800-XXX-XXXX	24 Hr./7 Day Nurse Help Line: 800-XXX-XXXX
DNoA Pref Network (Dental): 888-XXX-XXXX	DNoA Pref Network (Dental): 888-XXX-XXXX
Benefits & Eligibility: 800-XXX-XXXX	Benefits & Eligibility: 800-XXX-XXXX
VSP Inquiries: 800-XXX-XXXX	VSP Inquiries: 800-XXX-XXXX
Precertification: 800-XXX-XXXX	Precertification: 800-XXX-XXXX
Mental Health/Substance Abuse Precertification: 800-XXX-XXXX	Mental Health/Substance Abuse Precertification: 800-XXX-XXXX
Rx Claims/Rx PriorAuth: 800-XXX-XXXX	Rx Claims/Rx PriorAuth: 800-XXX-XXXX
<b>Express Scripts®</b> Pharmacy Claims Processor	



## About your member ID card

Only you and your eligible dependents may use the cards issued for your contract. Lending your card is illegal and subject to possible fraud investigation and termination of coverage.

Call us if your card is lost or stolen. Your provider can call us to verify coverage until you receive your new cards.

If you need additional ID cards:

- Visit **bcbsm.com** and log in
- Click *My ID Cards*
- Click *Order New Card*

You can also call the Customer Service number that is on the back of your ID card.



# Mobile app and website

Our mobile app and website provide resources to help you access information and make informed decisions from the convenience of your computer and phone.

## Here are some of our site and mobile app features:

**Benefit details:** See what your plan covers so you're more informed when you need care.

**Deductible and out-of-pocket balances:** Know how much you've paid toward your deductible and out-of-pocket maximum balances.

**Access to pharmacy and drug information** (for members with Blue Cross pharmacy coverage): Look up drug prices, see coverage warnings and find lower cost alternatives.

**View claims and EOBs:** See what providers charged and why before you pay. Quickly filter and search claims by time frame, member, service type or provider.

**Find a Doctor:** Find a doctor or hospital in your network. \*Search by location, specialties, quality recognitions and extended office hours. Get GPS-enabled directions.

**Compare cost estimates:** Compare cost information in real time for health care services.

**Virtual member ID card:** Show your virtual member ID card to your doctor for verification of coverage. Search BCBSM within the Apple® App Store or Google® Play and download the mobile app today.



## How to create your online account

Once you receive your Blue Cross member ID card, you're ready to create your online member account.

1. Go to **bcbsm.com**.
2. Click on the *Login* button at the upper right corner of the homepage.
3. Click on *Member*.
4. At the bottom of the box, click *Register Now*.
5. Follow the registration instructions.

## How to download the bcbsm.com mobile app

1. Visit the Apple® App Store or Android Apps on Google® Play.
2. Search for "BCBSM."
3. Download the app to your device.
4. Register your account using your insurance card.

# Member discounts with Blue365

## Save money and live healthier with Blue365

Blue Cross members can score big savings on a variety of health-related products and services from businesses in Michigan and across the United States.

Member discounts with Blue365 offers exclusive deals on things like:

- **Fitness and wellness:** Health magazines, fitness gear and gym memberships
- **Healthy eating:** Cookbooks, cooking classes and weight-loss programs
- **Lifestyle:** Travel and recreation
- **Personal care:** Lasik and eye care services, dental care and hearing aids

## Cash in on discounts

Start saving today. Show your Blue Cross or Blue Care Network member ID card at participating local retailers or use an offer code online to take advantage of these savings. You can view all savings in one place through your member account at **bcbsm.com**.

For a full list of discount offers, log in or register at **bcbsm.com** and click *Member Discounts with Blue365* on the right side of your home page. You can also get monthly updates and details about new offers delivered directly to your email inbox. Just log in at **bcbsm.com** and opt-in to receive emails through *Paperless Options* under *Account Settings*.



Blue365<sup>®</sup>

Because health is a big deal<sup>SM</sup>

# Choosing your provider

## Looking for a doctor, hospital or other health care professional?

You can choose any health care provider in your network for routine or general care. You don't need a referral for specialty or behavioral health care, and hospital services. To help narrow your options, visit **bcbsm.com** and click *Find a Doctor* to choose a health care provider who best matches your needs and maximize the value of your benefit plan. With this application you can:

- Enter your preferred location
- Easily compare providers
- Review specialty, board certification and education information
- Find contact information
- Read a review of a doctor
- Print your search results
- Find out-of-state doctors
- Get cost estimates to help you research and compare certain procedures

You can also find a network provider for the following services on our site:

- Primary care services (routine exams or general health issues)
- Specialty care
- Behavioral care and substance abuse services
- Evening or weekend services
- Services from a doctor who speaks another language
- Services located near you

## Approving covered services

Depending on the health care services you need, your provider might have to get prior approval. For more information and a list of services that need approvals, visit **bcbsm.com/importantinfo** and click on *approving covered services*.

## What is a network provider?

A network provider is a physician, other health care specialist or hospital that provides services through our PPO network. PPO stands for preferred provider organization. PPO network providers have signed agreements with us to accept our approved amount as payment in full for services covered under your health care plan. Using PPO network providers limits your out-of-pocket costs for covered services to any deductible and copayments that may be required by your plan.



Special note for parents of students: Dependents attending school away from home still need to choose a physician in the PPO network. (See the section on BlueCard®.)

## Limited network

Certain types of providers – including speech pathologists, nursing facilities and others – are not in our PPO network, but the services are paid at the in-network level. If you aren't sure if a health provider is considered in-network under your plan, please call the Customer Service number on the back of your Blue Cross member ID card.

## What is an out-of-network provider?

An out-of-network provider is a physician, other health care specialist or hospital that hasn't signed an agreement to provide services through our PPO network. Your health care plan generally has higher out-of-pocket deductible and copays for services received outside the PPO network.

**Important:** Outside of the PPO network, a provider can either be participating or nonparticipating. Participating providers have agreed to accept our approved amount plus your out-of-network deductible and copayment as payment-in-full for covered services.

Nonparticipating providers haven't signed an agreement and can bill you for any differences between their charges and our approved amount.

## How providers are paid

How much you pay for services you receive depends on whether you use an in-network or out-of-network provider. We'll explain the difference below.

Under your health care program, the payment allowed for covered services is called our approved amount. This amount is the lower of the provider's billed charge or our maximum payment level for the covered service. Any deductible or copays required by your health care plan are subtracted from the approved amount before we make our payment.

**PPO network providers** — Blue Cross pays network providers directly. Because of their signed agreement with us, network providers accept this payment as payment in full for covered services. You're only responsible for in-network deductible or copays that may be required by your health care plan.

# Choosing your provider

**Out-of-network providers** — If you go to a provider who isn't in our network, it's important to verify if the service is covered. Not all services outside the network are covered. Please call the Customer Service phone number on the back of your member ID card for verification of coverage.

When using out-of-network providers, you also need to find out if the provider participates with Blue Cross. Here's why this is important:

**Participating providers** — We pay participating providers directly. Because they have signed agreements with us, participating providers accept our payment as payment in full for covered services. You're responsible only for any out-of-network deductible or copays required by your health plan.

**Nonparticipating providers** — We send the payment directly to you, and it's your responsibility to pay the provider. Because our payment to you may be less than the provider's charge, you may also have to pay the difference between our payment and the provider's charge. This would be in addition to any out-of-network deductible or copays required by your health plan.

**Nonparticipating hospitals, facilities and alternatives to hospital care providers** — Our payment for services at nonparticipating hospitals is very limited and covers only those services required to treat accidental injuries or medical emergencies. This means that you'll need to pay most of the charges yourself, and your bill could be substantial. Please refer to your health care certificate for a complete explanation of your coverage when services are provided by a nonparticipating hospital or facility.

## Preventing fraud

If your provider asks for another form of identification, don't worry. This is just one way our providers help us protect you against unauthorized use of your card.

You can also help prevent fraud by checking your Explanation of Benefit Payments form. If you see a discrepancy on your EOB, contact your provider first to see if it's an error. If it's not and you believe it's fraudulent billing or use of your card, call our anti-fraud hot line at **1-800-482-3787**. You can also fill out our online Anti-Fraud form or write to:

Anti-Fraud Unit, Mail Code B759  
Blue Cross Blue Shield of Michigan  
600 E. Lafayette Blvd.  
Detroit, MI 48226

When reporting fraud, all phone calls and correspondence are confidential.



## Keeping your health information secure

Expect confidentiality regarding your care. Blue Cross will adhere to strict internal and external guidelines concerning your personal health information. This includes the use, access and disclosure of all information that is of a confidential nature.

- Visit **bcbsm.com/importantinfo**.
- Click on *Keeping your health information secure*.

## What you pay out of pocket

For details of the amount of out-of-pocket expenses you pay for covered services:

- Visit **bcbsm.com** and log in
- Click *My Coverage* and select either *Medical*, *Dental* or *Vision*
- Click *What's Covered*

If you have to pay for covered services, we'll reimburse you for our share of the cost. For more information and for a copy of the form:

- Visit **bcbsm.com** and log in
- Click *Forms*

# Health resources

## Blue Cross® Health & Wellness

Your health and well-being are important to your employer while you're at work or and at home spending time with friends and family. That's one of the main reasons your health care plan includes Blue Cross Health & Wellness, which helps you get healthy, stay healthy and improve your quality of life, if you're living with an illness. This resource offers a 24-Hour Nurse Line that you can call with questions about your health. It also offers an effective disease management program to help you better manage your condition. In addition, if you have a specific health condition, a nurse health coach may contact you by phone or send information to you.

The Blue Cross Health & Wellness website, powered by WebMD®, offers a variety of helpful resources that can help you learn about your health risks and ways to stay healthy or improve your health. The Blue Cross Health & Wellness site includes:

- An easy-to-use online health assessment that gives you an analysis of your personal health risks and what you can do to improve your health
- Digital Health Assistant programs for exercise, nutrition, weight loss, tobacco cessation, stress relief and mental health that help you set goals and make small positive changes
- Health trackers so you can chart your healthy measures over time
- A Device and App Connection Center where you can sync your favorite fitness and medical devices and apps
- Message board exchanges that are professionally monitored
- Interactive programs such as calculators, guides, quizzes, slide shows and more
- Videos, recipes, articles, health encyclopedias and more

To access the Blue Cross Health & Wellness website:

1. Log in or register for **bcbsm.com**
2. Click on the *Health & Wellness* tab to enter the Blue Cross Health & Wellness website. You'll need to register for the website on your first visit

*WebMD Health Services is an independent company supporting Blue Cross Blue Shield of Michigan by providing health and wellness services.*



# BlueCard<sup>®</sup> Program

When traveling outside of Michigan, your coverage travels with you. Through the BlueCard program, you can find network and participating providers throughout the U.S. and around the world.

And like network and participating providers in Michigan, you won't have to fill out claim forms or pay up front for the cost of the service unless it's an out-of-pocket cost, such as a deductible or copayment, or a noncovered service.

Here are three steps to make the BlueCard program work for you:

1. In an emergency, go directly to the nearest hospital.
2. Call **1-800-810-BLUE (2583)** or **bluecardworldwide.com**.
3. When you arrive at the network or participating provider's office or hospital, present your member ID card. The doctor or hospital will recognize the suitcase logo and know that you're receiving services under the BlueCard program. This means they'll submit any claim forms and only bill you for any deductible or copay that may be required by your health care plan.

## Care away from home

### Within the US

When you're traveling, you're covered through our **BlueCard<sup>SM</sup>** program. BlueCard gives Blue Cross members seamless national access to the 92 percent of physicians and 96 percent of hospitals that participate in Blue Cross networks. No matter where you live, work or travel, Blue Cross members, through BlueCard, can receive quality care. However, if the doctor or hospital is out of network, you could pay higher out-of-pocket costs.

To find a doctor or hospital outside of Michigan, you can use the *Find a Doctor* search tool at **bcbsm.com**, download and log on to our mobile app or call **1-800-810-2583**.

### Outside the US

If you're traveling or living outside of the country, Blue Cross Blue Shield Global Core provides members with access to a network of traditional inpatient, outpatient and professional health care providers around the world. The program includes a broad range of medical assistance and claim support services for members traveling or living in countries outside their Home Plan service area. For more information, visit **bcbsglobalcore.com**.

*Remember: Show your Blue Cross member ID card to your doctor or health care provider to verify your PPO benefits.*

# Making membership changes

## Eligibility, enrollment and membership

You can also verify your Blue Cross membership records on our website when you log in to your account and click *Account Settings*.

## Dependent coverage

Coverage for your dependents is based on the certificates and riders included in your health care plan. For dependent eligibility criteria, refer to your certificates and riders, which are available online. If you don't have online access, call the Customer Service phone number on the back of your member ID card.

## Special enrollment periods

If you decline enrollment for yourself and your dependents (including your spouse) because of other health coverage, you may enroll in this plan later if:

- Your other coverage is terminated because of loss of eligibility — provided that you request enrollment within 30 days after your other coverage ends
- You have a new dependent because of marriage, birth, adoption or placement for adoption — provided you request enrollment within 31 days after the marriage, birth, adoption or placement of adoption

**Note:** Loss of eligibility includes loss of coverage due to legal separation, death, divorce, termination of employment or reduction of hours. It doesn't include loss of coverage due to failure to pay premiums or termination for cause, such as making a fraudulent claim. If you decline enrollment because you had COBRA, or Consolidated Omnibus Budget Reconciliation Act continuation coverage under another plan, you must exhaust your COBRA coverage before you may enroll in this plan because of a loss of eligibility.

To request a special enrollment or obtain more information, please contact your school.



Promptly report the following changes to your university. Your university will notify Blue Cross Blue Shield of Michigan.

- Change of name or address — immediately
- Weddings — within 31 days of marriage
- New babies — within 31 days of birth
- Adoptions — within 31 days of the date of petition or the date of adoption
- Military service — within 30 days of induction or discharge
- 65<sup>th</sup> birthday — when you or your dependent become eligible for Medicare
- Children — contact your employer to verify eligibility for your children

## Continuing coverage on your own

Your coverage will end for you and your dependents when you are no longer eligible through your school sponsored insurance.

Please contact your university for your coverage options and to find out eligibility dates.

## Certificate of creditable coverage

**The Health Insurance Portability and Accountability Act of 1996, or HIPAA,** requires all health plans to provide a certificate of creditable coverage to any individual who loses health coverage. The certificate rules help ensure that coverage is portable, which means that once a person has coverage, he or she can use it to reduce or eliminate any exclusion periods for pre-existing conditions that might otherwise apply when changing coverage. When your coverage through your employer ends, you'll receive a certificate of creditable coverage. You also may request a certificate for health coverage periods on and after July 1, 1996, at any time during your coverage or within 24 months after loss of coverage. To request a certificate of creditable coverage, please call the Blue Cross Customer Service number located on back of your ID card.

# Claims information

With our extensive network of participating providers and our BlueCard® program, the only time you may have to file your own claims is if you receive services from a nonparticipating or non-network provider.

## Filing a claim

If you receive services from a nonparticipating or non-network provider, ask the provider if he or she will bill us for the services. Most providers will submit claims to their patients' insurance companies when asked.

If your provider won't bill us for you, follow these steps:

- Ask the provider for an itemized statement or receipt with the following information:
  - Name and address of provider
  - Full name of patient
  - Date of service
  - Provider's charge
  - Diagnosis and type of service
- Make a copy of all items for your files and send the originals to us with the claim form. It's important that you file claims promptly because most services have claims filing limitations. To find the form:
  - Visit **bcbsm.com** and log in
  - Click *Forms*
  - Note: If you receive care out of the country, try to get all receipts itemized in English. Cash register receipts, canceled checks or money order stubs may accompany your itemized receipts, but may not substitute for an itemized statement.

Payments for services will be made directly to the health care contract holder.

# Explanation of benefits

## Your explanation of benefits

After we process claims for services you receive, we send you an explanation of benefits, which we refer to as an EOB. The EOB isn't a bill. It helps you understand how your benefits were paid. At the top of the EOB you'll find Blue Cross Blue Shield Customer Service numbers and an address to use for questions.

## Receive your explanation of benefits electronically

Instead of receiving your EOBs in the mail, you can sign up to get them online. Blue Cross will notify you by email when a new EOB has been posted. You can view, save or print your EOB statements.

- Visit **bcbsm.com** and log in.
- Click *Account Settings*.
- Click *Paperless Options*.

## Reading your EOB

Briefly, your explanation of benefits tells you:

- The person who received the services and the date services were provided
- "Claim Summary" includes the providers of the services, and payments, including the amount saved by using network providers
- "Summary of Deductibles and Out-of-Pocket Maximums" shows your deductible and copayment requirements and a total of all deductibles and copayments paid to date
- "Claim Details" summarizes the Blue Cross payment and shows your balance

If you see an error, contact your provider first. If your provider can't correct the error, call the Customer Service number on your EOB.

## What if my claim is rejected or denied?

Our goal is to process your claims correctly every time. If we deny your claim for benefits, you can appeal the denial of payment. For more information on the appeals process:

- Visit **bcbsm.com/importantinfo**
- Click *Appealing a claims decision*

# Getting the care you need

## Access to our staff

Blue Cross works with our network providers to make sure you're getting the highest quality care and service, and that you receive it promptly. This is called utilization management. If you have questions or want more information about this process, please call the Customer Service number on the back of your member ID card.

TDD/TTY users start by dialing 711 or call **1-800-696-8350**. You must have a TTY/TDD device to use the TTY/TDD number.

## Evaluating medical technology

Blue Cross Blue Shield of Michigan and Blue Care Network of Michigan evaluate new technologies and the new applications of existing technologies to develop medical policies and make coverage recommendations. This process includes, but isn't limited to, medical procedures and services, medical devices, surgical procedures, behavioral health procedures and pharmaceuticals.

## Emergency care

If you're not sure whether your condition (such as high fever, sharp or unusual pain or minor injury) requires emergency care, but you think it needs prompt attention, it's best to call your doctor or your doctor's after-hours phone number.

You can also visit a network urgent care center for nonemergency conditions, such as earaches, colds, flu, minor burns, fever, sprains, sore throats and headaches. Visit **bcbsm.com** for a list of urgent care centers.

If you have an emergency and taking the time to call your doctor may mean permanent damage to your health, seek treatment first. Go to the nearest emergency room or call 911.

After the emergency has passed, your doctor can arrange appropriate follow-up care.



## Some services aren't covered

**Experimental treatment:** We don't pay for experimental treatment. Facility services and physician services, including diagnostic tests related to experimental procedures also aren't payable. Please refer to your certificate for an explanation on how we determine experimental services. For a list of services not covered by your health plan:

- Log in at **bcbsm.com**
- Click *My Coverage*
- Click *Medical*
- Click *What's Covered* and scroll down to see what's not covered

## Prescription drug coverage

If you have prescription drug coverage, visit **bcbsm.com/pharmacy** for detailed information about what your plan covers and the best way to use your prescription benefits. You can also find information about:

- Drugs covered under our pharmacy plans
- Mail order drug forms
- How to get approval for your medications (some drugs need approval, or prior authorization, or step therapy before your plan will cover them)
- Generic drug substitutions
- Quantity limits
- Preferred alternatives
- How to find a pharmacy
- Saving money on prescriptions
- How to request a review for coverage (if a drug isn't covered in your plan)
- Out-of-pocket expenses you pay for prescription drugs:
  - Visit **bcbsm.com** and log in
  - Click *My Coverage* and select *Prescription Drugs*
  - Click *What's Covered* — prescription drugs
- Do you need to speak to someone? Visit **bcbsm.com** and click on *Contact Us* at the top of the page and follow the instructions.

# Coordination of benefits

Coordination of benefits, or COB, is how health care carriers coordinate benefits when you're covered by more than one health care plan. Under COB, carriers work together to make sure you receive the maximum benefits available under your health care plans. Your Blue Cross health care plan requires that your benefit payments be coordinated with those from another group plan for services that may be payable under both plans.

If Blue Cross isn't your primary care provider, ask your health care provider to submit claims to your primary carrier first. If a balance remains after the primary carrier has paid the claim, you or the provider can then submit the claim along with the primary carrier's payment statement to Blue Cross.

## Updating COB information is your responsibility

You can avoid claims-processing delays if you keep your COB information up to date. You can view your current COB information online.

If you need to change the information we have on record, notify your employer immediately. We may also periodically ask you to update your COB information.

For more information, visit **[bcbsm.com/cob](https://bcbsm.com/cob)**.



# Subrogation

Your contract with Blue Cross Blue Shield of Michigan includes a provision called "subrogation." If you file a lawsuit or an insurance claim, or if there is a settlement, subrogation allows Blue Cross Blue Shield of Michigan to hold a party that caused an injury or condition to be responsible for payment of the medical expenses related to the injury. For more information or for a copy of the form:

- Visit **bcbsm.com**
- Click *Help*
- Click *Plan Documents and Forms*
- Click *Other Topics*

Send us the completed form.

**Mail:** Blue Cross Blue Shield of Michigan  
Subrogation Department  
232 S. Capitol Ave., L09A  
Lansing, MI 48933-1504

**Email:** **SubrogationUnit@bcbsm.com**

**Phone:** **1-866-296-3975**

**Fax:** **1-877-257-2012**

If you hire an attorney to represent you, have your attorney call Blue Cross at **1-866-296-3975**.

# Customer service

To call us, please use the phone number printed on the back of your member ID card. You can also find this number on your EOB.

Our Customer Service hours are Monday through Friday from 8:30 a.m. to 5 p.m.

You can visit **bcbsm.com** to see if there's a walk-in customer service center near you for personal, face-to-face service.

Our goal is to provide excellent service. When you call, please be ready to tell us your contract number. If you're inquiring about a claim, we'll also need the following information:

- Patient's name
- Provider's name (hospital, doctor, laboratory, other)
- Date of service and type of service (surgery, office call, X-ray, other)
- Provider's charges

Please remember, Blue Cross Blue Shield of Michigan follows strict privacy policies in accordance with state and federal law. You'll find our *Protected Health Information and Privacy Forms* at **bcbsm.com/importantinfo**.

## Language translation services

When you call the Customer Service number on the back of your Blue Cross member ID card, you can request language assistance.



## **If you have a complaint**

Blue Cross Blue Shield of Michigan and your primary care physician are interested in your satisfaction with the services you receive as a member. If you have a problem or concern about your care, we encourage you to discuss this with your primary care physician first. Most of the time, your primary care physician can correct the problem to your satisfaction. You're also welcome to call our Customer Service department with questions or concerns.

At any point during the complaint process, you may submit information or evidence to assist Blue Cross Blue Shield of Michigan in our investigation. You may file a complaint or appeal verbally or in writing. Complaints won't be accepted through email. There are no fees or costs associated with filing a complaint. All complaints can be submitted by calling Customer Service or via mail to the address listed below.

Customer Service: Use the phone number on the back of your Blue Cross Blue Shield of Michigan member ID card.

Mailing address:

Blue Cross Blue Shield of Michigan  
Complaints — Mail Code 2004  
600 E. Lafayette Blvd.  
Detroit, MI 48226  
Fax: 1-877-348-2210

# 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 حاجة لمساعدة، فلدراك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話。

يحق لك، أنت أو شخص آخر تساعد به حاجة لمساعدة، فلدراك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। কোনো একজন দোভাষীর সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া গ্রাহক সহায়তা নম্বরে কল করুন।

Jeśli Ty lub osoba, której pomagasz, potrzebujesz pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda.

ご本人様、またはお客様の身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону отдела обслуживания клиентов, указанному на обратной стороне вашей карты.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta.



## 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**. 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**. Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

# Members rights and responsibilities

- Receive considerate and courteous care with respect for their privacy and human dignity.
- Candidly discuss appropriate, medically necessary treatment options for their health conditions, regardless of cost or benefit coverage.
- Participate with practitioners in decision making regarding their health care.
- Voice concerns or complaints about their health care by contacting Customer Service or submitting a formal written grievance through the Member Grievance program.
- Receive clear and understandable written information about Blue Care Network, its services, its practitioners and providers and their rights and responsibilities.
- Make recommendations regarding members' rights and responsibilities policies.
- Comply with the plans and instructions for care that they have agreed to with their practitioners.
- Provide, to the extent possible, complete and accurate information that Blue Care Network and its practitioners and providers need in order to provide care for them.
- Participate in understanding their health problems and developing mutually agreed-upon treatment goals.



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