

# Summary of Benefits 2010



## BCN Advantage (HMO) Options 1, 2 and 3

Jan. 1 – Dec. 31, 2010

**BCN Advantage HMO<sup>SM</sup>**



**Blue Care  
Network  
of Michigan**

[www.MiBCN.com/medicare](http://www.MiBCN.com/medicare)

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. BCN Advantage HMO is a health plan with a Medicare contract.

Medicare and more

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# **Introduction to the Summary of Benefits Report for BCN Advantage (HMO) Options 1, 2 and 3**

January 1, 2010 - December 31, 2010

Thank you for your interest in BCN Advantage (HMO). Our plan is offered by BLUE CARE NETWORK OF MICHIGAN, a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call BCN Advantage (HMO) and ask for the "Evidence of Coverage".

## **You have choices in your health care**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like BCN Advantage (HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

You may join or leave a plan only at certain times. Please call BCN Advantage (HMO) at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, seven days a week.

## **How can I compare my options?**

You can compare BCN Advantage (HMO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

## **Where is BCN Advantage (HMO) available?**

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information. The service area for this plan includes: Allegan, Barry, Bay, Calhoun, Clinton, Eaton, Genesee, Gratiot, Ingham, Ionia, Jackson, Kalamazoo, Kent, Lapeer, Livingston, Macomb, Midland, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Ottawa, Saginaw, Shiawassee, St. Clair, Tuscola, Van Buren, Washtenaw and Wayne counties, MI. You must live in one of these areas to join the plan.

## **Who is eligible to join BCN Advantage (HMO)?**

You can join BCN Advantage (HMO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in BCN Advantage (HMO) unless they are members of our organization and have been since their dialysis began.

## **Can I choose my doctors?**

BCN Advantage (HMO) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current *Provider Directory*, or for an up-to-date list visit us at [www.mibcn.com/medicareproviders](http://www.mibcn.com/medicareproviders). Our customer service number is listed at the end of this introduction.

## **What happens if I go to a doctor who's not in your network?**

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither BCN Advantage (HMO) nor the Original Medicare Plan will pay for these services.

## **Does my plan cover Medicare Part B or Part D drugs?**

BCN Advantage (HMO) Options 1, 2 and 3 do cover Medicare Part B prescription drugs and Options 2 and 3 do cover Medicare Part D prescription drugs.

## **Where can I get my prescriptions if I join this plan?**

BCN Advantage (HMO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a *Pharmacy Directory* or visit us at [www.mibcn.com/medicareformulary](http://www.mibcn.com/medicareformulary). Our customer service number is listed at the end of this introduction. BCN Advantage (HMO) has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copay or coinsurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

## **What is a prescription drug formulary?**

BCN Advantage (HMO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at [www.mibcn.com/medicareformulary](http://www.mibcn.com/medicareformulary).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## **How can I get extra help with my prescription drug plan costs?**

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/seven days a week;
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or
- Your State Medicaid Office.

## **What are my protections in this plan?**

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of BCN Advantage (HMO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function.

If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, MPRO 1-800-365-5899, seven days a week, 8 a.m. to 4 p.m.

As a member of BCN Advantage (HMO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, MPRO 1-800-365-5899, seven days a week, 8 a.m. to 4 p.m.

## **What is a Medication Therapy Management (MTM) Program?**

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact BCN Advantage (HMO) for more details.

## What types of drugs may be covered under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact BCN Advantage (HMO) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have End-Stage Renal Disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

## Plan Ratings

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the Web, you may use the Web tools on [www.medicare.gov](http://www.medicare.gov) and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-877-469-2583 to obtain a copy of the plan ratings for this plan. TTY users call 1-800-481-8704.

Please call Blue Care Network for more information about BCN Advantage (HMO).

Visit us at [www.MiBCN.com/medicare](http://www.MiBCN.com/medicare) or, call us:

Customer Service Hours:

8 a.m. - 8 p.m. Eastern, seven days a week.

Current members should call toll-free 1-800-450-3680 for questions related to the Medicare Advantage Program or the Medicare Part D Prescription Drug program. (TTY 1-800-430-3211)

Prospective members should call toll-free 1-877-469-2583 for questions related to the Medicare Advantage Program or the Medicare Part D Prescription Drug program. (TTY 1-800-481-8704)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, seven days a week.

Or, visit [www.medicare.gov](http://www.medicare.gov) on the Web.

If you have special needs, this document may be available in other formats.

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
<b>Important Information</b>				
<p><b>1 Premium and Other Important Information</b></p>	<p>In 2009 the monthly Part B Premium was \$96.40 and will change for 2010 and the yearly Part B deductible amount was \$135 and will change for 2010.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p><b>General</b> \$0 to \$28 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Please refer to the Premium Table located after this section to find out what the premium is in your area.</p> <p><b>In-network</b> \$150 yearly deductible. Contact the plan for services that apply. \$3,400 out-of-pocket limit. There is no limit on cost sharing for the following services: Medicare Services:</p> <ul style="list-style-type: none"> <li>• Durable medical equipment</li> <li>• Prosthetic devices</li> <li>• Diabetes self-monitoring training, nutrition therapy, and supplies</li> <li>• Dental services</li> </ul> <p>Supplemental services:</p> <ul style="list-style-type: none"> <li>• Dental services</li> </ul>	<p><b>General</b> \$73 to \$108 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Please refer to the Premium Table located after this section to find out what the premium is in your area.</p> <p><b>In-network</b> \$100 yearly deductible. Contact the plan for services that apply. \$3,200 out-of-pocket limit. There is no limit on cost sharing for the following services: Medicare Services:</p> <ul style="list-style-type: none"> <li>• Durable medical equipment</li> <li>• Prosthetic devices</li> <li>• Diabetes self-monitoring training, nutrition therapy, and supplies</li> <li>• Dental services</li> </ul> <p>Supplemental services:</p> <ul style="list-style-type: none"> <li>• Dental services</li> </ul>	<p><b>General</b> \$151 to \$228 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Please refer to the Premium Table located after this section to find out what the premium is in your area.</p> <p><b>In-network</b> \$3,000 out-of-pocket limit. There is no limit on cost sharing for the following services: Medicare Services:</p> <ul style="list-style-type: none"> <li>• Durable medical equipment</li> <li>• Prosthetic devices</li> <li>• Diabetes self-monitoring training, nutrition therapy, and supplies</li> <li>• Dental services</li> </ul> <p>Supplemental services:</p> <ul style="list-style-type: none"> <li>• Dental services</li> </ul>
<p><b>2 Doctor and Hospital Choice</b></p> <p>(For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-network</b> You must go to network doctors, specialists, and hospitals. Referral required for network specialists (for certain benefits).</p> <p><b>Out-of-network</b> Plan covers you when you travel in the U.S.</p>	<p><b>In-network</b> You must go to network doctors, specialists, and hospitals. Referral required for network specialists (for certain benefits).</p> <p><b>Out-of-network</b> Plan covers you when you travel in the U.S.</p>	<p><b>In-network</b> You must go to network doctors, specialists, and hospitals. Referral required for network specialists (for certain benefits).</p> <p><b>Out-of-network</b> Plan covers you when you travel in the U.S.</p>

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
<b>Inpatient Care</b>				
<p><b>3 Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009 the amounts for each benefit period were:  Days 1 - 60: \$1,068 deductible  Days 61 - 90: \$267 per day  Days 91 - 150: \$534 per lifetime reserve day  These amounts will change for 2010.  Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.  Lifetime reserve days can only be used once.  A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins.  You must pay the inpatient hospital deductible for each benefit period.  There is no limit to the number of benefit periods you can have.</p>	<p><b>In-network</b>  \$700 copay for each Medicare-covered hospital stay.  \$0 copay for additional hospital days.  No limit to the number of days covered by the plan each benefit period.  Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p><b>In-network</b>  \$500 copay for each Medicare-covered hospital stay.  \$0 copay for additional hospital days.  No limit to the number of days covered by the plan each benefit period.  Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p><b>In-network</b>  \$300 copay for each Medicare-covered hospital stay.  \$0 copay for additional hospital days.  No limit to the number of days covered by the plan each benefit period.  Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
<p><b>4 Inpatient Mental Health Care</b></p>	<p>Same deductible and copay as inpatient hospital care (See “Inpatient Hospital Care” above). 190-day limit in a Psychiatric Hospital.</p>	<p><b>In-network</b> \$700 copay for each Medicare-covered hospital stay. You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p><b>In-network</b> \$500 copay for each Medicare-covered hospital stay. You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p><b>In-network</b> \$300 copay for each Medicare-covered hospital stay. You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p><b>5 Skilled Nursing Facility</b> (in a Medicare-certified skilled nursing facility)</p>	<p>In 2009 the amounts for each benefit period, after at least a 3-day covered hospital stay, were: Days 1 – 20: \$0 per day Days 21 – 100: \$133.50 per day 100 days for each benefit period. These amounts will change in 2010. A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><b>General</b> Authorization rules may apply. <b>In-network</b> For SNF stays: Days 1 – 20: \$0 copay per day Days 21 – 100: \$130 copay per day Plan covers up to 100 days each benefit period. No prior hospital stay is required.</p>	<p><b>General</b> Authorization rules may apply. <b>In-network</b> For SNF stays: Days 1 – 20: \$0 copay per day Days 21 – 100: \$130 copay per day Plan covers up to 100 days each benefit period. No prior hospital stay is required.</p>	<p><b>General</b> Authorization rules may apply. <b>In-network</b> For SNF stays: Days 1 – 20: \$0 copay per day Days 21 – 100: \$130 copay per day Plan covers up to 100 days each benefit period. No prior hospital stay is required.</p>

<b>Benefit</b>	<b>Original Medicare</b>	<b>BCN Advantage Option 1</b>	<b>BCN Advantage Option 2</b>	<b>BCN Advantage Option 3</b>
<b>6 Home Health Care</b>  (includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc.)	\$0 copay	<b>General</b> Authorization rules may apply.  <b>In-network</b> \$0 copay for Medicare-covered home health visits.	<b>General</b> Authorization rules may apply.  <b>In-network</b> \$0 copay for Medicare-covered home health visits.	<b>General</b> Authorization rules may apply.  <b>In-network</b> \$0 copay for Medicare-covered home health visits.
<b>7 Hospice</b>	You pay part of the cost for outpatient drugs and inpatient respite care.  You must get care from a Medicare-certified hospice.	<b>General</b> You must get care from a Medicare-certified hospice.	<b>General</b> You must get care from a Medicare-certified hospice.	<b>General</b> You must get care from a Medicare-certified hospice.
<b>Outpatient Care</b>				
<b>8 Doctor Office Visits</b>	20% coinsurance	<b>General</b> See “Physical Exams” for more information. Authorization rules may apply.  <b>In-network</b> \$20 copay for each primary care doctor visit for Medicare-covered benefits. \$35 copay for each specialist visit for Medicare-covered benefits.	<b>General</b> See “Physical Exams” for more information. Authorization rules may apply.  <b>In-network</b> \$15 copay for each primary care doctor visit for Medicare-covered benefits. \$30 copay for each specialist visit for Medicare-covered benefits.	<b>General</b> See “Physical Exams” for more information. Authorization rules may apply.  <b>In-network</b> \$10 copay for each primary care doctor visit for Medicare-covered benefits. \$25 copay for each specialist visit for Medicare-covered benefits.

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
<b>9</b> <b>Chiropractic Services</b>	Routine care not covered. 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified provider.	<b>General</b> Authorization rules may apply.  <b>In-network</b> \$35 copay for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	<b>General</b> Authorization rules may apply.  <b>In-network</b> \$30 copay for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	<b>General</b> Authorization rules may apply.  <b>In-network</b> \$25 copay for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.
<b>10</b> <b>Podiatry Services</b>	Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	<b>General</b> Authorization rules may apply.  <b>In-network</b> \$35 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care.	<b>General</b> Authorization rules may apply.  <b>In-network</b> \$30 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care.	<b>General</b> Authorization rules may apply.  <b>In-network</b> \$25 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care.
<b>11</b> <b>Outpatient Mental Health Care</b>	45% coinsurance for most outpatient mental health services.	<b>General</b> Authorization rules may apply.  <b>In-network</b> \$35 copay for each Medicare-covered individual or group therapy visit.	<b>General</b> Authorization rules may apply.  <b>In-network</b> \$30 copay for each Medicare-covered individual or group therapy visit.	<b>General</b> Authorization rules may apply.  <b>In-network</b> \$25 copay for each Medicare-covered individual or group therapy visit.

<b>Benefit</b>	<b>Original Medicare</b>	<b>BCN Advantage Option 1</b>	<b>BCN Advantage Option 2</b>	<b>BCN Advantage Option 3</b>
<b>12</b> <b>Outpatient Substance Abuse Care</b>	20% coinsurance	<b>General</b> Authorization rules may apply. <b>In-network</b> \$35 copay for Medicare-covered individual or group visits.	<b>General</b> Authorization rules may apply. <b>In-network</b> \$30 copay for Medicare-covered individual or group visits.	<b>General</b> Authorization rules may apply. <b>In-network</b> \$25 copay for Medicare-covered individual or group visits.
<b>13</b> <b>Outpatient Services/Surgery</b>	20% of coinsurance for the doctor. 20% of outpatient facility charges.	<b>General</b> Authorization rules may apply. <b>In-network</b> \$50 to \$100 copay for each Medicare-covered ambulatory surgical center visit. \$100 copay for each Medicare-covered outpatient hospital facility visit.	<b>General</b> Authorization rules may apply. <b>In-network</b> \$50 to \$100 copay for each Medicare-covered ambulatory surgical center visit. \$100 copay for each Medicare-covered outpatient hospital facility visit.	<b>General</b> Authorization rules may apply. <b>In-network</b> \$30 to \$50 copay for each Medicare-covered ambulatory surgical center visit. \$50 copay for each Medicare-covered outpatient hospital facility visit.
<b>14</b> <b>Ambulance Services</b> (medically necessary ambulance services)	20% coinsurance	<b>General</b> Authorization rules may apply. \$50 copay for Medicare-covered ambulance benefits.	<b>General</b> Authorization rules may apply. \$50 copay for Medicare-covered ambulance benefits.	<b>General</b> Authorization rules may apply. \$50 copay for Medicare-covered ambulance benefits.

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
<p><b>15 Emergency Care</b></p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor.</p> <p>20% of facility charge, or a set copay per emergency room visit.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>In-network</b></p> <p>\$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 1 day for the same condition, you pay \$0 for the emergency room visit.</p>	<p><b>In-network</b></p> <p>\$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 1 day for the same condition, you pay \$0 for the emergency room visit.</p>	<p><b>In-network</b></p> <p>\$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 1 day for the same condition, you pay \$0 for the emergency room visit.</p>
<p><b>16 Urgently Needed Care</b></p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance or a set copay.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b></p> <p>\$35 copay for Medicare-covered urgently needed care visits.</p>	<p><b>General</b></p> <p>\$35 copay for Medicare-covered urgently needed care visits.</p>	<p><b>General</b></p> <p>\$35 copay for Medicare-covered urgently needed care visits.</p>
<p><b>17 Outpatient Rehabilitation Services</b></p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-network</b></p> <p>\$35 copay for Medicare-covered occupational therapy visits.</p> <p>\$35 copay for Medicare-covered physical and/or speech/language therapy visits.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-network</b></p> <p>\$30 copay for Medicare-covered occupational therapy visits.</p> <p>\$30 copay for Medicare-covered physical and/or speech/language therapy visits.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-network</b></p> <p>\$25 copay for Medicare-covered occupational therapy visits.</p> <p>\$25 copay for Medicare-covered physical and/or speech/language therapy visits.</p>

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
<b>Outpatient Medical Services and Supplies</b>				
<b>18 Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	20% coinsurance	<b>General</b> Authorization rules may apply.  <b>In-network</b> 20% of the cost for Medicare-covered items.	<b>General</b> Authorization rules may apply.  <b>In-network</b> 20% of the cost for Medicare-covered items.	<b>General</b> Authorization rules may apply.  <b>In-network</b> 20% of the cost for Medicare-covered items.
<b>19 Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	20% coinsurance	<b>General</b> Authorization rules may apply.  <b>In-network</b> 20% of the cost for Medicare-covered items.	<b>General</b> Authorization rules may apply.  <b>In-network</b> 20% of the cost for Medicare-covered items.	<b>General</b> Authorization rules may apply.  <b>In-network</b> 20% of the cost for Medicare-covered items.
<b>20 Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	<b>General</b> Authorization rules may apply.  <b>In-network</b> \$0 copay for diabetes self-monitoring training. \$0 copay for nutrition therapy for diabetes. \$0 copay for diabetes supplies. Separate office visit cost sharing of \$20 copay may apply.	<b>General</b> Authorization rules may apply.  <b>In-network</b> \$0 copay for diabetes self-monitoring training. \$0 copay for nutrition therapy for diabetes. \$0 copay for diabetes supplies. Separate office visit cost sharing of \$15 copay may apply.	<b>General</b> Authorization rules may apply.  <b>In-network</b> \$0 copay for diabetes self-monitoring training. \$0 copay for nutrition therapy for diabetes. \$0 copay for diabetes supplies. Separate office visit cost sharing of \$10 copay may apply.

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
<b>21</b> Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	<p>20% coinsurance for diagnostic tests and X-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-network</b> \$0 copay for Medicare-covered lab services.</p> <p>\$0 to \$40 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$20 to \$40 copay for Medicare-covered X-rays.</p> <p>\$20 to \$40 copay for Medicare-covered diagnostic radiology services.</p> <p>\$0 copay for Medicare-covered therapeutic radiology services.</p> <p>Separate office visit cost sharing of \$20 copay may apply.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-network</b> \$0 copay for Medicare-covered lab services.</p> <p>\$0 to \$40 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$20 to \$40 copay for Medicare-covered X-rays.</p> <p>\$20 to \$40 copay for Medicare-covered diagnostic radiology services.</p> <p>\$0 copay for Medicare-covered therapeutic radiology services.</p> <p>Separate office visit cost sharing of \$15 copay may apply.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-network</b> \$0 copay for Medicare-covered lab services.</p> <p>\$0 to \$20 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$10 to \$20 copay for Medicare-covered X-rays.</p> <p>\$10 to \$20 copay for Medicare-covered diagnostic radiology services.</p> <p>\$0 copay for Medicare-covered therapeutic radiology services.</p> <p>Separate office visit cost sharing of \$10 copay may apply.</p>

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
<b>Preventive Services</b>				
<b>22 Bone Mass Measurement</b> (for people with Medicare who are at risk)	20% coinsurance Covered once every 24 months (more if medically necessary) if you meet certain medical conditions.	<b>In-network</b> \$0 copay for Medicare-covered bone mass measurement. Separate office visit cost sharing of \$20 copay may apply.	<b>In-network</b> \$0 copay for Medicare-covered bone mass measurement. Separate office visit cost sharing of \$15 copay may apply.	<b>In-network</b> \$0 copay for Medicare-covered bone mass measurement. Separate office visit cost sharing of \$10 copay may apply.
<b>23 Colorectal Screening Exams</b> (for people with Medicare age 50 and older)	20% coinsurance Covered when you are high risk or when you are age 50 and older.	<b>In-network</b> \$0 copay for: <ul style="list-style-type: none"> <li>• Medicare-covered colorectal screenings</li> <li>• Up to 1 additional screening(s) every year</li> </ul> Separate office visit cost sharing of \$20 copay may apply.	<b>In-network</b> \$0 copay for: <ul style="list-style-type: none"> <li>• Medicare-covered colorectal screenings</li> <li>• Up to 1 additional screening(s) every year</li> </ul> Separate office visit cost sharing of \$15 copay may apply.	<b>In-network</b> \$0 copay for: <ul style="list-style-type: none"> <li>• Medicare-covered colorectal screenings</li> <li>• Up to 1 additional screening(s) every year</li> </ul> Separate office visit cost sharing of \$10 copay may apply.
<b>24 Immunizations</b> (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, pneumonia vaccine)	\$0 copay for flu and pneumonia vaccines 20% coinsurance for Hepatitis B vaccine You may only need the pneumonia vaccine once in your lifetime. Call your doctor for more information.	<b>In-network</b> \$0 copay for flu and pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for flu and pneumonia vaccines. Separate office visit cost sharing of \$20 copay may apply. No referral needed for other immunizations.	<b>In-network</b> \$0 copay for flu and pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for flu and pneumonia vaccines. Separate office visit cost sharing of \$15 copay may apply. No referral needed for other immunizations.	<b>In-network</b> \$0 copay for flu and pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for flu and pneumonia vaccines. Separate office visit cost sharing of \$10 copay may apply. No referral needed for other immunizations.

<b>Benefit</b>	<b>Original Medicare</b>	<b>BCN Advantage Option 1</b>	<b>BCN Advantage Option 2</b>	<b>BCN Advantage Option 3</b>
<b>25 Mammograms (Annual Screening)</b> (for women with Medicare age 40 and older)	20% coinsurance No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	<b>In-network</b> \$0 copay for: <ul style="list-style-type: none"> <li>• Medicare-covered screening mammograms</li> <li>• Up to 1 additional screening mammogram(s) every year</li> </ul> Separate office visit cost sharing of \$20 copay may apply.	<b>In-network</b> \$0 copay for: <ul style="list-style-type: none"> <li>• Medicare-covered screening mammograms</li> <li>• Up to 1 additional screening mammogram(s) every year</li> </ul> Separate office visit cost sharing of \$15 copay may apply.	<b>In-network</b> \$0 copay for: <ul style="list-style-type: none"> <li>• Medicare-covered screening mammograms</li> <li>• Up to 1 additional screening mammogram(s) every year</li> </ul> Separate office visit cost sharing of \$10 copay may apply.
<b>26 Pap Smears and Pelvic Exams</b> (for women with Medicare)	\$0 copay for Pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for pelvic exams.	<b>In-network</b> \$0 copay for: <ul style="list-style-type: none"> <li>• Medicare-covered Pap smears and pelvic exams</li> <li>• Up to 1 additional Pap smear(s) and pelvic exam(s) every year</li> </ul> Separate office visit cost sharing of \$20 copay may apply.	<b>In-network</b> \$0 copay for: <ul style="list-style-type: none"> <li>• Medicare-covered Pap smears and pelvic exams</li> <li>• Up to 1 additional Pap smear(s) and pelvic exam(s) every year</li> </ul> Separate office visit cost sharing of \$15 copay may apply.	<b>In-network</b> \$0 copay for: <ul style="list-style-type: none"> <li>• Medicare-covered Pap smears and pelvic exams</li> <li>• Up to 1 additional Pap smear(s) and pelvic exam(s) every year</li> </ul> Separate office visit cost sharing of \$10 copay may apply.
<b>27 Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.	<b>In-network</b> \$0 copay for: <ul style="list-style-type: none"> <li>• Medicare-covered prostate cancer screening</li> <li>• Up to 1 additional screening every year</li> </ul> Separate office visit cost sharing of \$20 copay may apply.	<b>In-network</b> \$0 copay for: <ul style="list-style-type: none"> <li>• Medicare-covered prostate cancer screening</li> <li>• Up to 1 additional screening every year</li> </ul> Separate office visit cost sharing of \$15 copay may apply.	<b>In-network</b> \$0 copay for: <ul style="list-style-type: none"> <li>• Medicare-covered prostate cancer screening</li> <li>• Up to 1 additional screening every year</li> </ul> Separate office visit cost sharing of \$10 copay may apply.

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
<b>28</b> End-Stage Renal Disease	<p>20% coinsurance for renal dialysis.</p> <p>20% coinsurance for nutrition therapy for End-Stage Renal Disease</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><b>In-network</b></p> <p>\$0 copay for renal dialysis</p> <p>\$0 copay for nutrition therapy for End-Stage Renal Disease</p>	<p><b>In-network</b></p> <p>\$0 copay for renal dialysis</p> <p>\$0 copay for nutrition therapy for End-Stage Renal Disease</p>	<p><b>In-network</b></p> <p>\$0 copay for renal dialysis</p> <p>\$0 copay for nutrition therapy for End-Stage Renal Disease</p>

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
<b>29</b> Prescription Drugs Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.		<b>Drugs covered under Medicare Part B</b>	<b>Drugs covered under Medicare Part B</b>	<b>Drugs covered under Medicare Part B</b>
		<b>General</b> \$0 copay for Part B-covered drugs.	<b>General</b> \$0 copay for Part B-covered drugs.	<b>General</b> \$0 copay for Part B-covered drugs.
			<b>Drugs covered under Medicare Part C</b>	<b>Drugs covered under Medicare Part C</b>
			<b>General</b> \$0 copay for home infusion drugs that would normally be covered under Part D. This cost-sharing amount will also cover the supplies and services associated with home infusion of these drugs.	<b>General</b> \$0 copay for home infusion drugs that would normally be covered under Part D. This cost-sharing amount will also cover the supplies and services associated with home infusion of these drugs.
		<b>Drugs covered under Medicare Part D</b>	<b>Drugs covered under Medicare Part D</b>	<b>Drugs covered under Medicare Part D</b>
<b>General</b> This plan does not offer prescription drug coverage. Most drugs not covered.	<b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.mibcn.com/medicareformulary">www.mibcn.com/medicareformulary</a> on the Web. Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> <li>• have limited incomes,</li> <li>• live in long-term care facilities,</li> </ul> or <ul style="list-style-type: none"> <li>• have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul>	<b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.mibcn.com/medicareformulary">www.mibcn.com/medicareformulary</a> on the Web. Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> <li>• have limited incomes,</li> <li>• live in long-term care facilities,</li> </ul> or <ul style="list-style-type: none"> <li>• have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul>		

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
<b>Prescription Drugs</b> <i>(continued)</i>			<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and D.C.). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from BCN Advantage (HMO) for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <b>Medicare.gov</b>.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and BCN Advantage approves the exception, you will pay non-preferred cost sharing for that drug.</p>	<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and D.C.). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from BCN Advantage (HMO) for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <b>Medicare.gov</b>.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and BCN Advantage approves the exception, you will pay non-preferred cost sharing for that drug.</p>

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
<b>Prescription Drugs</b> <i>(continued)</i>			<b>In-network</b> \$0 deductible.	<b>In-network</b> \$0 deductible.
			<b>Initial coverage</b> You pay the following until total yearly drug costs reach \$2,830:	<b>Initial coverage</b> You pay the following until total yearly drug costs reach \$2,830:
			<b>Retail Pharmacy</b> <b>Preferred generic</b> <ul style="list-style-type: none"> <li>• \$4 copay for a one-month (34-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• \$10 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• \$4 copay for a one-month (34-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>• \$12 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul> <b>Preferred brand</b> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (34-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• \$87.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• \$35 copay for a one-month (34-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>• \$105 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul>	<b>Retail Pharmacy</b> <b>Preferred generic</b> <ul style="list-style-type: none"> <li>• \$3 copay for a one-month (34-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• \$7.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• \$3 copay for a one-month (34-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>• \$9 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul> <b>Preferred brand</b> <ul style="list-style-type: none"> <li>• \$30 copay for a one-month (34-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• \$75 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• \$30 copay for a one-month (34-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>• \$90 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul>

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
<b>Prescription Drugs</b> <i>(continued)</i> <b>In-network Initial coverage Retail Pharmacy</b>			<p><b>Non-preferred brand</b></p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (34-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• \$187.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• \$75 copay for a one-month (34-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>• \$225 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul> <p><b>Injectable</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul>	<p><b>Non-preferred brand</b></p> <ul style="list-style-type: none"> <li>• \$65 copay for a one-month (34-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• \$162.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• \$65 copay for a one-month (34-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>• \$195 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul> <p><b>Injectable</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul>
<b>In-network Initial coverage Long-Term Care Pharmacy</b>			<p><b>Long-Term Care Pharmacy Preferred generic</b></p> <ul style="list-style-type: none"> <li>• \$4 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><b>Preferred brand</b></p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (34-day) supply of drugs in this tier</li> </ul>	<p><b>Long-Term Care Pharmacy Preferred generic</b></p> <ul style="list-style-type: none"> <li>• \$3 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><b>Preferred brand</b></p> <ul style="list-style-type: none"> <li>• \$30 copay for a one-month (34-day) supply of drugs in this tier</li> </ul>

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
<b>Prescription Drugs</b> <i>(continued)</i> <b>In-network Initial coverage Long-Term Care Pharmacy</b>			<b>Non-preferred brand</b> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <b>Specialty</b> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul> <b>Injectable</b> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul>	<b>Non-preferred brand</b> <ul style="list-style-type: none"> <li>• \$65 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <b>Specialty</b> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul> <b>Injectable</b> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul>
<b>In-network Initial coverage Mail Order</b>			<b>Mail Order</b> <b>Preferred generic</b> <ul style="list-style-type: none"> <li>• \$4 copay for a one-month (34-day) supply of drugs in this tier</li> <li>• \$10 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <b>Preferred brand</b> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (34-day) supply of drugs in this tier</li> <li>• \$87.50 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <b>Non-preferred brand</b> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (34-day) supply of drugs in this tier</li> <li>• \$187.50 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <b>Specialty</b> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul>	<b>Mail Order</b> <b>Preferred generic</b> <ul style="list-style-type: none"> <li>• \$3 copay for a one-month (34-day) supply of drugs in this tier</li> <li>• \$7.50 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <b>Preferred brand</b> <ul style="list-style-type: none"> <li>• \$30 copay for a one-month (34-day) supply of drugs in this tier</li> <li>• \$75 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <b>Non-preferred brand</b> <ul style="list-style-type: none"> <li>• \$65 copay for a one-month (34-day) supply of drugs in this tier</li> <li>• \$162.50 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <b>Specialty</b> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul>

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
<b>Prescription Drugs</b> <i>(continued)</i>			<p><b>Coverage Gap</b>            After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p><b>Coverage Gap</b>            The plan covers many generics (65%-99% of formulary generic drugs) through the coverage gap. You pay the following:</p> <p><b>Retail Pharmacy</b></p> <p><b>Preferred generic</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (34-day) supply of all drugs covered in this tier from a preferred pharmacy</li> <li>• \$12.50 copay for a three-month (90-day) supply of all drugs covered in this tier from a preferred pharmacy</li> <li>• \$5 copay for a one-month (34-day) supply of all drugs covered in this tier from a non-preferred pharmacy</li> <li>• \$15 copay for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred pharmacy</li> </ul> <p><b>Long-Term Care Pharmacy</b></p> <p><b>Preferred generic</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (34-day) supply of all drugs covered in this tier</li> </ul> <p><b>Mail Order</b></p> <p><b>Preferred generic</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (34-day) supply of all drugs covered in this tier</li> <li>• \$12.50 copay for a three-month (90-day) supply of all drugs covered in this tier</li> </ul> <p>Please contact the plan for a complete list of drugs covered through the gap.            For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
<b>Prescription Drugs</b> <i>(continued)</i>			<b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of: <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs,</li> </ul> or <ul style="list-style-type: none"> <li>• 5% coinsurance.</li> </ul>	<b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of: <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs,</li> </ul> or <ul style="list-style-type: none"> <li>• 5% coinsurance.</li> </ul>
			<b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from BCN Advantage (HMO).	<b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from BCN Advantage (HMO).
			<b>Out-of-Network Initial Coverage</b> You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830: <p><b>Preferred generic</b></p> <ul style="list-style-type: none"> <li>• \$4 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><b>Preferred brand</b></p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><b>Non-preferred</b></p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><b>Injectable</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul>	<b>Out-of-Network Initial Coverage</b> You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830: <p><b>Preferred generic</b></p> <ul style="list-style-type: none"> <li>• \$3 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><b>Preferred brand</b></p> <ul style="list-style-type: none"> <li>• \$30 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><b>Non-preferred</b></p> <ul style="list-style-type: none"> <li>• \$65 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><b>Injectable</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul>

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
<b>Prescription Drugs</b> <i>(continued)</i>			<p><b>Out-of-Network Coverage Gap</b>            After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>You will not be reimbursed by BCN Advantage (HMO) for out-of-network purchases when you are in the coverage gap.</p> <p>However, you should still submit documentation to BCN Advantage (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p><b>Out-of-Network Coverage Gap</b>            You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p><b>Preferred generic</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (34-day) supply of all drugs covered in this tier</li> </ul> <p><b>Preferred brand</b></p> <ul style="list-style-type: none"> <li>• After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by BCN Advantage (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to BCN Advantage (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</li> </ul> <p><b>Non-preferred</b></p> <ul style="list-style-type: none"> <li>• After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by BCN Advantage (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to BCN Advantage (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</li> </ul>

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
<b>Prescription Drugs</b> <i>(continued)</i> <b>Out-of-network Coverage Gap Specialty</b>				<p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by BCN Advantage (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to BCN Advantage (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</li> </ul> <p><b>Injectable</b></p> <ul style="list-style-type: none"> <li>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by BCN Advantage (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to BCN Advantage (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</li> </ul>

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
Prescription Drugs (continued)			<b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs,</li> </ul> or <ul style="list-style-type: none"> <li>• 5% coinsurance.</li> </ul>	<b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs,</li> </ul> or <ul style="list-style-type: none"> <li>• 5% coinsurance.</li> </ul>

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
<b>30</b> Dental Services	Preventive dental services (such as cleaning) not covered.	\$0 copay for Medicare-covered dental benefits \$0 copay for the following preventive dental benefits: <ul style="list-style-type: none"> <li>• Up to 1 oral exam(s) every six months</li> <li>• Up to 1 cleaning(s) every six months</li> <li>• Up to 1 dental X-ray(s) every two years</li> </ul>	\$0 copay for Medicare-covered dental benefits \$0 copay for the following preventive dental benefits: <ul style="list-style-type: none"> <li>• Up to 1 oral exam(s) every six months</li> <li>• Up to 1 cleaning(s) every six months</li> <li>• Up to 1 dental X-ray(s) every two years</li> </ul>	\$0 copay for Medicare-covered dental benefits \$0 copay for the following preventive dental benefits: <ul style="list-style-type: none"> <li>• Up to 1 oral exam(s) every six months</li> <li>• Up to 1 cleaning(s) every six months</li> <li>• Up to 1 dental X-ray(s) every two years</li> </ul>

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
<b>31 Hearing Services</b>	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for up to 2 hearing aid(s) every three years.</li> <li>• \$25 copay for Medicare-covered diagnostic hearing exams</li> <li>• \$25 copay for up to 1 routine hearing test(s) every year</li> <li>• \$0 copay for up to 1 hearing aid fitting evaluation(s) every three years</li> </ul> <p>\$1,000 limit for hearing aids every three years.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for up to 2 hearing aid(s) every three years.</li> <li>• \$25 copay for Medicare-covered diagnostic hearing exams</li> <li>• \$25 copay for up to 1 routine hearing test(s) every year</li> <li>• \$0 copay for up to 1 hearing aid fitting evaluation(s) every three years</li> </ul> <p>\$1,000 limit for hearing aids every three years.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for up to 2 hearing aid(s) every three years.</li> <li>• \$25 copay for Medicare-covered diagnostic hearing exams</li> <li>• \$25 copay for up to 1 routine hearing test(s) every year</li> <li>• \$0 copay for up to 1 hearing aid fitting evaluation(s) every three years</li> </ul> <p>\$1,000 limit for hearing aids every three years.</p>
<b>32 Vision Services</b>	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk.	<p><b>In-network</b> Non-Medicare-covered eye exams and glasses not covered.</p> <ul style="list-style-type: none"> <li>• \$0 copay for diagnosis and treatment for diseases and conditions of the eye</li> <li>• \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery</li> </ul>	<p><b>In-network</b> Non-Medicare-covered eye exams and glasses not covered.</p> <ul style="list-style-type: none"> <li>• \$0 copay for diagnosis and treatment for diseases and conditions of the eye</li> <li>• \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery</li> </ul>	<p><b>In-network</b> Non-Medicare-covered eye exams and glasses not covered.</p> <ul style="list-style-type: none"> <li>• \$0 copay for diagnosis and treatment for diseases and conditions of the eye</li> <li>• \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery</li> </ul>

<b>Benefit</b>	<b>Original Medicare</b>	<b>BCN Advantage Option 1</b>	<b>BCN Advantage Option 2</b>	<b>BCN Advantage Option 3</b>
<b>33 Physical Exams</b>	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage.</p> <p>When you get Medicare Part B, you can get a one-time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p><b>In-network</b> \$20 copay for routine exams. Limited to 1 exam(s) every year.</p> <p>\$20 copay for Medicare-covered benefits.</p>	<p><b>In-network</b> \$15 copay for routine exams. Limited to 1 exam(s) every year.</p> <p>\$15 copay for Medicare-covered benefits.</p>	<p><b>In-network</b> \$10 copay for routine exams. Limited to 1 exam(s) every year.</p> <p>\$10 copay for Medicare-covered benefits.</p>
<b>34 Health/Wellness Education</b>	<p><b>Smoking Cessation:</b> Covered if ordered by your doctor.</p> <p>Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance and Part B deductible applies.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-network</b> The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>• Additional Smoking Cessation</li> </ul> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-network</b> The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>• Additional Smoking Cessation</li> </ul> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-network</b> The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>• Additional Smoking Cessation</li> </ul> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>
<b>Transportation (routine)</b>	Not covered.	<p><b>In-network</b> This plan does not cover routine transportation.</p>	<p><b>In-network</b> This plan does not cover routine transportation.</p>	<p><b>In-network</b> This plan does not cover routine transportation.</p>
<b>Acupuncture</b>	Not covered.	<p><b>In-network</b> This plan does not cover acupuncture.</p>	<p><b>In-network</b> This plan does not cover acupuncture.</p>	<p><b>In-network</b> This plan does not cover acupuncture.</p>

# Premium table for H5883 BCN Advantage (HMO) plans

The premiums vary by the county in which you permanently reside.

(Rates are based on the use and cost of health care services in each regional segment.)

**1. Locate the segment/county in which you permanently reside.**

**2. Look at the options to find your monthly premium rate.**

Segment with Counties	BCN Advantage HMO Premium Rate Per Month		
	Option 1	Option 2	Option 3
<b>Segment 1</b> <b>Southwest Michigan</b> Allegan, Kent, Muskegon, Newaygo, Oceana, Ottawa, Van Buren	\$0	\$73	\$151
<b>Segment 2</b> <b>Mid-Michigan</b> Barry, Clinton, Eaton, Gratiot, Ingham, Ionia, Kalamazoo, Midland	\$0	\$101	\$198
<b>Segment 3</b> <b>South Michigan</b> Calhoun, Jackson, Livingston, Monroe, Montcalm, Washtenaw	\$24	\$97	\$171
<b>Segment 4</b> <b>Central Michigan</b> Bay, Genesee, Lapeer, Saginaw, Shiawassee, Tuscola	\$28	\$108	\$228
<b>Segment 5</b> <b>Southeast Michigan</b> Macomb, Oakland, St. Clair, Wayne	\$24	\$97	\$182

*BCN Advantage is an HMO with a Medicare contract. BCN Advantage HMO's contract with CMS is renewed annually and the availability of coverage beyond the end of the contract year is not guaranteed.*

*You must receive all routine care from plan providers.*

*You must use plan providers except in emergent or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers neither Medicare nor BCN Advantage will be responsible for the costs. Out-of-network services authorized by BCN Advantage HMO will be covered.*

*Enrollment in this plan is generally for the entire year. Once you enroll, you may leave this plan or make changes only at certain times of the year when an enrollment period is available (example: November 15 - December 31 of every year), or under certain special circumstances.*

*You must continue to pay your Medicare Part B premium.*

*If you decide to have your BCN Advantage HMO premium withheld from your Social Security check or deducted from your checking or savings account, it may take up to three months for the automatic deduction to begin. If your premium amount is currently withheld from your Social Security check or deducted from your checking or savings account and you wish to receive a monthly bill instead, the change may also take up to three months to become effective. During this time, you will be responsible for paying your premium.*

*Out-of-pocket maximum applies to all medical services, except durable medical equipment, orthotics and prosthetics, dental, diabetic supplies, and out-of-network services. Part D drugs do not count toward your medical out-of-pocket maximum.*

*The BCN Advantage benefit information provided is not comprehensive. Additional information should be requested before making a decision about your coverage. For full information on BCN Advantage HMO benefits, current members should call our Customer Service department at 1-800-450-3680, from 8 a.m. to 8 p.m., seven days a week. TTY users should call 1-800-430-3211. Prospective members should call 1-877-469-2583, from 8 a.m. to 8 p.m., seven days a week. TTY users should call 1-800-481-8704.*

*Benefits, formulary, pharmacy, network, premium and/or copayments and/or coinsurance may change on Jan. 1, 2011. Please contact BCN Advantage for details.*

*People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75 percent of drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or 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 a day, seven days a week. TTY users should call 1-877-486-2048.*

*If you are enrolled in BCN Advantage Option 2 or Option 3, you must use a network pharmacy to access your prescription drug benefit, except under non-routine circumstances when you cannot reasonably use a network pharmacy. Our pharmacy network includes the majority of chain pharmacies, mail order through Medco or Walgreens, as well as long-term care and home infusion pharmacies. For additional information on network pharmacies, please call Customer Service at 1-800-450-3680, 8 a.m. to 8 p.m., seven days a week. TTY users should call 1-800-430-3211. You may also write to: BCN Advantage HMO, 2311 Green Road, Ann Arbor, MI 48105.*

*You can be in only one Medicare Advantage plan at a time and understand that your enrollment in this plan will automatically end your enrollment in another Medicare health plan or prescription drug plan. It is your responsibility to inform BCN Advantage of any prescription drug coverage that you have or may get in the future. You understand that if you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.*

*Medicare beneficiaries may enroll in BCN Advantage through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at [www.medicare.gov](http://www.medicare.gov). To get more information contact BCN Advantage at 1-877-469-2583, 8 a.m. to 8 p.m. seven days a week. TTY users may call 1-800-481-8704.*

*BCN Advantage is open to all Medicare eligible beneficiaries eligible by age or disability in the BCN Advantage service area.*

*BCN Advantage materials are available in alternate formats.*

Prospective members should call 1-877-469-2583  
(TTY 1-800-481-8704).

Representatives are available 8 a.m. to 8 p.m., seven days a week.

[www.MiBCN.com/medicare](http://www.MiBCN.com/medicare)

***BCN Advantage HMO***<sup>SM</sup>



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**Medicare and more**

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Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.  
BCN Advantage HMO is a health plan with a Medicare contract.