

MyBlue MedigapSM Member Handbook



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

December 27, 2011

Dear Bcn Medigap Sample,

We're pleased you're a member of MyBlue Medigap, a plan that's committed to helping you achieve your wellness goals.

This book has been personalized for you as a guide to your benefits. It explains how your plan works. It also describes the resources we offer to help you stay healthy, get better if you're ill or injured and improve your quality of life while living with an illness.

After you've looked through this book, please take a moment to tell us if it helped you. A postage-paid card is attached to the back page for your convenience in responding.

If you have any questions, please call us. Customer Service representatives can help with most of your concerns, but we've included other important numbers below for your information.

Thank you for your membership.

Sincerely,



Kevin James Klobucar
President and CEO

Important phone numbers

BCN tobacco cessation program	1-800-811-1764
BlueHealthConnection®	1-800-637-2972
Care while you travel (BlueCard®)	1-800-810-BLUE (2583)
Health Education	1-800-637-2972
Quality Management	248-455-3471

Customer Service (8 a.m. to 5:30 p.m. Monday through Friday) 1-800-662-6667
TTY users 1-800-430-3211

After regular business hours, please leave a message.
A representative will return your call within two business days.

We offer translation services for non-English speakers. Over 140 languages are available.

Write to us: Member Inquiry, Blue Care Network, P.O. Box 68767, Grand Rapids, MI 49516-8767
Include your name, address, day and evening telephone numbers and your enrollee ID as shown on your BCN identification card.

MyBlue Medigap Quick Guide

Your plan is Blue Care Network's MyBlue Medigap

You've joined Blue Care Network's MyBlue Medigap plan.

As a member of MyBlue Medigap, you get your care through any provider that accepts Medicare assignment. BCN coverage helps you stay healthy and takes care of you when you're sick or injured.

Use your coverage

To get the most from your benefits, here's what you need to do:

- **Make sure you're enrolled in Medicare.** MyBlue Medigap coverage works with your Medicare coverage to provide you with comprehensive benefits. You must be enrolled in both Medicare Part A (hospital insurance) and Medicare Part B (medical insurance) to participate in MyBlue Medigap.
- **Use providers that accept Medicare assignment.** Because Medicare is your primary health coverage, you'll avoid additional out-of-pocket costs by using doctors, hospitals and other health care providers that accept Medicare assignment.
- **Read through this book. It describes how your plan works and tells you about the many programs we offer to help you stay healthy.** Check out our "Good Health Guidelines," Page 7, of this book. These quick references will help you get the care you need when you need it.



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Your Medigap Plan N Benefits

Covered Service	Medicare pays ¹	Plan N pays	You pay
Medicare Part A Hospital coverage – Includes semi-private room and board, general nursing care, and miscellaneous services and supplies. ²			
Deductible	Nothing	\$1,100	Nothing
First 60 days of care	100%	Nothing	Nothing
Days 61 – 90	All but the \$275 daily copayment	\$275 daily copay	Nothing
Days 91 - 150 (Lifetime Reserve Days)	All but the \$550 daily copayment	\$550 daily copay	Nothing
Day 151 and beyond (additional 365 days after Lifetime Reserve Days used)	Nothing	100% of Medicare-eligible expenses	Nothing
Blood benefit²	All but the first 3 pints	Your first 3 pints	Nothing
Skilled Nursing Facility Care – You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. ²			
First 20 days of care	100%	Nothing (Medicare covers in full)	
Days 21–100	All but \$137.50 daily skilled nursing facility copayment	\$137.50 daily copay	Nothing
Hospice care	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	Nothing
Emergency care outside the U.S.	No benefits for care outside U.S.	80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance

¹Based on 2010 Medicare premiums and deductibles.

²Per benefit period. A benefit period begins on the first day you are hospitalized and ends after you have been out of the hospital and have not received skilled nursing care in any other facility for 60 consecutive days.

Your Medigap Plan N Benefits

Covered Service	Medicare pays ¹	Plan N pays	You pay
Medicare Part B Physician and Outpatient Services – In or out of the hospital and outpatient hospital physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic treatment such as tests, durable medical equipment, per calendar year ²			
Deductible (annual)	Nothing	Nothing	\$155
Coinsurance	80% of approved amount after \$155 deductible is met	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit, after the \$155 deductible is met	Up to \$20 per office visit and up to \$50 per emergency room visit
Blood benefit	All but the first 3 pints	Your first 3 pints	Nothing
Clinical laboratory services – tests for diagnostic services	All charges	Nothing (Medicare covers in full)	
Home health care services – Medicare-approved services			
Medically necessary skilled care services and medical supplies	All charges	Nothing (Medicare covers in full)	
Durable medical equipment	80% of approved amount after \$155 deductible is met	20% coinsurance after \$155 deductible is met	Nothing
Excess benefits	Nothing	Nothing	All costs

¹Based on 2010 Medicare premiums and deductibles.

²Part B deductible needs to be met only once each calendar year (Jan. 1 through Dec. 31).

MyBlue Medigap Coverage

About MyBlue Medigap coverage

MyBlue Medigap is a Blue Care Network product that supplements Original Medicare coverage. This book explains the BCN programs and policies that govern your coverage.

How to get services

Carry your MyBlue Medigap identification card with you at all times and show it and your red, white and blue Medicare Health Insurance card each time you need health care. You'll pay less when you use doctors, hospitals and other health care providers that accept Medicare assignment.

What you pay out of pocket

You must make monthly payments on or before the due date listed on your bill. If you do not pay, we have the right to end your MyBlue Medigap coverage. You also have obligations to Medicare. Please see your *Medicare & You* handbook or contact Medicare for details.

When you receive covered services, you may be responsible for a deductible before our payments begin. Once this obligation is satisfied, you pay any required copayment at the time you receive services. See Your Medigap Plan Benefits at the front of this book for your obligations.

The doctor, hospital or other health care provider will bill Medicare first and then BCN for covered services. If a provider asks you to pay more than your copayment for covered services, please call Customer Service.

In the unlikely event that you had to pay for covered services, we will reimburse you for our share of the cost. Call Customer Service for the form you need to send us to get reimbursed. Or download a copy from MiBCN.com/forms.

Complete the form and send it to **Member Claims, Blue Care Network, P.O. Box 68767, Grand Rapids, MI 49516-8767** with:

- An itemized bill, including diagnosis, date and type of service
- Proof of payment (a cancelled check or receipt from the provider)
- The treatment record or emergency report
- A copy of your Medicare Summary Notice that shows what Medicare paid or did not pay for the claim

MyBlue Medigap Coverage

Some services aren't covered

In addition to services not covered by Original Medicare, MyBlue Medigap doesn't cover:

- Acupuncture
- Care related to a military injury
- Cosmetic services or supplies
- Custodial care
- Experimental treatment
- Investigational treatment
- Personal convenience items
- Rest cures
- Routine examinations related to employment, insurance licensing, court order or travel
- Self-help programs
- Services or supplies received before the effective date of coverage
- Services or supplies received after coverage has ended
- Services that could have been paid under workers' compensation laws
- Services or supplies that could be paid by government programs
- Services that are not medically necessary

Coordination of benefits

We coordinate your benefits with other insurers to make sure you get maximum coverage. Coordination of benefits also helps us keep down the cost of health care. For example, we coordinate care if you are covered by BCN and also have health care through your spouse's employer or through some other type of insurance, such as automobile, home or workers' compensation.

If you receive a coordination of benefits questionnaire from BCN, please complete it and return it to us as quickly as possible. If we don't receive your coordination of benefits information, we may not be able to process your claim.

For more information about coordination of benefits and for a copy of the form, visit [MiBCN.com/cob](https://www.mibcn.com/cob).

Changing your records

To make changes to your record, call Customer Service, or visit [MiBCN.com](https://www.mibcn.com) and log in to *Member Secured Services* from the home page. Make sure you report address changes or life events within 30 days of their occurrence so we can process the change and pay your claims.

These are the events you should report:

- Name change
- New home address or telephone number
- Medicare eligibility

Resources on MiBCN.com

Manage coverage and more on MiBCN.com

Our Web site, **MiBCN.com**, is a valuable resource for health information that can help you get the most from your coverage. Here's some of what you can do:

- Verify eligibility on your contract.
- Order ID cards.
- View and print claim summaries.
- View your Certificate of Coverage.
- Use our Healthcare Advisor™ to research and compare doctors, investigate hospital quality and explore medical and drug treatments.

Visit **MiBCN.com** and log in to *Member Secured Services*. You only need to register once to have access to this secure site. Call 1-888-417-3479 if you have any questions about registering through Member Secured Services.

Note to new members: You can access *Member Secured Services* immediately after your effective date of coverage.

Complete a health assessment on MiBCN.com

Take control of your health by taking the health assessment. After you answer some questions about your health, you'll receive a healthy living plan that's created just for you. After that, whenever you log into *Member Secured Services* on **MiBCN.com**, you'll see personalized health information and advice.

It's a good idea to have the following medical information on hand when you take the health assessment:

- Your blood pressure
- Your cholesterol levels (total and HDL)
- The approximate date of your last checkup
- When you had your most recent vaccinations, such as for flu and tetanus
- When you had your most recent screenings, such as a mammogram or colonoscopy

If you include this information when you fill out the questionnaire, your results will be more accurate and recommendations to you more focused. If you don't have your medical information, write in your best guesses.

Make the BlueHealthConnection

Our BlueHealthConnection® umbrella of care is designed to help you stay healthy, get better or live well with illness. They are built on a partnership among members, physicians, other providers and BCN.

Health education keeps you informed

Knowledge is an important part of prevention because the more you know the better you can be. We keep you informed so you can stay on top of your health.

- Read our *Good Health* magazine, sent twice a year, for information about your benefits, advice on healthy self-care practices and the latest news about our medical, behavioral health and pharmacy programs.
- Call 1-800-637-2972 to request a free self-help guide on nutritious eating, exercise, depression, high blood pressure, stress management, losing weight, back pain, cholesterol or quitting smoking.

Money-saving offers

People who achieve a healthy weight and increase their activity feel better and decrease their risk of developing medical problems such as high blood pressure, diabetes and heart disease. BCN helps you stay healthy and save money at the same time.

- Healthy Blue XtrasSM is a Blues program with special offers from companies across Michigan. Savings cover a variety of healthy goods and services from groceries and fitness gear to yoga and gym packages. Members can access Healthy Blue Xtras from the **MiBCN.com** home page.
- Members can stay healthy 365 days a year by using Blue365[®], a program sponsored by the Blue Cross and Blue Shield Association. Savings cover activities such as fitness, weight control, recreation and alternative medicine. Blue365 also provides helpful resources that allow you to make informed health care decisions. For more information, visit **MiBCN.com/blue365**.

No more tobacco

Because tobacco is linked to many life-threatening illnesses, we want to help you quit.

Our tobacco cessation program includes a battery of tools to help you quit. You get educational materials and ongoing telephone support to keep you motivated. Call 1-800-811-1764 to enroll. The hours are 9 a.m. to 9 p.m. Monday through Saturday.

Make the BlueHealthConnection

Good health guidelines for men

The leading causes of death for men in the United States are heart disease, stroke, cancer and lung disease. The good news is you can reduce your risk for these killers with these actions:

- **Eat healthy, balanced meals.** Eating five or more servings of fruits and vegetables a day and less saturated fat can help improve your health and may reduce the risk of disease.
- **Keep your weight under control.** Anyone who's overweight is more at risk for diseases and conditions such as diabetes, high blood pressure, heart disease and stroke.
- **Exercise.** Thirty minutes of moderate physical activity a day will keep you fit and help prevent disease. Exercise can be cutting the grass or just walking. The important thing is to get moving.
- **Don't smoke.** Smoking increases your risk for cancer and heart disease. If you smoke, join BCN's effective smoking cessation program by calling 1-800-811-1764.
- **Manage stress.** Stress can keep us on our toes or undermine our health. If stress is causing you to eat poorly, drink too much, smoke or neglect your health, you need to take time to be good to yourself.
- **Get routine exams and screenings** for high blood pressure, high cholesterol, diabetes, colon cancer and prostate cancer.

Heart healthy tip: Ask your doctor about aspirin use.

What	Age	How Often
Health exam (including height & weight assessment, body mass index evaluation and obesity counseling, alcohol and drug abuse, tobacco use and injury prevention)	18 – 49 50 – 65+	Every 1 – 5 years Every 1 – 3 years
Blood pressure screening	18+	Every 2 years if BP is less than 120-139/80-89 Every year if BP is higher than 120-139/80-89 More frequently if needed
Diabetes screening	18 – 65+	Every 3 years with BP higher than 135/80
Glaucoma screening	18 – 64	If high risk — ask your doctor
HIV screening	18 – 64 18 – 65+	One test for everyone Every year for high risk
Cholesterol and lipid screening	35+	Every 5 years; more often with risk factors
Prostate screening	50 – 74	Ask your doctor

What	Age	How Often
Colon cancer screening	18 – 49 50+	If high risk — ask your doctor Fecal occult blood test every year OR Sigmoidoscopy every 5 years with fecal occult blood test every 3 years OR Colonoscopy every 10 years
	76+	Ask your doctor
Immunizations		
Tdap	After age 12	1 dose
Tetanus	18 – 65+	Once every 10 years
Flu	18 – 65+	Every year
MMR	18 – 49	1-2 doses if needed
Varicella	18 – 65+	2 doses if needed
Hepatitis A, Hepatitis B, Meningococcal	18 – 65+	If high risk
Pneumococcal (meningitis and pneumonia)	18 – 64 65+	If high risk 1 dose for everyone 65 and older; revaccinate at age 65 if first vaccine was received before age 65 and 5 years or more have passed since that first dose was given
Zoster (shingles)	60+	1 dose

Make the BlueHealthConnection

Blue Distinction Centers®

We've identified hospitals and other facilities that have consistently demonstrated expertise in delivering quality health care as Blue Distinction Centers for Specialty Care®. These centers of excellence provide quality health care in the following specialties:

- Blue Distinction Centers for Bariatric Surgery®
- Blue Distinction Centers for Cardiac Care®
- Blue Distinction Centers for Complex and Rare Cancers®
- Blue Distinction Centers for Knee and Hip Replacement®
- Blue Distinction Centers for Spine Surgery®
- Blue Distinction Centers for Transplants®

Blue Distinction Centers are part of a national program developed with the Blue Cross and Blue Shield Association and other Blue plans across the country. The Blue Distinction® designation means these facilities met objective criteria established with expert clinicians' and leading professional organizations' recommendations. Although, individual outcomes may vary, the designation can help members and physicians make informed decisions when selecting a quality facility for certain procedures.

Selecting a hospital with a Blue Distinction designation is not required.

For more information about these facilities, visit MiBCN.com/coe.

Quality management

Our quality improvement programs help doctors give appropriate care. The *Good Health* magazine and MiBCN.com give you information about these programs and our clinical practice guidelines. For disease and health information, you can call BlueHealthConnection at 1-800-637-2972. Please call our Quality Management department at 248-455-3471 for more information about our programs and guidelines.

Advance directives

An advance directive is a written statement of your wishes for health care should you not be able to make your own care decisions (for example, if you are in a coma). It lets you decide the medical treatments you want and authorizes someone you know and trust to make decisions for you when you cannot do so.

Preparing an advance directive is your choice and not a health care requirement. Whether or not you create one will not affect your health care coverage. Talk with your physician about your health and potential future health needs. You will also want to discuss your wishes with family and friends.

For information about creating an advance directive and for the forms you need to complete, visit MiBCN.com/advancedirective.

About BCN Contracted Providers

Part of the Blues family

Blue Care Network of Michigan is an independent, nonprofit affiliate of Blue Cross Blue Shield of Michigan, one of many individual Blue Cross and Blue Shield plans throughout the United States. BCN is governed by an 18-member board of directors that includes BCN subscribers and other private citizens, as well as representatives of large business, small business, labor, physicians, hospitals and other health care providers.

As an independent licensee of the Blue Cross and Blue Shield Association, Blue Care Network is required to furnish you with the following disclosure statements:

- The Blue Cross and Blue Shield Association licenses Blue Care Network to offer certain products and services under the Blue Cross and Blue Shield names.
- Blue Care Network is an independent organization governed by its own board of directors and solely responsible for its own debts and other obligations.
- Neither the association nor any other organization using the Blue Cross or Blue Shield brand names acts as a guarantor of Blue Care Network's obligations.
- We file an annual report with the Michigan Office of Financial and Insurance Regulation. A full copy of our most recent audited financial statement is available upon request at our corporate headquarters and at MiBCN.com/annualreport.

Medical review standards

When you use physicians that contract with Blue Care Network, you'll have the added benefit of our medical review staff working closely with your doctor to make sure you get medical care according to standard medical practice and your health benefits package.



Decisions on a member's care and service are based solely on the appropriateness of care prescribed in relation to each member's specific medical condition. Our clinical reviewers do not have financial arrangements that encourage denial of coverage or service. Nurses and physicians employed by BCN do not receive bonuses or incentives based on their review decisions. Medical review decisions are based strictly on medical necessity and providing high-quality care for members within the limits of a member's plan coverage.

About BCN Contracted Providers

We monitor the care you get

If you choose to seek care with a contracted BCN primary care physician, we help you receive appropriate medical care from your physician. Our medical review staff are in close communication with your physician. We routinely monitor data to identify potential underuse of health care services.

We would like you to know:

- BCN physicians are required to make decisions about your care based only on your individual health care needs.
- BCN monitors members' health care services to promote the physicians' duty to provide the most appropriate care for their conditions.
- BCN does not advertise, market or promote specific products or services to you or your doctors when discussing a member's health condition.
- BCN does not have any financial ownership arrangements with other entities engaged in advertising, marketing or providing goods and services. In limited circumstances, BCN may notify you of new products or treatment opportunities.
- Health care providers, including physicians and hospitals, are never paid for denying services.
- BCN medical review staff do not have financial arrangements encouraging denials for medically necessary care or services.

Tell us what you think

Occasionally, we send out satisfaction surveys and publications that have feedback cards for you to complete and return to us. Returning these surveys and cards help us fine tune the way we serve you.

Here's how you can tell us how we're doing:

- Fill out and return the satisfaction surveys or feedback cards you receive from us. You'll see one on the inside back cover of this book, or you may get one in the mail.
- Call Customer Service and tell us what you think.

Your Rights and Responsibilities

Blue Care Network is committed to open and honest communication with our members. You have rights and responsibilities as a Medicare beneficiary, as described in the Medicare handbook, *Medicare & You*. As a member of MyBlue Medigap, you also have rights and responsibilities. A right is what you can expect from us. A responsibility is what we expect from you.

All members have the right to...

- Receive medically necessary care as outlined in their *Certificate of Coverage*
- Receive considerate and courteous customer service with respect for their privacy and human dignity
- Expect confidentiality regarding their care and that BCN adheres to strict internal and external guidelines concerning the members' protected health information, including the use, access and disclosure of that information or any other information that is of a confidential nature
- Refuse treatment to the extent permitted by law and be informed of the consequences of their actions
- Make recommendations regarding BCN members' rights and responsibilities policies
- Request a Certificate of Creditable Coverage at any time during membership and up to 24 months after BCN coverage ends by calling Customer Service or 1-800-450-3680 (TTY users call 1-800-430-3211), or by writing to:
Blue Care Network
PO Box 5184
Southfield, MI 48086

All members have the responsibility to...

- Read their Certificate of Coverage, the *Member Handbook* and all other materials for members, and call Customer Service with any questions.
- Provide, to the extent possible, complete and accurate information that BCN needs in order to administer their coverage.
- Notify BCN of address and other lifestyle changes.
- Protect their identification card against misuse and call Customer Service immediately if a card is lost or stolen.
- Report to BCN all other health care coverage or insurance programs that cover their health.

Notice of Privacy Practices

For members of individual and underwritten plans

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Affiliated entities covered by this notice

This notice applies to the privacy practices of the following affiliated covered entities that may share your Protected Health Information as needed for treatment, payment and health care operations.

- Blue Cross Blue Shield of Michigan
- Blue Care Network of Michigan
- Blue Care of Michigan Inc.
- BlueCaid of Michigan
- BCN Service Company

Our commitment regarding your protected health information

We understand the importance of your Protected Health Information (hereafter referred to as “PHI”) and follow strict policies (in accordance with state and federal privacy laws) to keep your PHI private. PHI is information about you, including demographic data, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health, the provision of health care to you or the payment for that care.

In this notice, we explain how we protect the privacy of your PHI and how we will allow it to be used and given out (“disclosed”). We must follow the privacy practices described in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace or modify it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. These revised practices will apply to your PHI regardless of when it was created or received. Before we make a material change to our privacy practices, we will mail a revised notice to our subscribers.

Where multiple state or federal laws protect the privacy of your PHI, we will follow the requirements that provide greatest privacy protection. For example, when you authorize disclosure to a third party, state law requires BCBSM to condition the disclosure on the recipient’s promise to obtain your written permission to disclose to someone else.

Our uses and disclosures of protected health information

We do not sell your PHI to anyone or disclose your PHI to other companies that may want to sell their products to you (e.g., catalog or telemarketing firms).

We must have your written authorization to use and disclose your PHI, except for the following uses and disclosures:

Notice of Privacy Practices

- **To you and your personal representative:** We may disclose your PHI to you or to your personal representative (someone who has the legal right to act for you).
- **For treatment:** BCN and BCMI may use and disclose your PHI to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) who request it in connection with your treatment. For example, BCN may disclose your PHI to health care providers in connection with disease and care management programs.
- **For payment:** We may use and disclose your PHI for our payment-related activities and those of health care providers and other health plans, including, for example:
 - Obtaining premiums and determining eligibility for benefits
 - Paying claims for health care services that are covered by your health plan
 - Responding to inquiries, appeals and grievances
 - Coordinating benefits with other insurance you may have
- **For health care operations:** We may use and disclose your PHI for our health care operations, including, for example:
 - Conducting quality assessment and improvement activities, including peer review, credentialing of providers and accreditation
 - Performing outcome assessments and health claims analyses
 - Preventing, detecting and investigating fraud and abuse
 - Underwriting, rating and reinsurance activities
 - Coordinating case and disease management activities
 - Communicating with you about treatment alternatives or other health-related benefits and services
 - Performing business management and other general administrative activities, including systems management and customer service

BCN and BCMI may also disclose your PHI to other providers and health plans that have a relationship with you for certain of their health care operations. For example, we may disclose your PHI for their quality assessment and improvement activities or for health care fraud and abuse detection.

- **To others involved in your care:** We may under certain circumstances disclose to a member of your family, a relative, a close friend or any other person you identify, the PHI directly relevant to that person's involvement in your health care or payment for health care. For example, we may discuss a claim determination with you in the presence of a friend or relative, unless you object.
- **When required by law:** We will use and disclose your PHI if we are required to do so by law. For example, we will use and disclose your PHI in responding to court and administrative orders and subpoenas, and to comply with workers' compensation laws. We will disclose your PHI when required by the Secretary of Health and Human Services and state regulatory authorities.

Notice of Privacy Practices

- **For matters in the public interest:** BCN and BCMI may use or disclose your PHI without your written permission for matters in the public interest, including, for example:
 - Public health and safety activities, including disease and vital statistic reporting, child abuse reporting and Food and Drug Administration oversight
 - Reporting adult abuse, neglect or domestic violence
 - Reporting to organ procurement and tissue donation organizations
 - Averting a serious threat to the health or safety of others
- **For research:** We may use your PHI to perform select research activities, provided that certain established measures to protect your privacy are in place.
- **To our business associates:** From time to time we engage third parties to provide various services for us. Whenever an arrangement with such a third party involves the use or disclosure of your PHI, we will have a written contract with that third party designed to protect the privacy of your PHI. For example, we may share your information with business associates who process claims or conduct disease management programs on our behalf.
- **To group health plans and plan sponsors:** We participate in an Organized Health Care Arrangement with our underwritten group health plans. These plans, and the employers or other entities that sponsor them, receive PHI from us in the form of enrollment information. Certain plans and their sponsors may receive additional PHI from BCBSM or BCN. Whenever we disclose PHI to plans or their sponsors, the plans or their sponsors must follow applicable laws governing use and disclosure of your PHI.

Disclosures you may request

You may instruct us and give your written authorization to disclose your PHI to another party for any purpose. We require your authorization to be on our standard form. To obtain the form, call the Customer Service number printed on the back of your membership ID card or 313-225-9000.

Individual rights

You have the following rights. To exercise these rights, you must make a written request on our standard form. To obtain the form, call the Customer Service number printed on the back of your membership ID card or 313-225-9000. Forms are also available online at **bcbsm.com**.

- **Access:** With certain exceptions, you have the right to look at or receive a copy of your PHI contained in the group of records that are used by or for us to make decisions about you, including our enrollment, payment, claims adjudication and case or medical management notes. We reserve the right to charge a reasonable cost-based fee for copying and postage. If you request an alternative format, such as a summary, we may charge a cost-based fee for preparing the summary. If we deny your request for access, we will tell you the basis for our decision and whether you have a right to further review.

Notice of Privacy Practices

- **Disclosure accounting:** You have the right to an accounting of certain disclosures of your PHI, such as disclosures required by law. This accounting requirement applies to disclosures we make beginning on and after April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a fee covering the cost of responding to these additional requests.
- **Restriction requests:** You have the right to request that we place restrictions on the way we use or disclose your PHI for treatment, payment or health care operations. We are not required to agree to these additional restrictions, but if we do, we will abide by them (except as needed for emergency treatment or as required by law) unless we notify you that we are terminating our agreement.
- **Amendment:** You have the right to request that we amend your PHI in the set of records we described above under Access. If we deny your request, we will provide you a written explanation. If you disagree, you may have a statement of your disagreement placed in our records. If we accept your request to amend the information, we will make reasonable efforts to inform others, including individuals you name, of the amendment.
- **Confidential communication:** We communicate decisions related to payment and benefits, which may contain PHI, to the subscriber. Individual members who believe that this practice may endanger them may request that we communicate with them using a reasonable alternative means or location. For example, an individual member may request that we send an Explanation of Benefits to a post office box instead of to the subscriber's address. To request confidential communications, call the customer service number printed on the back of your membership ID card or 313-225-9000.

Questions and complaints

If you want more information about our privacy practices or a written copy of this notice, please contact us at:

Privacy Office – Mail Code 1909

Blue Cross Blue Shield of Michigan

600 E. Lafayette Blvd.

Detroit, MI 48226-2998

Telephone: 313-225-9000

For your convenience, you may also obtain an electronic (downloadable) copy of this notice online at **bcbsm.com** or **MiBCN.com**.

If you are concerned that we may have violated your privacy rights or you believe that we have inappropriately used or disclosed your PHI, call us at 800-552-8278. You also may complete our form online at **bcbsm.com** or **MiBCN.com**.

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with their address to file your complaint upon request. We support your right to protect the privacy of your PHI. We will not take action against you if you file a complaint with us or with the U.S. Department of Health and Human Services.

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Blue Care Network

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Grand Rapids, MI 49516-8767

Tell us what you think

We hope your enrollment into Blue Care Network went well. Your membership is very important to us. To help us improve how we serve new members, please tell us about your enrollment into Blue Care Network. Check the boxes that apply and add a comment if you wish. To return to us, just fold it over so the BCN address shows. Postage is prepaid. Or take our survey online at MiBCN.com/feedback.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Before enrolling, I received accurate information about BCN benefits.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Member Handbook helps me understand my benefits.				
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I am satisfied with the Blue Care Network enrollment process.				
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My early impression of Blue Care Network is favorable.				
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What can we do to be more helpful?

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