

Personal Plus

Member Handbook



December 27, 2011

Dear Bcn Pplus Sample,

We're pleased you're a member of Personal Plus, 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
Behavioral health services	1-800-482-5982
BlueHealthConnection®	1-800-637-2972
Care while you travel (BlueCard®)	1-800-810-BLUE (2583)
Disease management programs	1-800-392-4247
Laboratory (Joint Venture Hospital Laboratories)	1-800-445-4979
Quality Management	248-455-3471

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

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 BCMI identification card.

Personal Plus Quick Guide

Your plan is Blue Care of Michigan Inc.'s Personal Plus

You've joined BCMI's Personal Plus, a plan that's backed by the reputation and security of Blue Cross Blue Shield of Michigan.

Your primary care physician

Each member on your contract needs a BCMI-contracted primary care physician. You can select a family or general practitioner doctor or pediatrician for your children. Females can also see an OB-GYN without a referral as part of our Women's Choice program. Having a primary care physician is the first step to maintaining a healthful lifestyle.

Our most recent records show the following primary care physician selections for you:

Bcn Pplus Sample

Bea Well, MD

Because you must have a primary care physician to access your benefits, we will assign a physician to you if your record shows "None selected." To change the selection, see "Care begins with your primary care physician," on Page 8.

About Personal Plus

Your Personal Plus coverage helps you stay healthy and takes care of you when you're sick or injured. We provide this comprehensive health care by contracting with physicians, hospitals and health care professionals across the state. Our partnership with Blue Care Network allows us to provide effective customer service and quality health care programs to help you make the most of your health.

Use your coverage

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

- **Tell us the name of your primary care physician, if what we've listed for you is incorrect.** If you want to change doctors, visit MiBCN.com/find, or call Customer Service.
- **Schedule an appointment for a physical exam with your primary care physician.** You must have a primary care physician to access your benefits. Your primary care physician is your partner in health, providing or coordinating your care.
- **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 guidelines for "When you need medical care," Page 11, and our "Good Health Guidelines," Page 19, of this book. These quick references will help you get the care you need when you need it.



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Since 2000, Blue Care Network has received Excellent Accreditation for plan performance from the National Committee for Quality Assurance. This is the highest level of accreditation awarded by NCQA, a nationally recognized, independent, not-for-profit organization that measures the quality of America's health care and health plans.

Benefit Summary

This is an easy-to-read description of some of the most frequently used benefits and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply to covered services. An official description of your benefits is contained in your Certificate of Coverage and accompanying riders. You can always view your most current certificate and riders by signing into *Member Secured Services* on **MiBCN.com** or by requesting them from Customer Service.

Payment amounts are based on the Blue Care Network approved amount, less any applicable deductible, coinsurance and/or copayment amounts required by the plan.

Your primary care physician provides your care or manages it through a referral process. Only your primary care physician can refer you to specialist care. If your primary care physician doesn't refer you, you are responsible for the charges. Certain services must also be authorized by BCN.

Benefit highlights

Physician Office Services	
PRIMARY CARE PHYSICIAN VISITS	YOUR BENEFIT INFORMATION WILL APPEAR HERE
SPECIALIST VISITS	YOUR BENEFIT INFORMATION WILL APPEAR HERE
MATERNITY	SEE HOSPITAL CARE BELOW FOR FACILITY CHARGES.
ALLERGY OFFICE VISIT	YOUR BENEFIT INFORMATION WILL APPEAR HERE
IMMUNIZATIONS	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Emergency Services	
EMERGENCY ROOM	YOUR BENEFIT INFORMATION WILL APPEAR HERE
URGENT CARE CENTER	YOUR BENEFIT INFORMATION WILL APPEAR HERE
AMBULANCE EMERGENT	YOUR BENEFIT INFORMATION WILL APPEAR HERE
AMBULANCE NON-EMERGENT	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Diagnostic and Therapeutic Services	
LAB AND PATHOLOGY SERVICES	YOUR BENEFIT INFORMATION WILL APPEAR HERE
X-RAY	YOUR BENEFIT INFORMATION WILL APPEAR HERE
RADIATION THERAPY	YOUR BENEFIT INFORMATION WILL APPEAR HERE
OUTPATIENT FACILITY VISITS/DIAGNOSTIC SERVICES	YOUR BENEFIT INFORMATION WILL APPEAR HERE
CHEMOTHERAPY	YOUR BENEFIT INFORMATION WILL APPEAR HERE
DIALYSIS	YOUR BENEFIT INFORMATION WILL APPEAR HERE
Hospital Care	
INPATIENT HOSPITAL ADMISSIONS	YOUR BENEFIT INFORMATION WILL APPEAR HERE
NEWBORN CARE	YOUR BENEFIT INFORMATION WILL APPEAR HERE

Benefit Summary

Alternatives to Hospital Care

SKILLED NURSING FACILITY	YOUR BENEFIT INFORMATION WILL APPEAR HERE
SKILLED NURSING FACILITY DAYS	YOUR BENEFIT INFORMATION WILL APPEAR HERE
HOSPICE	YOUR BENEFIT INFORMATION WILL APPEAR HERE
HOME CARE VISITS	YOUR BENEFIT INFORMATION WILL APPEAR HERE

Surgical Services

OUTPATIENT SURGERY FACILITY	YOUR BENEFIT INFORMATION WILL APPEAR HERE
SECOND SURGICAL OPINION	YOUR BENEFIT INFORMATION WILL APPEAR HERE
SURGICAL ASSISTANT	YOUR BENEFIT INFORMATION WILL APPEAR HERE
ANESTHESIA	YOUR BENEFIT INFORMATION WILL APPEAR HERE
STERILIZATION PROCEDURES	YOUR BENEFIT INFORMATION WILL APPEAR HERE
TERMINATION PROCEDURES	YOUR BENEFIT INFORMATION WILL APPEAR HERE
WEIGHT REDUCTION PROCEDURES (CRITERIA REQUIRED)	YOUR BENEFIT INFORMATION WILL APPEAR HERE
ORTHOGNATHIC SURGERY	YOUR BENEFIT INFORMATION WILL APPEAR HERE

Mental Health and Substance Abuse Treatment — Call 1-800-482-5982 when you need care.

INPATIENT MENTAL HEALTH	YOUR BENEFIT INFORMATION WILL APPEAR HERE
INPATIENT MENTAL HEALTH DAYS	YOUR BENEFIT INFORMATION WILL APPEAR HERE
INPATIENT MENTAL HEALTH TIME PERIOD	YOUR BENEFIT INFORMATION WILL APPEAR HERE
OUTPATIENT MENTAL HEALTH	YOUR BENEFIT INFORMATION WILL APPEAR HERE
OUTPATIENT MENTAL HEALTH VISIT LIMIT	YOUR BENEFIT INFORMATION WILL APPEAR HERE
OUTPATIENT MENTAL HEALTH ADDITIONAL VISITS	YOUR BENEFIT INFORMATION WILL APPEAR HERE
INPATIENT SUBSTANCE ABUSE	YOUR BENEFIT INFORMATION WILL APPEAR HERE
INPATIENT SUBSTANCE ABUSE TIME PERIOD	YOUR BENEFIT INFORMATION WILL APPEAR HERE
OUTPATIENT SUBSTANCE ABUSE	YOUR BENEFIT INFORMATION WILL APPEAR HERE
OUTPATIENT SUBSTANCE ABUSE VISIT LIMIT	YOUR BENEFIT INFORMATION WILL APPEAR HERE
DETOXIFICATION - SUBSTANCE ABUSE	YOUR BENEFIT INFORMATION WILL APPEAR HERE

Durable Medical Equipment and Prosthetics and Orthotics — Call Northwood at 1-800-667-8496.

DURABLE MEDICAL EQUIPMENT	YOUR BENEFIT INFORMATION WILL APPEAR HERE
PROSTHETIC APPLIANCES	YOUR BENEFIT INFORMATION WILL APPEAR HERE
ORTHOTIC APPLIANCES	YOUR BENEFIT INFORMATION WILL APPEAR HERE

Benefit Summary

Other Services

ALLERGY EVALUATION/SERUM/TESTING	YOUR BENEFIT INFORMATION WILL APPEAR HERE
ALLERGY INJECTIONS	YOUR BENEFIT INFORMATION WILL APPEAR HERE
INFERTILITY CARE (CRITERIA REQUIRED)	YOUR BENEFIT INFORMATION WILL APPEAR HERE
PHYSICAL THERAPY/OUTPATIENT REHABILITATION	YOUR BENEFIT INFORMATION WILL APPEAR HERE
PHYSICAL THERAPY/OUTPATIENT REHABILITATION LIMITS	YOUR BENEFIT INFORMATION WILL APPEAR HERE
TEMPOROMANDIBULAR JOINT (TMJ)	YOUR BENEFIT INFORMATION WILL APPEAR HERE

Your Personal Plus Coverage

About Personal Plus

Personal Plus is a product of Blue Care of Michigan Inc. that's administered by Blue Care Network. This book explains the Blue Care programs and policies that govern your Personal Plus coverage.

Early diagnosis and treatment can keep minor problems from turning serious. Your coverage includes preventive services such as physical exams, immunizations and well-child care. We also offer health information, risk assessment tools and special programs to help you reach your health and wellness goals.

When you're sick or injured, your coverage includes the benefits you need to get better, from office visits and lab tests to hospitalization. If you have a chronic illness, our disease management and case management programs can help you manage your condition and achieve the best possible quality of life.

How to get services

Carry your identification card with you at all times and show it each time you need health care. Be sure to see your primary care physician first. For care to be covered, all services have to be handled through your primary care physician. Care you seek on your own may not be covered.

What you pay out of pocket

If you are 19 or older, coverage for a pre-existing condition begins six months after your effective date of coverage. A pre-existing condition is something that was diagnosed and possibly treated during the six months before your coverage effective date.

At the time you receive services, you pay any required copayment. See the Benefit Summary at the front of this book for your payment obligations.

The doctor, hospital or other health care provider will bill us for covered services. If a network provider does ask 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

Your Personal Plus Coverage

Some services aren't covered

These are some of the services your plan 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
- Services obtained without a referral or BCMI authorization

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.

Here are the types of health care coverage that we coordinate with your BCMI health care plan:

- You are covered by BCMI and also have health care coverage through your spouse's employer or through some other type of insurance, such as automobile, home or workers' compensation.
- Someone in your family is covered by Medicare and has BCMI coverage to pay for that portion of the charges not covered by Medicare.
- Your children are covered by your BCMI contract and also have coverage through their other parent's health care plan.
- Your spouse is employed and has coverage through his or her employer in addition to your BCMI coverage.

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.

Your Personal Plus Coverage

Changing your records

Contact your group benefits representative to make changes to your record. 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:

- Birth of a child
- Adoption or legal guardianship
- Marriage
- Divorce
- Death
- Name change
- New home address or telephone number
- Medicare eligibility



Resources on MiBCN.com

Manage coverage and more on MiBCN.com

Our website, **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:

- Complete a health assessment and develop a personal action plan with our online health coach.
- Verify eligibility for everyone on your contract.
- Order ID cards.
- View and print claim summaries.
- View benefits (certificates and riders).
- Change your primary care physician.
- 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.

If you would like to complete a health assessment but don't have Internet access, call us at 1-800-873-0509. Have your contract number (or enrollee ID number) and group number ready.

Care Begins with Your PCP

Your primary care physician is your health care partner — responsible for providing and coordinating your health care.

Your primary care physician helps ensure you receive preventive care, such as regular checkups, health screenings and immunizations. If specialty care is needed, your primary care physician will refer you. If you were seeing a specialist before switching to BCMI coverage, your new primary care physician must reauthorize your treatment. If you have drug coverage, your new primary care physician should also check the medications you've been receiving to see if we cover them.

If your doctor isn't in the office, your doctor or the doctor on call can be reached 24 hours a day, seven days a week, through an answering service. Make sure you have your doctor's telephone number handy at all times. Post it near your home telephone, and always carry it with you.

In an emergency, always go to the nearest hospital emergency room or call 911. Tell your primary care physician about the problem within 24 hours or as soon as you can. It's fine if another person calls on your behalf.

Choosing a primary care physician

You can choose a primary care physician who is an M.D. (medical doctor) or a D.O. (osteopathic doctor). Each person covered under your contract must select a primary care physician, but members of the same family don't have to have the same physician. Adults may choose one doctor type for themselves and another for their children from these categories:

- **Family medicine and general practice** — These practitioners treat patients of all ages, from newborns to adults. They also provide obstetrical and gynecological care.
- **Preventive medicine** — These practitioners promote health and well-being for patients of all ages.
- **Internal medicine** — Internists are trained to identify and treat adult and geriatric medical conditions. Most of our network internists treat patients age 18 and older.
- **Internal medicine/pediatrics** — Physicians who are trained in internal medicine and pediatrics treat infants, children, adolescents and adults.
- **Pediatrics** — Pediatricians specialize in the treatment of infants, children and adolescents 18 years and younger.

Our physicians have the credentials

Your physician is required to meet our strong network affiliation standards. We screen our physicians to find out if they meet our quality requirements for professional training and medical practice. You can verify the license status of our health care providers at www.dleg.state.mi.us/free/ or by calling the Michigan Department of Consumer and Industry Services at 517-241-9427.

**This website is not controlled by BCN, and BCN is not responsible for its content.*

Care Begins with Your PCP

Finding a primary care physician

To find network physicians, use our online search tool at [MiBCN.com/find](https://www.mibcn.com/find) or call Customer Service.

Online or on the phone, you can:

- Locate practices by languages spoken, handicap accessibility, gender, credentials or hospital affiliations
- Find out if a doctor is accepting new patients
- Get directions to doctors, hospitals and facilities

Selecting or changing a primary care physician

Tell us when you want to change doctors, by doing one of the following:

- To select your doctor, log in to *Member Secured Services* on [MiBCN.com](https://www.mibcn.com). Select the *Manage my Plan* tab. Then select *Primary care physician – view or change*.
- Call Customer Service.

Changes are limited to one every 30 days. When you change primary care physicians, any referrals you have in process need to be reissued by your new doctor.

Woman's Choice

A female member can see a gynecologist or obstetrician for Pap smears, annual well-woman visits and obstetrical care without a referral. Our Woman's Choice program allows you to visit a BCMI-affiliated gynecologist, obstetrician or obstetrician/gynecologist in addition to your primary care physician.



Because your primary care physician coordinates nonroutine gynecological care, consider selecting a gynecologist who belongs to the same physician group. When your doctors practice in the same location and use the same hospital, it is easier for them to take care of you.

Primary Care Physicians Near You

You can select a doctor from our large network of conveniently located doctors. Each family member must have a primary care physician who is a family practitioner, general practitioner or internist. Children can have a pediatrician as their primary care physician. You can also choose one doctor for the entire family.

The following is a select list of primary care physicians available in your area. If the contracted doctor you are currently seeing is not accepting new patients, the doctor's name may not appear in this mini-directory. However, you can continue seeing this doctor since you are not a new patient to the practice. For an even larger selection of primary care physicians or more information about individual practitioners, visit MiBCN.com/find, or call Customer Service.

Family Practice

James Haney, DO

23077 Greenfield Rd, Ste 489
Southfield, MI 48075
313-822-9801

Thomas Mays Jr, MD

20905 Greenfield Rd, Ste 489
Southfield, MI 48075
248-557-5005

Kamran Sheikh, MD

18900 W 10 Mile Rd, Ste 201
Southfield, MI 48075
248-424-8340

Mohammad Jan, MD

22972 Lahser Rd, Ste 201
Southfield, MI 48033
248-353-4777

Hospital Affiliation:

Botsford Hospital
Providence Hospital and Medical Centers
Henry Ford West Bloomfield Hospital

Teniesha Wright Jones, DO

25925 Telegraph Rd
Southfield, MI 48033

Hospital Affiliation:

Providence Hospital and Medical Centers

Internal Medicine

Cheryl Moore, MD

27209 Lahser
Southfield, MI 48034
248-603-4240

Hospital Affiliation:

Providence Hospital and Medical Centers

Mohamed Siddique, MD

27207 Lahser
Southfield, MI 48034
248-799-4300

Hospital Affiliation:

Henry Ford Macomb Hospital

Shabana Rasheed, MD

27207 Lahser Rd
Southfield, MI 48034
248-799-4300

Hospital Affiliation:

Saint John Hospital and Medical Center

Raylene Platel, MD

27207 Lahser
Southfield, MI 48034
248-799-4300

Khalid Rao, MD

26631 Southfield Rd, Ste 203
Lathrup Village, MI 48076
248-552-8195

Hospital Affiliation:

William Beaumont Hospital Royal Oak

Access to Care

When you need medical care

You must have a primary care physician to access your benefits. Call your primary care physician first for all your health care needs – from a routine checkup to an injury or illness (high fever, unusual pain) that needs prompt attention.

Type of care	Description	Time frame	What you need to do
Preventive care	Physical exam	Within 30 days	<ul style="list-style-type: none"> • Call well in advance. • Bring all prescriptions and over-the-counter medications. • Always bring immunization records. • Make a list of questions to ask your doctor.
Routine primary care	Treatment for <ul style="list-style-type: none"> • Nonacute, nonlife-threatening illness, such as a sore throat, cold or rash • Recurrent symptoms such as rashes or joint and muscle pain • Appointment for patients who were seen previously 	Within 4 days	Call ahead to ensure prompt service. If a follow-up visit is needed, schedule it before you leave the doctor's office.
Follow-up care	A previously diagnosed condition, such as an ear infection or high blood pressure	Within 14 days	Keep your appointment, even if you are feeling better.
Urgent care	A condition that is not threatening to life or limb, but is potentially dangerous, such as high fever (101 degrees over 24 hours), persistent vomiting, diarrhea or a new skin rash	Within 2 days	Call your primary care physician. Your physician or an on-call doctor will provide care or direct you to an urgent care center near your home. You can also locate an urgent care center near you at MiBCN.com/urgentcare .
Emergency care	A condition that causes symptoms severe enough that someone with average health knowledge would believe that immediate medical attention is needed	Immediately	<ul style="list-style-type: none"> • Seek help at the nearest emergency room or call 911. • Contact your primary care physician within 24 hours.
Hospital care	Conditions that require inpatient care	As needed	Your primary care physician will arrange the hospital care you need and direct the care of any specialists who will see you there.

Access to Care

When you need behavioral health care

Call the mental health help number on the back of your ID card 24 hours a day, seven days a week to obtain behavioral health services (substance abuse care and mental health services). A care manager will evaluate your needs and arrange for services. You do not need a referral from your primary care physician.

When you receive inpatient mental health care, it's a good idea to continue care with an outpatient mental health professional immediately after discharge.

Type of care	Description	Time frame	What you need to do
Routine care	Where no danger is detected and the member's ability to cope is not at risk.	Within 10 days	Tell the behavioral care manager of any special needs to ensure appropriate referral.
Urgent care	Conditions that are not life-threatening, but face-to-face contact is necessary within a short period of time (example: severe depression)	Within 48 hours	Call the mental health help number on the back of your ID card.
Emergency care for conditions that are not life-threatening	Conditions that require rapid intervention to prevent deterioration of the patient's state of mind, which, left untreated, could jeopardize the patient's safety	Within 6 hours	Call the mental health help number on the back of your ID card.
Emergency care for life-threatening conditions	A condition that requires immediate intervention to prevent death or serious harm to the patient or others	Immediately	<ul style="list-style-type: none"> • Seek help at the nearest emergency room, or call 911. • Contact your primary care physician within 24 hours.
Hospital care	Conditions that require inpatient care	As needed	Your primary care physician will arrange the hospital care you need and direct the care of any specialists who will see you there.

Access to Care

Your doctor coordinates specialty health care

The more complicated the health care system becomes, the more important it is to help you navigate it. A member-centered approach to care provides you with effective care. Your primary care physician — in partnership with you and in coordination with BCMI — will arrange the specialty health care you need, referring you to doctors in our network. Most likely, the specialist will be someone your doctor knows professionally. By managing your care, your primary care physician makes sure that you get appropriate services and that the specialty care you receive becomes part of your health portfolio. Connecting the medical dots is critical to coordinated effective care.

Referrals help your doctor monitor your care

Your primary care physician manages your health care through a referral process, which begins with you and your primary care physician determining the need for specialty health care. Here are some important points to remember about referral care:

- Your primary care physician refers you to a specialist. The referral isn't always in paper form.
- Your primary care physician specifies the time, from 30 days to 365 days, during which the specialist can provide most visits and services.
- Some services, such as inpatient care, gastric bypass surgery and treatment from a provider that doesn't participate with us, may require special approval.
- Your specialist can't refer you to another specialist. Only your primary care physician can refer you to specialist care.
- If your primary care physician doesn't refer you, you are responsible for the charges.
- Changing your primary care physician while a specialist is treating you may change your treatment authorization. Check with your new primary care physician.
- If you and your primary care physician are unable to agree about specialty care, please call Customer Service.

Out-of-network care

You must have a referral from your primary care physician before you get care from providers who are not part of our network, and BCMI must authorize the care. If you receive medical care from providers who are not part of our network without an authorized referral from your primary care physician and BCMI, you will be responsible for the cost of the service.

Access to Care

Special care for women

- **Breast reconstruction following a mastectomy**

The Women's Health and Cancer Rights Act of 1998 includes important protection for breast cancer patients who elect breast reconstruction in connection with a mastectomy. Our coverage complies with this legislation and includes the following:

- Reconstruction of the breast on which the mastectomy has been performed for treatment of cancer
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis and other care to alleviate physical complications of all stages of a mastectomy

- **Obstetrical stays**

The Newborns' and Mothers' Health Protection Act of 1996 prohibits health plans from restricting hospital lengths of stay for childbirth to less than 48 hours following a vaginal delivery or 96 hours following a cesarean section.

A physician or other health provider does not need to obtain authorization for prescribing a length of stay up to 48 hours following a vaginal delivery or 96 hours following a cesarean section. However, the attending physician or certified nurse midwife, in consultation with the mother, may discharge the mother or newborn earlier than 48 hours following a vaginal delivery or 96 hours following a cesarean section.

Pain management

We provide coverage for the comprehensive evaluation and treatment of diseases, which includes the management of symptoms such as pain that may be associated with them. We consider pain management services an integral part of a complete disease treatment plan, subject to limitations detailed in your Certificate of Coverage and applicable riders.

Continuing care with a doctor

In certain situations, you may be able to continue seeing the doctor you had under your previous health plan. In order to qualify for this continuity of care, your doctor must agree to keep you as a patient and must notify you of that intent in writing. Your doctor must also agree to accept BCN's reimbursement as payment in full and follow BCN's quality standards, utilization review policies and procedures.

For care to continue, one of these situations must apply:





- You must be receiving care for an ongoing course of treatment, and disruption of that care would interfere with recovery (care may continue until the treatment ends).
- You are in the second or third trimester of pregnancy (care may continue through postpartum)
- You have a terminal illness (care may continue for the remainder of the member's life).

Continuity of care may also apply when your BCN doctor is no longer part of our network.

Access to Care

Carry your member ID card when you travel

One of the many benefits of Personal Plus is coverage that travels with you. You can receive benefits when you're away from home — on a short trip or for an extended time. BCMI provides routine, urgent and follow-up care through BlueCard, a Blue Cross and Blue Shield Association program that gives members access to physicians anywhere in the United States outside of Michigan where a Blue plan is offered. Just remember that certain services must be authorized in advance. See the chart below for care that needs to be authorized.

If you're traveling	And you need	Here's what you do
In Michigan where BCN is offered 	EMERGENCY CARE (The symptoms are severe enough that someone with average health knowledge believes that immediate medical attention is needed.)	Call 911 or go to the nearest hospital emergency room.
	URGENT CARE (The condition requires a medical evaluation within 48 hours.)	Call your primary care physician. To locate a participating urgent care center, call Customer Service or visit MiBCN.com .
	NONURGENT CARE	Call your primary care physician to coordinate services that don't require immediate attention.
In Michigan where BCN is not offered <i>(You are covered for emergency care only.)</i> 	EMERGENCY CARE	Call 911 or go to the nearest hospital emergency room.
In the United States but outside Michigan 	EMERGENCY CARE	Call 911 or go to the nearest hospital emergency room.
	URGENT CARE	Call BlueCard at 1-800-810-BLUE (2583)
	FOLLOW-UP CARE (To treat or monitor a chronic condition)	Call Customer Service for details about your health benefits and required authorizations.
	ROUTINE CARE (Doctor's visit for a minor illness)	Call BlueCard at 1-800-810-BLUE (2583) to find a physician at your destination.
	OTHER SERVICES (Such as elective surgeries, hospitalizations, mental health or substance abuse services)	Call Customer Service for details about your health benefits and to determine which services require prior authorization.
Outside the United States 	EMERGENCY CARE	Go to the nearest hospital emergency room. (You may be required to pay for services and then seek BCN reimbursement.)

Note: Before you go, call Customer Service for details about your health care benefits. The options for members vary depending on coverage type.

Access to Care

Lab provider offers access across the state

Your lab work is performed by the same hospital in your community that you and your physicians use for most other services. BCMI contracts with Joint Venture Hospital Laboratories* to provide clinical laboratory services. This partnership offers statewide access to more than 80 hospitals and 200 service centers that provide 24-hour access and a full range of laboratory services. For information about patient service centers in your community, call 1-800-445-4979 or visit JVHL.org.**

**Third-party relationships*

JVHL is a third-party administrator because it processes certain types of claims for BCMI. A TPA doesn't insure that the medical expenses of individuals covered by BCMI will be paid. BCMI is responsible, at its cost, to respond to and to defend claims seeking the provision of benefits or the payment of medical expenses. All respective duties and responsibilities of the TPA and BCMI under their agreement is governed by Michigan law.

***This website is not controlled by BCMI, and BCMI is not responsible for its content.*

Make the BlueHealthConnection

Our BlueHealthConnection® umbrella of care is designed to help you stay healthy, get better or live well with illness. We offer health education, disease management and case management programs, tailored to your needs and built on our partnership with members, physicians and other providers.

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.
- Make an appointment with your doctor when you get one of our reminders to get a health checkup, screening or immunization.
- 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. The Blues help 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.

Chronic condition management helps you live with illness

Management is your key to living with a chronic medical condition. Our BlueHealthConnection chronic condition management programs provide the information and people to help you manage your condition and achieve the best possible quality of life. We offer programs for:

- Asthma
- Cardiovascular heart disease
- Chronic kidney disease
- Chronic obstructive pulmonary disease
- Depression
- Diabetes
- Heart failure

For more information about our programs, the various tools we offer and the levels of assistance with chronic conditions, call our BlueHealthConnection nurse line at 1-800-392-4247.

Make the BlueHealthConnection

Case management: When you need extra care

We offer case management that includes individualized education, coordination of care and social work counseling. Our registered nurses work closely with you, your primary care physician and your specialist to help arrange the services needed and support you through the treatment your physician orders. Your case manager can also help you find community resources.

In addition to the conditions noted on the previous page, the following are generally monitored through case management:

- Chronic progressive disease (for example, lupus, rheumatoid arthritis and multiple sclerosis)
- Emergency room use for members who have been using the emergency room frequently
- Kidney disease
- Heart disease following a heart attack, angioplasty or coronary bypass surgery
- High-risk pregnancy for women who may expect complications during pregnancy and delivery
- Pediatric care
- Oncology
- Organ transplant
- Catastrophic condition (for example, stroke or brain injury)

For more information or to see if you qualify to enroll in one of our case management programs, please call Customer Service.

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.

Talk with your physician about your health and potential future health needs. You will also want to discuss your wishes with family and friends.

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.

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

About Blue Care of Michigan Inc.

Part of the Blues family

Personal Plus members receive care through Blue Care of Michigan Inc., an independent, nonprofit affiliate of Blue Cross Blue Shield of Michigan. BCMI is one of many individual Blue Cross and Blue Shield plans throughout the United States. Care is administered by Blue Care Network.

BCMI is governed by a 3-member board of directors. One director is elected by BCMI subscribers – individuals who have health care coverage in the Personal Plus plan.

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

- The Blue Cross and Blue Shield Association licenses BCMI to offer certain products and services under the Blue Cross and Blue Shield names.
- BCMI 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 BCMI'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.

Medical review standards

Our medical review staff works closely with your doctor to make sure you get good 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 BCMI 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 Blue Care of Michigan Inc.

We monitor the care you get

BCMI's primary goal is to 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:

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

How we determine new health services

We keep up with changes in health care through an ongoing review of new services, procedures and drug treatments. Our goal is to make coverage decisions in the best interest of our members' health.

A committee of BCMI physicians, nurses and representatives from different areas in the company is responsible for reviewing new technology requests and making recommendations.

New health services are generally published in *Good Health*, our member magazine.

For more information about how we select new health services, visit MiBCMI.com/newservices.

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 of Michigan Inc. is committed to open and honest communication with our members. As a member, you 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 information about their care in a manner that is understandable to them
- Receive medically necessary care as outlined in their *Member Handbook*
- Receive considerate and courteous care with respect for their privacy and human dignity
- Candidly discuss appropriate, medically necessary treatment options for their health conditions, regardless of cost or benefit coverage
- Participate with practitioners in decision making regarding their health care
- Expect confidentiality regarding their care and that BCMI 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
- Voice concerns or complaints about their health care by contacting Customer Service or submitting a formal written grievance through the BCMI Member Grievance program
- Receive clear and understandable written information about BCMI, its services, its practitioners and providers and their rights and responsibilities
- Review their medical records at their physician's office by scheduling an appointment during regular business hours
- Make recommendations regarding BCMI members' rights and responsibilities policies
- Request the following information from BCMI:
 - The current provider network for their service area
 - The professional credentials of the health care providers who are participating providers with BCMI, including participating providers who are board certified in the specialty of pain medicine and the evaluation and treatment of pain
 - The names of participating hospitals where individual participating physicians have privileges for treatment
 - How to contact the appropriate Michigan agency to obtain information about complaints or disciplinary actions against a health care provider
 - Any prior authorization requirement and limitation, restriction or exclusion by service, benefit or type of drug
 - Information about the financial relationships between BCMI and a participating provider

Your Rights and Responsibilities

- A Certificate of Creditable Coverage at any time during membership and up to 24 months after BCMI 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 and applicable riders, the *Member Handbook* and all other materials for members, and call Customer Service with any questions.
- Coordinate all nonemergency care through their primary care physician.
- Use the BCMI provider network unless otherwise referred and approved by BCMI and their primary care physician.
- Comply with the plans and instructions for care that they have agreed to with their practitioners.
- Provide, to the extent possible, complete and accurate information that BCMI and its practitioners and providers need in order to provide care for them.
- Make and keep appointments for nonemergent medical care. They must call their doctor's office if they need to cancel an appointment.
- Participate in the medical decisions regarding their health.
- Be considerate and courteous to practitioners, providers, their staff, other patients and BCMI staff.
- Notify BCMI of address changes and additions or deletions of dependents covered by their contract.
- Protect their identification card against misuse and call Customer Service immediately if a card is lost or stolen.



- Report to BCMI all other health care coverage or insurance programs that cover their health and their family's health.
- Participate in understanding their health problems and developing mutually agreed-upon treatment goals.

Resolving Concerns: Call on Us

Blue Care Network and your primary care physician are interested in your satisfaction with the services and care you receive. If you have a problem relating to your care, discuss this with your primary care physician first. Often your primary care physician can correct the problem to your satisfaction. You're always welcome to call Customer Service with any question or problem you have.

If you're not able to resolve your issue by calling us, we have a formal process that you can use. You have two years from the date of discovery of a problem to file a grievance or appeal a decision of BCN. There are no fees or costs.

To submit a standard grievance, you or someone authorized by you in writing, must submit a statement of the problem in writing to:

Appeals and Grievance Unit – Mail Code C248

Blue Care Network
P.O. Box 284
Southfield, MI 48086-5043
Fax: 1-888-458-0716

Step One

We'll review your concern and reply within 15 calendar days for preservice claims and within 20 calendar days for postservice claims. If you disagree with our decision, you may appeal to Step Two within 180 calendar days after receiving BCN's decision. The individuals who review the first-level appeal are not the same ones involved in the initial decision. If we deny your appeal, we'll write to you and explain the reasons for the denial and the next steps in the grievance process. At your request and at no charge to you, we'll provide all documents and records used in making the decision.

Step Two: Review and decision by a BCN Grievance Panel

If you appeal from Step One, BCN's Member Grievance Panel will review the decision made at Step One. You must file an appeal within 180 calendar days of your receipt of the adverse Step One decision. For preservice and postservice claims, you'll be notified of the Step Two grievance decision within 15 calendar days.

If we fail to provide a final decision within 30 calendar days for preservice or 35 calendar days for postservice claims (plus 10 business days if we ask for additional medical information) from the date we receive the written grievance, you may request an external review.

External Review by OFIR

If you don't agree with our decision at Step Two or if we were late in responding, you may appeal to the State of Michigan Commissioner, Office of Financial and Insurance Regulation, no later than 60 calendar days following receipt of our decision.

Resolving Concerns: Call on Us

OFIR Health Plans Division – Appeals Section

(by mail)

P.O. Box 30220

Lansing, MI 48909-7720

Fax: 517-241-4168

(by courier/delivery)

611 W. Ottawa Street, 3rd Floor

Lansing, MI 48933-1070

Phone: 1-877-999-6442

Other steps

If you're a member of an ERISA- (Employee Retirement Security Act) qualified group, you have the right to bring a civil action against BCN after completing BCN's internal grievance procedures.

Non-ERISA group members and nongroup members must exhaust all grievance steps (including review by the State of Michigan insurance commissioner) before filing civil action. If you don't know if your group is an ERISA-qualified group, check with your employer.

Expedited review

Under certain circumstances – if your medical condition would be seriously jeopardized during the time it would take for a standard grievance review – you can request an expedited review. You, your doctor or someone acting on your behalf can initiate an expedited review by calling Customer Service or faxing us at 1-888-458-0716.

We'll decide within 72 hours of receiving both your grievance and your physician's confirmation. If we tell you our decision verbally, we must also provide a written confirmation within two business days.

If you receive an adverse determination, you may request an expedited external review from OFIR within 10 calendar days of receiving our final determination.

For a complete copy of the grievance policy, which includes more detail about your appeal rights and how soon we must respond, go to [MiBCN.com/resolveproblems](https://www.mibcn.com/resolveproblems) or call Customer Service from 8 a.m. to 5:30 p.m. Monday through Friday. TTY users can call 1-800-257-9980.

Notice of Privacy Practices

For members of nongroup and underwritten group 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
of Michigan, Inc.**

Blue Care of Michigan
P.O. Box 5043, Mail Code C411
Southfield, MI 48086-5043

U.S POSTAGE PAID

Royal Oak, MI
48068

PERMIT NO.
2628

USPS BOUND PRINT MATTER

P0CDXF00200005

Bcn Pplus Sample
20500 Civic Center Drive
Southfield, MI 48076



Customer Service

1-800-662-6667

1-800-257-9980 (TTY users)

8 a.m. to 5:30 p.m.

Monday through Friday



**Blue Care
of Michigan, Inc.**

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



S0CDXF00200005

Please address inquiries to:

Blue Care Network

P.O. Box 68767

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.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the Blue Care Network enrollment process.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My early impression of Blue Care Network is favorable.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What can we do to be more helpful?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Thank you for your comments.

PP



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