



BCN Advantage HMO and HMO-POS Pre-Enrollment Checklist

Before making an enrollment decision, it's important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-800-450-3680 Monday through Friday from 8 a.m. to 8 p.m. Eastern time, with weekend hours October 1 through March 31. TTY users, call 711.

If you aren't a member of this plan, call 1-833-844-3871 (toll-free) Monday through Friday from 8 a.m. to 9 p.m. Eastern time, with weekend hours October 1 through March 31. TTY users, call 711.

Understanding the benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit **bcbsm.com/medicare** or call 1-800-450-3680 (TTY: 711) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they aren't listed, it means you'll likely have to select a new doctor.

The next two items don't apply to the BCN Advantage Elements plan as it doesn't cover Part D prescription drugs:

- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy isn't listed, you'll likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding important rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.
- ☐ Except in emergency or urgent situations, we don't cover services by out-of-network providers (doctors who aren't listed in the provider directory) unless you have a point-of-service, or POS, plan.
- ☐ Effect on current coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.



BCN AdvantageSM HMO-POS Classic and Prestige

2026 Individual Enrollment Form

BCN AdvantageSM HMO-POS



Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan.

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare or 3 months prior
- In certain situations where you're allowed to join or switch plans

Visit **Medicare.gov** to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

BCN Advantage
Mail Code J208
P.O. Box 441010
Detroit, MI 48224-1010

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call BCN Advantage at **1-833-844-3871**. TTY users can call **711**.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a BCN Advantage al **1-833-844-3871 / 711** o a Medicare gratis al 1-800-633-4227 y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

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Section 1 – All fields in this section are required (unless marked optional)

Select the BCN Advantage plan you want to join:

Use the chart below to choose a BCN Advantage HMO-POS plan offered in your area. Monthly premiums are determined by county. Please check the box by the plan you want and the county where you live.

Allegan, Barry, Ionia, Kalamazoo, Kent, Mason, Muskegon, Newaygo, Oceana, Ottawa

☐ **Classic – \$93** ☐ **Prestige – \$178**

Berrien, Branch, Calhoun, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Monroe, Montcalm, St. Joseph, Van Buren

☐ **Classic – \$113.60** ☐ **Prestige – \$240**

Alcona, Alpena, Arenac, Bay, Charlevoix, Cheboygan, Clare, Crawford, Gladwin, Huron, Iosco, Kalkaska, Luce, Mackinac, Montmorency, Ogemaw, Oscoda, Presque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee, Tuscola

☐ **Classic – \$123.60** ☐ **Prestige – \$231**

Antrim, Benzie, Clinton, Emmet, Genesee, Grand Traverse, Isabella, Lake, Lapeer, Leelanau, Lenawee, Livingston, Manistee, Mecosta, Midland, Missaukee, Osceola, Otsego, St. Clair, Wexford

☐ **Classic – \$103** ☐ **Prestige – \$225**

Macomb, Oakland, Washtenaw, Wayne

☐ **Classic – \$145** ☐ **Prestige – \$267**

To add optional supplemental benefits to your BCN Advantage HMO-POS plan, check the box below:

☐ Optional supplemental dental and vision benefits for an **additional \$17.90 per month** plus your monthly plan premiums.

First name	Last name	(Optional) Middle initial
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Birth date (mm/dd/yyyy)	Sex ☐ M ☐ F	Phone number
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Permanent residence street address. (Don't enter a PO Box. **Note:** For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.)

City	(Optional) County	State	ZIP code
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Mailing address, if different from your permanent address (PO Box allowed)

Street address	City	State	ZIP code
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Email address (optional)

Your Medicare information

Medicare number:	__ __ __ __ - __ __ __ - __ __ __ __
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Answer these important questions

Will you have other prescription drug coverage (like VA, TRICARE) in addition to BCN Advantage?

☐ Yes ☐ No

Name of other coverage: Member number for this coverage: Group number for this coverage:

Special enrollment periods: Please check the box that applies to you.

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period. **Please read the following statements carefully and check the box if the statement applies to you.** By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage Plan.
- ☐ I'm new to Medicare, and I was notified about getting Medicare after my Part A and/or Part B coverage started. (Date of Medicare Entitlement Letter) _____.
- ☐ I had Medicare prior to now, but I'm now turning 65.
- ☐ Between 1/1-3/31: I'm in a Medicare Advantage Plan and want to make a change.
- ☐ Between 4/1-12/31: I'm in a Medicare Advantage Plan and have had Medicare for less than 3 months. I want to make a change.
- ☐ I recently moved outside of the service area for my current plan or I recently moved and have new options available to me. I moved on (insert date) _____.
- ☐ I recently was released from incarceration. I was released on (insert date) _____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- ☐ I am moving into a long-term care facility, like a nursing home or rehabilitation hospital. I will move into the facility on (insert date) _____.
- ☐ I live in a long-term care facility, like a nursing home or a rehabilitation hospital.
- ☐ I recently moved out of a long-term care facility, like a nursing home or a rehabilitation hospital. I moved out of the facility on (insert date) _____.

Special enrollment periods *(continued)*

- ☐ I recently left a PACE program on (insert date) _____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
- ☐ I am leaving employer or union coverage on (insert date) _____.
- ☐ I'm in a qualified State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
- ☐ I'm in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan. My plan went into receivership on (insert date) _____.
- ☐ I'm in a plan that's had a star rating of less than 3 stars for the last 3 years. I want to join a plan with a star rating of 3 stars or higher.
- ☐ I requested Medicare information in an accessible format. I got less time to make my decision, or I didn't get it in time to make a choice before my enrollment period ended.
- ☐ I pay a premium for Part A and I signed up for Part B during the General Enrollment Period (January 1 - March 31 each year). I want to join a Medicare drug plan (Part D) or Medicare Advantage Plan with drug coverage.
- ☐ I signed up for Part A (Hospital Insurance) or Part B (Medical Insurance) during a Special Enrollment Period I qualified for because of an exceptional circumstance. I want to join a Medicare Advantage Plan (with or without drug coverage).
- ☐ I am disenrolling from a Part D Plan (including PDPs and MA-PDs) to enroll in or maintain other creditable drug coverage including an MA plan.
- ☐ I was affected by an emergency or major disaster as declared by the Federal Emergency Management Agency (FEMA) or by a federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
- ☐ Other

If none of these statements applies to you or you're not sure, please contact BCN Advantage at **1-833-844-3871** (TTY users should call **711**) to see if you are eligible to enroll. We are open from 8 a.m. to 9 p.m. Eastern time, Monday through Friday, with weekend hours Oct. 1 through March 31.

IMPORTANT: Read and sign below

- I must keep both Hospital (Part A) and Medical (Part B) to stay in BCN Advantage.
- By joining this Medicare Advantage Plan, I acknowledge that BCN Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my BCN Advantage coverage begins, I must get all my medical and prescription drug benefits from BCN Advantage. Benefits and services provided by BCN Advantage and contained in my BCN Advantage *Evidence of Coverage* document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor BCN Advantage will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under state law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

Signature**Today's date****If you're the authorized representative, sign above and fill out these fields:**

Name

Address

Phone number

Relationship to enrollee

Section 2 – All fields in this section are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Select one if you want us to send you information in a language other than English.

☐ English (default) ☐ Spanish ☐ Other (language other than English)

Select one if you want us to send you information in an accessible format.

☐ Large print ☐ Audio CD ☐ Data CD

Please contact BCN Advantage at **1-800-450-3680** if you need information in an accessible format other than what's listed above. Our office hours are from 8 a.m. to 8 p.m. Eastern time, Monday through Friday, with weekend hours Oct. 1 through March 31. TTY users can call **711**.

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

Choose a Primary Care Physician (PCP): Not all Blue Care Network providers are contracted with BCN Advantage HMO-POS plans. **Please verify that your PCP is contracted with the BCN AdvantageSM plan that you're choosing.**

Name of PCP: _____ City: _____

Provider's NPI#: _____

Can be found on **bcbsm.com/providersmedicare**.

Are you a current patient of this doctor? ☐ Yes ☐ No

Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, phone, online or automatic withdrawal from your bank account each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare or the RRB. DON'T pay BCN Advantage the Part D-IRMAA.

Please select a premium payment option:

- ☐ Get a bill each month. You may choose from the following payment methods:

Pay online: To learn how to pay your premium online, go to bcbsm.com/paymedicare. Members can make one-time payments **or** set up automatic withdrawals from a bank account or credit/debit card.

Pay by phone: Call Customer Service at **1-800-450-3680**, 8 a.m. to 8 p.m., Monday through Friday, with weekend hours Oct.1 through March 31. TTY users call **711**.

Pay by mail: Mail your check, cashier's check or money order made payable to Blue Care Network directly to Blue Care Network, P.O. Box 33608, Detroit, MI 48232-5608.

- ☐ Automatic deduction from your monthly Social Security/Railroad Retirement Board benefit check.

I get monthly benefits from: ☐ Social Security ☐ RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or the RRB approves the deduction. Please pay any premium bills prior to your Social Security/Railroad Retirement Board deduction effective date. If Social Security/the RRB doesn't approve your request for automatic deduction, we'll send you a paper bill for your monthly premiums.)

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agent, broker, SHIP counselor, family member, or other third party) helping an enrollee fill out this form.

Name	Relationship to enrollee
Signature	National Producer Number (Agents/Brokers only)

AGENT/OFFICE USE ONLY (Applicants do not complete this section)

Note to producing agents: Paper enrollment forms must be keyed in by logging into the BCBSM Agent Portal at **bcbsm.com/agents/** or submitted to the general agent within 24 hours of accepting the paper enrollment form.

Date producing agent accepted paper enrollment from Medicare eligible: _____

Date managing or general agent or association received paper enrollment form from producing agent: _____

Name of managing/general agent or association: _____

Name of producing agent (print first/last names): _____
First name *Last name*

Signature of producing agent: _____

Email of producing agent: _____

2-digit managing or general agent or association code: ____/____

5-digit producing agent code: ____/____/____/____/____

I helped the applicant by partially or completely filling out the paper enrollment form on behalf of the applicant: ☐ Yes ☐ No

Name of person entering enrollment information online (print first/last names):

First name *Last name*

Please note: Not all BCN providers are contracted with BCN Advantage. Please verify that your PCP is contracted with the BCN Advantage plan that you're choosing by calling **1-833-844-3871**. TTY users call **711**.

Return this form to:

BCN Advantage
Mail Code J208
P.O. Box 441010
Detroit, MI 48244-1010

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.



BCN AdvantageSM HMO-POS

Elements, Classic, Prestige

Summary of Benefits

This is a summary document, to get a complete list of services we cover, call Customer Service and ask for the *Evidence of Coverage* (phone numbers are printed on the back cover of this booklet).

BCN Advantage is a Health Maintenance Organization (HMO) with a Point-of-Service (POS) option. To join BCN Advantage HMO-POS Elements, Classic or Prestige, you must have both Medicare Part A and Medicare Part B, be a United States citizen or lawfully present in the United States and live in our geographic service area. Incarcerated individuals are not considered living in the geographic service area even if they are physically located in it. Our service area includes these counties in Michigan:

Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Luce, Mackinac, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, Wexford.

BCN Advantage HMO-POS has a network of doctors, hospitals, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. For some services you can use providers that are not in our network. You can see our plan's provider directory at our website at **www.bcbsm.com/providersmedicare** or call us and we will send you a copy of the provider directory.

Out-of-network/non- contracted providers are under no obligation to treat BCN Advantage members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

Premium/Cost-sharing Table for BCN Advantage HMO-POS

Premiums vary by county in which you permanently reside (rates are based on the use and cost of health care services in each regional segment). You must continue to pay your Medicare Part B premium. For the Elements plan only, a Medicare Part B premium reduction of \$20 is provided.

- 1) Find the county and region that you live in.
- 2) Look across the plan option columns to find your monthly premium rate.

Regions with counties	BCN Advantage monthly premium		
	Elements	Classic	Prestige
Region 1 Allegan, Barry, Ionia, Kalamazoo, Kent, Mason, Muskegon, Newaygo, Oceana and Ottawa	\$0	\$93.00	\$178.00
Region 2 Berrien, Branch, Calhoun, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Monroe, Montcalm, St. Joseph and Van Buren	\$0	\$113.60	\$240.00
Region 3 Alcona, Alpena, Arenac, Bay, Charlevoix, Cheboygan, Clare, Crawford, Gladwin, Huron, Iosco, Kalkaska, Luce, Mackinac, Montmorency, Ogemaw, Oscoda, Presque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee and Tuscola	\$0	\$123.60	\$231.00
Region 4 Antrim, Benzie, Clinton, Emmet, Genesee, Grand Traverse, Isabella, Lake, Lapeer, Leelanau, Lenawee, Livingston, Manistee, Mecosta, Midland, Missaukee, Osceola, Otsego, St. Clair and Wexford	\$0	\$103.00	\$225.00
Region 5 - Macomb, Oakland, Washtenaw and Wayne	\$0	\$145.00	\$267.00
Optional Supplemental Dental and Vision	\$17.90		

Deductible and limits on how much you pay for covered services		Elements	Classic	Prestige
Deductible		In-network: \$0 annually Point-of-service: \$500 annually This plan does not include Part D prescription drug coverage.	In-network: \$0 annually Point-of-service: \$500 annually This plan does not have a deductible for Part D prescription drugs.	In-network: \$0 annually Point-of-service: \$200 annually This plan does not have a deductible for Part D prescription drugs.
Deductible – Optional Supplemental Dental and Vision		\$0 annually		
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>		\$4,500 annually	\$4,400 annually	\$4,000 annually
Note: Your primary care provider (PCP) is the best resource for coordinating your care and can help you find an in-network specialist. However, BCN Advantage doesn't require a referral for you to make an appointment with an in-network specialist. Some in-network specialists may still need to confirm with your PCP that you need specialty care.				

Benefits	Elements	Classic	Prestige
Note: Services with * may require prior authorization.			
Inpatient Hospital Coverage* Our plan covers an unlimited number of days for an inpatient stay.	In-network: \$250 copay per day for days 1 – 7, per admission \$0 copay for days 8 and beyond Point-of-service: \$325 copay after deductible per day for days 1 – 7, per admission	In-network: \$250 copay per day for days 1 – 7, per admission \$0 copay for days 8 and beyond Point-of-service: \$250 copay after deductible per day for days 1 – 7, per admission	In-network: \$200 copay per day for days 1 – 7, per admission \$0 copay for days 8 and beyond Point-of-service: \$200 copay after deductible per day for days 1 – 7, per admission
Outpatient Hospital Coverage*	In-network: \$200 copay for outpatient hospital services. Point-of-service: \$200 copay after deductible for outpatient hospital services.	In-network: \$225 copay for outpatient hospital services. Point-of-service: \$225 copay after deductible for outpatient hospital services.	In-network: \$200 copay for outpatient hospital services. Point-of-service: \$200 copay after deductible for outpatient hospital services.

Benefits	Elements	Classic	Prestige
Note: Services with * may require prior authorization.			
Ambulatory Surgical Center (ASC) Services*	In-Network: \$0 copay for Medicare-covered arthroplasty knee and hip services in an ambulatory surgical center.		
	Point-of-service: \$0 copay after deductible for Medicare-covered arthroplasty knee and hip services in an ambulatory surgical center.		
	In-network: \$100 copay for Medicare-covered surgical and non-surgical services.	In-network: \$95 copay for Medicare-covered surgical and non-surgical services.	In-network: \$70 copay for Medicare-covered surgical and non-surgical services.
	Point-of-service: \$100 copay after deductible for Medicare-covered surgical and non-surgical services.	Point-of-service: \$95 copay after deductible for Medicare-covered surgical and non-surgical services.	Point-of-service: \$70 copay after deductible for Medicare-covered surgical and non-surgical services.
Doctor Visits o Primary care provider o Specialists* o Telehealth	In-network: \$0 copay	In-network: \$0 copay	In-network: \$0 copay
	Point-of-service: \$35 copay after deductible	Point-of-service: \$30 copay after deductible	Point-of-service: \$20 copay after deductible
	In-network: \$35 copay	In-network: \$30 copay	In-network: \$25 copay
	Point-of-service: \$35 copay after deductible	Point-of-service: \$30 copay after deductible	Point-of-service: \$25 copay after deductible
	In-network: \$0 copay for each telehealth primary care provider medical visit through Teladoc Health™.		
	\$0 copay for each telehealth mental health visit through Teladoc Health™.		

Benefits	Elements	Classic	Prestige
Note: Services with * may require prior authorization.			
Preventive Care (Any additional preventive services approved by Medicare during the contract year will be covered.)	In-network: \$0 Our plan covers many preventive services, including:		
	• Abdominal aortic aneurysm screening • Alcohol misuse screening and counseling • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Flexible sigmoidoscopy, Guaiac-based fecal occult blood test, Fecal immunochemical test, DNA based colorectal screening every 3 years) • Depression screening • Diabetes screenings • Diabetes self-management training		• Glaucoma screening • HIV screening • Immunizations, including COVID-19, flu, Hepatitis B, and Pneumococcal vaccines • Intensive behavioral therapy for obesity • Medical nutrition therapy services • Medicare Diabetes Prevention Program • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screenings (PSA) • Screening for lung cancer with low dose computed tomography • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • “Welcome to Medicare” preventive visit (one-time)

Benefits	Elements	Classic	Prestige
Note: Services with * may require prior authorization.			
Emergency Care You are covered for emergency medical care worldwide.	\$130 copay Note: The copay is waived if you are admitted to the hospital within three days for the same condition.		
Urgently Needed Services You are covered for urgently needed services worldwide.	\$0 copay for Medicare-covered urgently needed services in a primary care provider's office. \$45 copay for Medicare-covered services in an urgent care center.	\$0 copay for Medicare-covered urgently needed services in a primary care provider's office. \$40 copay for Medicare-covered services in an urgent care center.	\$0 copay for Medicare-covered urgently needed services in a primary care provider's office. \$35 copay for Medicare-covered services in an urgent care center.

Benefits	Elements	Classic	Prestige
Note: Services with * may require prior authorization.			
Diagnostic Services/Labs/Imaging* - Diagnostic tests and procedures - Lab services When rendered at a participating Joint Venture Hospital Lab (JVHL). - COVID-19 testing - Diagnostic radiology services (e.g., X-rays, MRI) - Therapeutic radiology services	In-network: \$20 copay Point-of-service: \$20 copay after deductible In-network: \$0 copay Point-of-service: \$0 copay after deductible In-network: \$0 copay Point-of-service: \$0 copay after deductible In-network: \$20 – \$100 copay Point-of-service: \$20 – \$100 copay after deductible In-network: \$25 copay Point-of-service: \$25 copay after deductible	In-network: \$20 copay Point-of-service: \$20 copay after deductible In-network: \$0 copay Point-of-service: \$0 copay after deductible In-network: \$0 copay Point-of-service: \$0 copay after deductible In-network: \$20 – \$75 copay Point-of-service: \$20 – \$75 copay after deductible In-network: \$15 copay Point-of-service: \$15 copay after deductible	In-network: \$10 copay Point-of-service: \$10 copay after deductible In-network: \$0 copay Point-of-service: \$0 copay after deductible In-network: \$0 copay Point-of-service: \$0 copay after deductible In-network: \$10 – \$50 copay Point-of-service: \$10 – \$50 copay after deductible In-network: \$0 copay Point-of-service: \$0 copay after deductible

Benefits	Elements	Classic	Prestige
Note: Services with * may require prior authorization.			
Hearing Services Medicare-covered hearing services - Medicare-covered hearing exam to diagnose and treat hearing and balance issues Non-Medicare-covered hearing services Must be received from a TruHearing® provider. - Routine hearing exam (1 per year) - Hearing aid fitting and evaluation - Hearing aids	In-network: \$0 – \$35 copay Point-of-service: \$35 copay after deductible In-network: \$0 copay Point-of-service: Not covered In-network: \$0 copay Point-of-service: Not covered	In-network: \$0 – \$30 copay Point-of-service: \$30 copay after deductible In-network: \$0 copay Point-of-service: Not covered In-network: \$0 copay Point-of-service: Not covered	In-network: \$0 – \$25 copay Point-of-service: \$25 copay after deductible In-network: \$0 copay Point-of-service: Not covered In-network: \$0 copay Point-of-service: Not covered
	In-network: \$495 copay per aid for Basic Aids, per ear per year \$895 copay per aid for Standard Aids, per ear per year \$1,295 copay per aid for Advanced Aids, per ear per year \$1,695 copay per aid for Premium Aids, per ear per year Point-of-service: Not covered All content © 2026 TruHearing, Inc. All Rights Reserved. TruHearing® is a registered trademark of TruHearing, Inc.		

Benefits	Elements	Classic	Prestige
Note: Services with * may require prior authorization.			
Dental services (Medicare covered)	In-network: \$0 – \$200 copay Point-of-service: \$35 – \$200 copay after deductible	In-network: \$0 – \$225 copay Point-of-service: \$30 – \$225 copay after deductible	In-network: \$0 – \$200 copay Point-of-service: \$25 – \$200 copay after deductible
Enhanced dental services (Preventive and Comprehensive) - o Preventive services include oral exams, routine cleanings, certain dental X-rays and fluoride treatment - o Comprehensive services include brush biopsies, resin and amalgam fillings, crowns for permanent teeth only, crown repairs, root canals, deep cleaning, simple extractions and oral surgery	This benefit provides a \$1,500 annual maximum (combined in- and out-of-network) for preventive and comprehensive dental services. No deductible. In-network: \$0 copay Out-of-network: 50% of the approved amount		
Dental – Optional Supplemental Benefit (available at an additional monthly premium) Includes, but not limited to, dentures, bridges, onlays and implants	The benefit provides a \$1,500 annual maximum (in addition to the enhanced dental annual maximum for combined in- and out-of-network) for comprehensive dental services. No deductible. In-network: 25% coinsurance Out-of-network: 50% of the approved amount		

Benefits	Elements	Classic	Prestige
Note: Services with * may require prior authorization.			
Vision Services (Medicare-covered) - o Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) - o Eyeglasses or contact lenses after Medicare-covered cataract surgery - o Screening for diabetic retinopathy is covered once per year for those at risk.	In-network: \$0 – \$35 copay Point-of-service: \$0 – \$35 copay after deductible In-network: \$0 copay Point-of-service: \$0 copay after deductible In-network: \$0 copay Point-of-service: \$0 copay after deductible	In-network: \$0 – \$30 copay Point-of-service: \$0 – \$30 copay after deductible In-network: \$0 copay Point-of-service: \$0 copay after deductible In-network: \$0 copay Point-of-service: \$0 copay after deductible	In-network: \$0 – \$25 copay Point-of-service: \$0 – \$25 copay after deductible In-network: \$0 copay Point-of-service: \$0 copay after deductible In-network: \$0 copay Point-of-service: \$0 copay after deductible

Benefits	Elements	Classic	Prestige
Note: Services with * may require prior authorization.			
Enhanced Vision Services Routine eye exam through the VSP Choice Network Eligible for one each calendar year: - o Elective contacts, OR - o One pair standard lenses, OR - o One frame OR - o One complete pair of eyeglasses For a complete pair of eyeglasses, the allowance can be used for the frame only.	\$0 copay for up to 1 routine eye exam once every calendar year. The eyewear benefit provides a \$100 maximum vision benefit every calendar year and may be used for either (a) elective contact lenses or (b) 1 frame. Standard eyeglass lenses are covered in full every calendar year. Benefit must be obtained from an in-network provider.	\$0 copay for up to 1 routine eye exam once every calendar year. The eyewear benefit provides a \$100 maximum vision benefit every calendar year and may be used for either (a) elective contact lenses or (b) 1 frame. Standard eyeglass lenses are covered in full every calendar year. Benefit must be obtained from an in-network provider.	\$0 copay for up to 1 routine eye exam once every calendar year. The eyewear benefit provides a \$150 maximum vision benefit every calendar year and may be used for either (a) elective contact lenses or (b) 1 frame. Standard eyeglass lenses are covered in full every calendar year. Benefit must be obtained from an in-network provider.

Benefits	Elements	Classic	Prestige
Note: Services with * may require prior authorization.			
Optional Supplemental Vision (available for an additional monthly premium) Every calendar year, we cover one of the following: - o Elective contacts - o One pair of lenses - o One frame - o One complete pair of eyeglasses (lenses and frames) For a complete pair of eyeglasses, the allowance can be used for the frame only.	In-network: \$0 copay The benefit provides an extra \$250 benefit maximum once every calendar year and may be used for either (a) elective contact lenses or (b) 1 frame.		
Inpatient Mental Health Care* Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.	In-network: \$250 copay per day for days 1 – 7, per admission Point-of-service: \$325 copay per day for days 1 – 7, per admission, after deductible	In-network: \$250 copay per day for days 1 – 7, per admission Point-of-service: \$250 copay per day for days 1 – 7, per admission, after deductible	In-network: \$200 copay per day for days 1 – 7, per admission Point-of-service: \$200 copay per day for days 1 – 7, per admission, after deductible
Outpatient Mental Health Care Individual and group therapy	In-network: \$20 copay Point-of-service: \$35 copay after deductible	In-network: \$20 copay Point-of-service: \$35 copay after deductible	In-network: \$20 copay Point-of-service: \$20 copay after deductible

Benefits	Elements	Classic	Prestige
Note: Services with * may require prior authorization.			
Skilled Nursing Facility (SNF)* Our plan covers up to 100 days in a SNF. No prior hospital stay is required for a skilled nursing facility stay.	In-network: \$0 copay per day for days 1 – 20 \$218 copay per day for days 21 – 100 Point-of-service: \$0 copay per day for days 1 – 20, after deductible \$218 copay per day for days 21 – 100, after deductible	In-network: \$0 copay per day for days 1 – 20 \$218 copay per day for days 21 – 100 Point-of-service: \$0 copay per day for days 1 – 20, after deductible \$218 copay per day for days 21 – 100, after deductible	In-network: \$0 copay per day for days 1 – 20 \$218 copay per day for days 21 – 100 Point-of-service: \$0 copay per day for days 1 – 20, after deductible \$218 copay per day for days 21 – 100, after deductible
Outpatient Rehabilitation* Physical/Speech/Occupational therapy	In-network: \$35 copay Point-of-service: \$35 copay after deductible	In-network: \$35 copay Point-of-service: \$35 copay after deductible	In-network: \$25 copay Point-of-service: \$25 copay after deductible
Ambulance services o Medicare-covered ground or air transportation o Ambulance services without transportation	In-network: \$300 copay Point-of-service: \$300 copay after deductible In-network: \$90 copay Point-of-service: \$90 copay after deductible	In-network: \$250 copay Point-of-service: \$250 copay after deductible In-network: \$90 copay Point-of-service: \$90 copay after deductible	In-network: \$250 copay Point-of-service: \$250 copay after deductible In-network: \$90 copay Point-of-service: \$90 copay after deductible
Transportation services	Not covered		

Benefits	Elements	Classic	Prestige
Note: Services with * may require prior authorization.			
Medicare Part B Drugs* - Medicare Part B Insulin Drugs (one month's supply) - Drugs such as chemotherapy drugs and other Part B Drugs	In-Network and Point-of-Service: Up to 20% coinsurance; however, not more than \$35 per month In-network: 0% – 20% coinsurance Point-of-service: 0% – 20% coinsurance after deductible		
Medical Equipment/Supplies* - Durable Medical Equipment and Prosthetics and Orthotic Devices - Diabetes supplies	In-network: 20% coinsurance Point-of-service: 20% coinsurance after deductible In-network: 0%-20% coinsurance Point-of-service: 0%-40% coinsurance	In-network: 20% coinsurance Point-of-service: 20% coinsurance after deductible In-network: 0%-20% coinsurance Point-of-service: 0%-40% coinsurance	In-network: 20% coinsurance Point-of-service: 20% coinsurance after deductible In-network: 0%-20% coinsurance Point-of-service: 0%-40% coinsurance
Health fitness program (SilverSneakers)	\$0 for the health fitness program. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2025 Tivity Health, Inc. All rights reserved.		
Over-the-Counter (OTC) Allowance: Advantage Dollars Over-the-Counter (OTC) items are drugs and health related products that do not need a prescription. This benefit covers certain approved non-prescription over-the-counter drugs and health-related items.	You receive \$50 per quarter, no rollover. Note: All purchases must be made through plan-approved retailers.		

Benefits	Elements	Classic	Prestige
Note: Services with * may require prior authorization.			
Personal Emergency Response System The Personal Emergency Response System (PERS) comprehensive system can be catered to individual care plans, includes activity, vital signs, fall, sleep and environment tracking, and can serve as an engagement tool.	Not offered.	\$0 copay for qualifying members.	
Special supplemental benefits for the chronically ill Food and Produce Allowance The benefits described are Special Supplemental Benefits for the Chronically Ill. Members with certain health conditions can use their quarterly over-the-counter Advantage Dollars allowance to buy approved foods. This benefit will be available only to plan-identified members who have been diagnosed with: - o Autoimmune disorders including polyarteritis nodosa, polymyalgia rheumatica, polymyositis, dermatomyositis, rheumatoid arthritis, systemic lupus erythematosus, psoriatic arthritis and scleroderma - o Cancer - o Cardiovascular disorders including cardiac arrhythmias, coronary artery disease, peripheral vascular disease and valvular heart disease - o Chronic alcohol use disorder and other substance use disorders (SUDs) - o Chronic and disabling mental health conditions including bipolar disorders, major depressive disorders, paranoid disorder, schizophrenia, schizoaffective disorder, post-traumatic stress disorder (PTSD), eating disorders and anxiety disorders	You receive \$50 per quarter. Note: This benefit works with the over-the-counter (OTC) Advantage Dollars allowance and is limited to the maximum OTC allowance amount. All purchases must be made through plan-approved retailers.		

Benefits	Elements	Classic	Prestige
Note: Services with * may require prior authorization.			
Special supplemental benefits for the chronically ill (continued) - o Chronic gastrointestinal disease including Chronic Liver disease, (Non-alcoholic fatty liver disease (NAFLD), Hepatitis B, Hepatitis C, Pancreatitis, Irritable bowel syndrome, Inflammatory bowel disease - o Chronic heart failure - o Chronic hypertension - o Chronic kidney disease (CKD) including CKD requiring dialysis/End-stage renal disease (ESRD) and CKD not requiring dialysis - o Chronic lung disorders including cystic fibrosis, emphysema, pulmonary fibrosis, pulmonary hypertension and chronic obstructive pulmonary disease (COPD) - o Conditions with functional challenges including spinal cord injuries, paralysis, limb loss, stroke and arthritis - o Dementia - o Diabetes Mellitus - o HIV/AIDS - o Neurologic disorders including amyotrophic lateral sclerosis (ALS), epilepsy, extensive paralysis (that is, hemiplegia, quadriplegia, paraplegia, monoplegia), Huntington's disease, multiple sclerosis, Parkinson's disease, polyneuropathy, fibromyalgia, chronic fatigue syndrome, spinal cord injuries, spinal stenosis and stroke-related neurologic deficit			

Benefits	Elements	Classic	Prestige
Note: Services with * may require prior authorization.			
Special supplemental benefits for the chronically ill (continued) - o Pre-diabetes - o Severe hematologic disorders including aplastic anemia, hemophilia, immune thrombocytopenic purpura, myelodysplastic syndrome, sickle-cell disease (excluding sickle-cell trait) and chronic venous thromboembolic disorder. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us.			

Elements

Outpatient Prescription Drugs

This plan does not cover Part D prescription drugs.

Classic

Phase 1: The Deductible Stage

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

Phase 2: The Initial Coverage Stage

You begin in this stage when you fill your first prescription of the year. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date out-of-pocket costs (your payments) total \$2,100.

Your share of the cost when you get a *one-month* (31-day) supply of a covered Part D prescription drug:

	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$5	\$0
Tier 2: Generic	\$12	\$7
Tier 3: Preferred Brand	20%	20%
Tier 4: Non-Preferred Drug	25%	25%
Tier 5: Specialty Tier	33%	33%

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Your share of the cost when you get a *long-term* (32- to 90-day) supply of a covered Part D prescription drug:

	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$15	\$0
Tier 2: Generic	\$36	\$0
Tier 3: Preferred Brand	20%	20%
Tier 4: Non-Preferred Drug	25%	25%
Tier 5: Specialty Tier	Not Covered	Not Covered

You won't pay more than \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at **www.bcbsm.com/medicare-evidence-of-coverage**.

Phase 3: The Catastrophic Stage

You have coverage during the Catastrophic Coverage stage. During this stage, you will pay \$0.

Most members do not reach the Catastrophic Coverage stage. For information about your costs in this stage, look at Chapter 6, Section 6, in the *Evidence of Coverage* online at **www.bcbsm.com/medicare-evidence-of-coverage**.

*Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations. You can see the most complete and current information about which drugs are covered on our website (**www.bcbsm.com/formularymedicare**).*

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's pharmacy directory at our website (**www.bcbsm.com/pharmaciesmedicare**).

Prestige

Phase 1: The Deductible Stage

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

Phase 2: The Initial Coverage Stage

You begin in this stage when you fill your first prescription of the year. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date out-of-pocket costs (your payments) total \$2,100.

Your share of the cost when you get a *one-month* (31-day) supply of a covered Part D prescription drug:

	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$5	\$0
Tier 2: Generic	\$12	\$7
Tier 3: Preferred Brand	20%	20%
Tier 4: Non-Preferred Drug	25%	25%
Tier 5: Specialty Tier	33%	33%

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Your share of the cost when you get a *long-term* (32- to 90-day) supply of a covered Part D prescription drug:

	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	\$15	\$0
Tier 2: Generic	\$36	\$0
Tier 3: Preferred Brand	20%	20%
Tier 4: Non-Preferred Drug	25%	25%
Tier 5: Specialty Tier	Not Covered	Not Covered

You won't pay more than \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at **www.bcbsm.com/medicare-evidence-of-coverage**.

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*Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations. You can see the most complete and current information about which drugs are covered on our website (**www.bcbsm.com/formularymedicare**).*

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's pharmacy directory at our website (**www.bcbsm.com/pharmaciesmedicare**).

Additional Information about BCN Advantage HMO-POS

What does “point-of-service” mean?

This is an HMO-POS plan. HMO means Health Maintenance Organization; POS means Point-of-Service. You can use certain providers outside the BCN Advantage network when traveling, often for your in-network cost-sharing amount.

When you're **out of Michigan**, our POS benefit (offered through the nationwide network of Blue Plan Providers via the Blue Cross and Blue Shield Association) lets you get care from providers who participate with Blues plans. **In Michigan**, except for emergency or urgent care, if you go to an out-of-network doctor, you must pay for this care yourself.

Note: POS is not the same as out-of-network; you pay all costs for POS services from out-of-network providers.

Note: Services received under your point-of-service benefit apply toward your maximum out-of-pocket amount.

For more information

A complete list of services is found in the *Evidence of Coverage*. For a copy of the *Evidence of Coverage*, go to **www.bcbsm.com/medicare-evidence-of-coverage**, or contact Customer Service at 1-800-450-3680 from 8 a.m. to 8 p.m. Eastern time, seven days a week from October 1 through March 31; 8 a.m. to 8 p.m. Eastern time, Monday through Friday from April 1 through September 30, for more information. TTY users call 711.

You can order a copy of the “Medicare & You” handbook at **www.medicare.gov**, or you can call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

For more information, please call us at the phone number below or visit us at **www.bcbsm.com/medicare**.

If you are not a member of this plan, call toll-free 1-888-563-3307. TTY users should call 711. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 9 p.m. Eastern time. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 9 p.m. Eastern time.

If you are a member of this plan, call toll-free 1-800-450-3680. TTY users should call 711. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. Eastern time. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at **www.medicare.gov** or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as audio CD and large print. This document may be available in a non-English language. For additional information, call us at 1-800-450-3680. TTY users should call 711.

BCN AdvantageSM HMO-POS



**Blue Care
Network
of Michigan**

Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Scope of Sales Appointment Confirmation Form



The Centers for Medicare & Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face or telephone sales meeting to ensure understanding of what will be discussed between the agent and the Medicare member (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his or her authorized representative.

Please initial beside the products you want the agent to discuss.

(Refer to the following page for product descriptions.)

Stand-alone Medicare prescription drug plans (Part D)

Medicare Advantage plans (Part C)

Dental/vision/hearing products

Ancillary products (not Medicare-affiliated)

Medicare supplement (Medigap) products

By signing the form, you agree to meet with a sales agent to discuss the products you initialed above.

The person who will discuss the products is either employed or contracted by a Medicare plan. They don't work for the federal government. This individual may also be paid based on your enrollment in a plan. **Signing this form doesn't obligate you to enroll in a plan, affect your current or future enrollment status, or automatically enroll you in a Medicare plan.**

Member or authorized representative signature and signature date	
Signature	Signature date
If you are the authorized representative, please sign above and print below	
Representative name	Your relationship to the member
To be completed by agent	
Agent name	Agent phone
Member name	Member phone
Member address	
Initial method of contact (indicate here if member was a walk-in)	
Agent signature	
Plans represented by agent during meeting	Date appointment completed

Scope of Appointment documentation is subject to CMS record retention requirements.

Stand-alone Medicare prescription drug plans (Part D)
Medicare Prescription Drug Plan (PDP) – A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare cost plans, some Medicare private fee-for-service plans and Medicare medical savings account plans.
Medicare Advantage plans (Part C)
Medicare health maintenance organization (HMO) – A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan’s network (except in emergencies).
Medicare preferred provider organization (PPO) plan – A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.
Medicare private fee-for-service (PFFS) plan – A Medicare Advantage plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan’s payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.
Medicare special needs plan (SNP) – A Medicare Advantage plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who live in nursing homes, and people who have certain chronic medical conditions.
Dental/vision/hearing products
Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.
Ancillary products
Critical illness and accident insurance – Plans offering coverage for consumers who have been diagnosed with a specific illness on a predetermined list. These plans are not affiliated or connected to Medicare.
Hospital indemnity insurance – Plans that offer coverage each day you are hospitalized, up to a designated number of days. These plans are not affiliated with or connected to Medicare.
Travel insurance – Plans offering additional benefits for consumers who travel outside the United States. These plans are not affiliated or connected to Medicare.
Medicare supplement (Medigap) products
Plans offering a supplemental policy to fill “gaps” in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

IMPORTANT INFORMATION:

2025 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Blue Care Network - H5883

For 2025, Blue Care Network - H5883 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

Health Services Rating: ★★★★★

Drug Services Rating: ★★★★★

BCN AdvantageSM HMO
BCN AdvantageSM HMO-POS



Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Blue Care Network 7 days a week from 8:00 a.m. to 9:00 p.m. Eastern time at 888-563-3307 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time. Current members please call 800-450-3680 (toll-free) or 711 (TTY).

Blue Care Network is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Blue Care Network depends on contract renewal.



Notice of Availability

English: Call the phone number on the back of your member ID card to reach a complimentary interpreter who speaks English or to receive additional support you may need.

Spanish: Llame al número de teléfono que aparece en el reverso de su tarjeta de identificación de miembro para comunicarse de forma gratuita con un intérprete que hable español o para recibir apoyo adicional que pueda necesitar.

Arabic: اتصل برقم الهاتف الموجود على ظهر بطاقة هوية عضويتك للوصول إلى مترجم مجاني يتحدث باللغة العربية أو لتلقي المزيد من الدعم الذي قد تحتاجه.

Chinese Mandarin: 拨打您的会员 ID 卡背面的电话号码，即可联系一位会说普通话的免费翻译，或获取您可能需要的其他支持。

Albanian: Telefononi në numrin e telefonit që gjendet në anën e pasme të kartës suaj të anëtarësisë për t'u lidhur me një interpret pa pagesë që flet shqip ose për të marrë mbështetje shtesë që mund t'ju nevojitet.

German: Rufen Sie die Telefonnummer auf der Rückseite Ihres Mitgliedsausweises an, um einen kostenlosen Dolmetscher zu finden, der Deutsch spricht, oder um weitere Unterstützung zu erhalten.

Amharic: አማርኛ ከአኗሪዎ ላይ ተርጓሚ ጋር ለመገናኘት ወይም ሊያስፈልግዎ የሚችል ተጨማሪ ድጋፍ ለማግኘት ከአባል መታወቂያ ካርድዎ ጀርባ ያለው ስልክ ቁጥር ላይ ይደውሉ።

Bengali: বিনামূল্যে বাংলা ভাষায় কথা বলতে পারেন এমন একজন সহায়ক দোভাষীর সাথে যোগাযোগ করতে অথবা আপনার প্রয়োজনীয় অতিরিক্ত সহায়তা পেতে আপনার মেম্বারশিপ ID কার্ডের পিছনে দেওয়া ফোন নম্বরে কল করুন।

French: Appelez le numéro de téléphone figurant au dos de votre carte d'adhérent pour joindre un interprète gratuit qui parle français ou pour bénéficier d'un soutien supplémentaire dont vous pourriez avoir besoin.

Hindi: किसी ऐसे मानार्थ (कंप्लीमेंटरी) दुभाषिए से संपर्क करने के लिए जो हिंदी बोलता हो या ऐसी अतिरिक्त सहायता प्राप्त करने के लिए जिसकी आपको आवश्यकता हो सकती है, आपके सदस्य ID कार्ड के पीछे दिए गए फ़ोन नंबर पर कॉल करें।

Korean: 가입자 ID 카드 뒷면의 전화번호로 전화를 주시면 한국어 무료 통역사와 연결하시거나 필요한 추가 지원을 받으실 수 있습니다.

Polish: Zadzwoń pod numer telefonu znajdujący się z tyłu karty członkowskiej, aby skontaktować się z nieodpłatnym tłumaczem posługującym się językiem polskim lub aby – w razie potrzeby – uzyskać dodatkową pomoc.

Telugu: తెలుగు మాట్లాడే ఉచిత ఇంటర్ప్రెటీటర్తో కనెక్ట్ కావడానికి లేదా మీకు అవసరం కాగల అదనపు మద్దతును పొందడానికి మీ మెంబర్ ID కార్డు వెనుక ఉండే ఫోన్ నెంబర్ కు కాల్ చేయండి.

Vietnamese: Xin gọi số điện thoại ghi ở mặt sau thẻ ID thành viên của quý vị để kết nối với một thông dịch viên tiếng Việt miễn phí hoặc để được hỗ trợ thêm nếu quý vị cần

Pennsylvania Dutch: Call der Number as uff die hinnitusch Seit vun dei Member ID Card is fer schwetze mit en Interpreter as Deitsch schwetzt odder fer ennichi Hilf griege as du brauchsch. Des zellt dich nix koschde.

Tagalog: Tumawag sa numero ng telepono sa likod ng member ID card mo para makipag-ugnayan sa isang walang bayad na interpreter na nagsasalita ng Tagalog o para makatanggap ng karagdagang suporta na maaaring kailanganin mo.



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Discrimination is against the law

Blue Cross Blue Shield of Michigan, Blue Care Network and our vendors comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Blue Cross Blue Shield of Michigan, Blue Care Network and our vendors do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan, Blue Care Network and our vendors:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provide free language services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call the Customer Service number on the back of your card. If you aren't already a member, call 1-877-469-2583 or, if you're 65 or older, call 1-888-563-3307, TTY: 711.

Here's how you can file a civil rights complaint

If you believe that Blue Cross Blue Shield of Michigan, Blue Care Network or our vendors have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with:

Office of Civil Rights Coordinator
600 E. Lafayette Blvd., MC 1302
Detroit, MI 48226
Phone: 1-888-605-6461, TTY: 711
Fax: 1-866-559-0578
Email: CivilRights@bcbsm.com

If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal website at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone, or email at:

U.S. Department of Health & Human Services
200 Independence Ave, SW, Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019, TDD: 1-800-537-7697
Email: OCRComplaint@hhs.gov

Complaint forms are available on the U.S. Department of Health & Human Services Office for Civil Rights website at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at Blue Cross Blue Shield of Michigan and Blue Care Network's website: <https://www.bcbsm.com/important-information/policies-practices/nondiscrimination-notice/>.