2025

READY TO HELP

BCN Advantage℠ Local HMO

Summary of Benefits

January 1, 2025 — December 31, 2025

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). To join **BCN Advantage Local HMO**, 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 for **BCN Advantage Local HMO** includes these counties in Michigan: Macomb, Oakland, and Wayne.

BCN Advantage Local HMO 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.

www.bcbsm.com/medicare

BCN Advantage is an HMO plan with a Medicare contract.
Enrollment in BCN Advantage depends on contract renewal.

Premium/Cost-sharing Table for BCN Advantage Local HMO

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.

1) Find the county that you live in.

2) Look across the plan option column to find your monthly premium rate.

Counties	BCN Advantage Local HMO Monthly Premium
Macomb, Oakland and Wayne	$0
Optional Supplemental Dental and Vision	$20.50

Deductible and limits on how much you pay for covered services	
Deductible	$0 annually This plan does not have a deductible for Part D prescription drugs.
Deductible – Optional Supplemental Dental and Vision	There is no deductible.
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	$4,175 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 Local HMO 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	BCN Advantage Local HMO
Note: Services with * may require prior authorization.	
Inpatient Hospital Coverage* Our plan covers an unlimited number of days for an inpatient hospital stay in network.	$325 copay per day for days 1 through 7 $0 copay for days 8 and beyond
Outpatient Hospital Coverage*	$275 copay for Medicare-covered outpatient hospital services.
Ambulatory Surgical Center (ASC) Services*	$0 copay for Medicare-covered arthroplasty knee and hip services in an ambulatory surgical center. $100 copay for Medicare-covered surgical services.
Doctor Visits	
• Primary care provider	$0 copay
• Specialists*	$35 copay
• Telehealth	$0 copay for each telehealth primary care provider medical visit through plan-approved vendor. $0 copay for each telehealth mental health visit through plan-approved vendor.
Preventive Care (Any additional preventive services approved by Medicare during the contract year will be covered.)	$0 copay 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)

Benefits	BCN Advantage Local HMO
Note: Services with * may require prior authorization.	
Preventive Care *continued*	• Depression screening • Diabetes screenings • Diabetes self-management training • Glaucoma screening • HIV screening • Immunizations, including COVID-19, flu, Hepatitis B, Pneumococcal • Intensive behavioral therapy for obesity • Medical nutrition therapy services • Medicare Diabetes Prevention Program • 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)
Emergency Care	$125 copay **Note:** The copay is waived if you are admitted to the hospital within three days for the same condition. You are covered for emergency medical care worldwide.
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.

Benefits	BCN Advantage Local HMO
Note: Services with * may require prior authorization.	
Diagnostic Services/Labs/Imaging*	
• Diagnostic tests and procedures	$20 copay
• Lab services When rendered at a participating Joint Venture Hospital Lab (JVHL).	$0 copay
• COVID-19 testing	$0 copay
• Diagnostic radiology services *(e.g., X-rays, MRI)*	$20 – $100 copay
• Therapeutic radiology services	$25 copay
Hearing Services	
• Medicare-covered hearing exam to diagnose and treat hearing and balance issues	$0 - $35 copay
• Routine hearing exam (1 per year)	$0 copay
• Hearing aid fitting and evaluation (1 every 3 years)	$0 copay
• Hearing aids	$1,200 allowance maximum for both ears (up to $600 per ear) every 3 years for new hearing aids. OTC allowance can be used toward OTC hearing aids.
Dental Services (Medicare-covered)	$0 – $275 copay
Enhanced dental services (Preventive and Comprehensive) Preventive services include oral exams, routine cleanings, certain dental X-rays and fluoride treatment 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	$0 copay This benefit provides a $1,500 annual maximum (in-network) for preventive and comprehensive dental services
Dental – Optional Supplemental Benefit (available at additional monthly premium) Includes, but not limited to, dentures, bridges, onlays and implants	25% coinsurance The benefit provides an extra $1,500 in-network annual maximum (in addition to the enhanced dental benefit for a total of $3,000) for preventive and comprehensive dental services. No Deductible.

Benefits	BCN Advantage Local HMO
Note: Services with * may require prior authorization.	
Vision Services (Medicare-covered)	
• Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening).	$0 – $35 copay
• Screening for diabetic retinopathy is covered once per year for those at risk.	$0 copay
• Eyeglasses or contact lenses after cataract surgery	$0 copay
Enhanced Vision Services	
Routine eye exam through the VSP Choice Network	$0 copay for up to one routine eye exam once every calendar year.
• Eligible for one each calendar year: • Elective contacts, OR • One pair standard lenses, OR • One frame OR • One complete pair of eyeglasses (lenses and frames) For a complete pair of eyeglasses, the allowance can be used for the frame only.	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.

Optional Supplemental Vision (available at additional monthly premium)
• Eligible for one each calendar year:
  • Elective contacts, OR
  • One pair standard lenses, OR
  • One frame OR
  • One complete pair of eyeglasses (lenses and frames)
For a complete pair of eyeglasses, the allowance can be used for the frame only.
	$0 copay
	The benefit provides an extra $250 combined in-network benefit maximum (in addition to the enhanced vision benefit for a total of $400) once every calendar year and may be used for either (a) elective contact lenses or (b) 1 frame.

Benefits	BCN Advantage Local HMO
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Inpatient Mental Health Care* Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.	$300 copay per day for days 1 through 7 $0 copay per day for days 8 through 90
Outpatient Mental Health Care* Individual and group therapy	$20 copay
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.	$0 copay per day for days 1 through 20 $214 copay per day for days 21 through 100
Outpatient Rehabilitation* Physical/Speech/Occupational therapy	$30 copay
Ambulance • Ground or Air • Ambulance services without transportation	$275 copay $90 copay
Transportation services All members are eligible for 1 round trip per calendar year to an annual physical exam within the state of Michigan.	$0 copay for transportation for one round trip to an annual physical exam per calendar year within the state of Michigan; no referral needed. $0 copay for qualified members who live in Wayne, Oakland, and Macomb counties, non-emergency medical transportation is covered for up to 28 days after a hospital discharge.
Medicare Part B Drugs* • Medicare Part B Insulin Drugs (one-month supply) • Drugs such as chemotherapy/radiation drugs, or other Part B Drugs	Up to 20% coinsurance, however, not more than $35 per month 0% – 20% coinsurance
Cardiac and Pulmonary rehabilitation services	$0 copay

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Medical Equipment/Supplies*	
• Durable Medical Equipment and Prosthetics and Orthotic Devices	20% coinsurance
• Diabetes supplies	0% coinsurance
Health Fitness Program (SilverSneakers)	$0 for the health fitness program. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 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 $75 per quarter. An allowance is added each quarter (January 1, April 1, July 1, October 1). Unused amounts will not carry over into the next quarter or the next calendar year. The final day to spend allowance dollars is December 31, 2025 and any unspent allowance will not carry over to 2026. **Note:** All purchases must be made through plan-approved retailers.
Special Supplemental Benefits for the Chronically Ill **Food and Produce Allowance** Members with certain health conditions can use their quarterly over-the-counter Advantage Dollars allowance to buy approved foods. The benefits described are Special Supplemental Benefits for the Chronically Ill. Qualifying chronic conditions include hypertension, diabetes, chronic cardiovascular disorders, chronic lung disorders, and chronic heart failure. Other qualifying conditions may apply. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. Your plan will notify you when you're eligible. For details, please contact us.	You receive $75 per quarter. Your Advantage Dollars account will be loaded automatically with the appropriate allowance amount on January 1, April 1, July 1, and October 1. Unused amounts will not carry over into the next quarter or the next calendar year. The final day to spend allowance dollars is December 31, 2025 and any unspent allowance will not carry over to 2026. **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.

BCN Advantage Local HMO

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 $2,000.

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	$20	$10
Tier 3: Preferred Brand	$47	$45
Tier 4: Non-Preferred Drug	50%	50%
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 cost sharing (in-network)	Preferred mail-order cost sharing (in-network)
Tier 1: Preferred Generic	$15	$0	$0
Tier 2: Generic	$60	$0	$0
Tier 3: Preferred Brand	$141	$135	$90
Tier 4: Non-Preferred Drug	50%	50%	50%
Tier 5: Specialty Tier	Not Covered	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**).

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 Advantage℠ HMO

Medicare and more

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