



BCN Advantage Option 1
BCN Advantage Option 2
BCN Advantage Option 3

Jan. 1 – Dec. 31, 2009

MiBCN.com/medicare

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

BCN AdvantageSM



**Blue Care
Network
of Michigan**

Medicare and more

Section 1

Introduction to the Summary of Benefits Report for BCN Advantage Options 1, 2 and 3

Jan. 1 – Dec. 31, 2009

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

You Have Choices In Your Health Care

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

You may join or leave a plan only at certain times. Please call BCN Advantage at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How Can I Compare My Options?

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

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

Where Is BCN Advantage Available?

The service area for this plan includes: Allegan, Barry, Bay, Calhoun, Clinton, Eaton, Genesee, Gratiot, Ingham, Ionia, Jackson, Kalamazoo, Kent, Lapeer, Livingston, Macomb, Midland, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Ottawa, Saginaw, Shiawassee, St. Clair, Tuscola, Washtenaw and Wayne Counties, MI. You must live in one of these areas to join the plan.

Who Is Eligible To Join BCN Advantage?

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

Can I Choose My Doctors?

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

What Happens If I Go To A Doctor Who's Not In Your Network?

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

Does My Plan Cover Medicare Part B Or Part D Drugs?

BCN Advantage does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

Where Can I Get My Prescriptions If I Join This Plan?

BCN Advantage has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.mibcn.com/medicare. Our customer service number is listed at the end of this introduction.

BCN Advantage has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copay or coinsurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

What Is A Prescription Drug Formulary?

BCN Advantage uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees

before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.mibcn.com/medicare.

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

How Can I Get Extra Help With Prescription Drug Plan Costs?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join BCN Advantage, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

What Are My Protections In This Plan?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

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

What Is A Medication Therapy Management (MTM) Program?

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

What Types Of Drugs May Be Covered Under Medicare Part B?

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

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

Please call Blue Care Network for more information about this plan.

Visit us at www.MiBCN.com/medicare or, call us:

Customer Service hours: 8 a.m. – 8 p.m. Eastern, 7 days a week.

Current members should call: 1-800-450-3680 for questions related to the **Medicare Advantage** and **Medicare Part D Prescription Drug** programs. (TTY 1-800-430-3211)

Prospective members should call: 1-866-966-2583 for questions related to the **Medicare Advantage** and **Medicare Part D Prescription Drug** programs. (TTY 1-800-431-7944)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit www.medicare.gov on the Web.

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

If you have questions about our benefits or costs, please call Customer Service at the appropriate number listed on page 7.

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
Important Information				
<p>1 Premium and Other Important Information</p>	<p>In 2008, the monthly Part B Premium was \$96.40 and will change for 2009 and the yearly Part B deductible amount was \$135 and will change for 2009.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General \$0 to \$19 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-network \$3,350 in-network out-of-pocket limit.</p> <p>All plan services covered under the out-of-pocket limit.</p> <p>Out-of-network services are specifically excluded under the out-of-pocket limit.</p>	<p>General \$36 to \$65 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-network \$3,350 in-network out-of-pocket limit.</p> <p>All plan services covered under the out-of-pocket limit.</p> <p>Out-of-network services are specifically excluded under the out-of-pocket limit.</p>	<p>General \$50 to \$90 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-network \$3,000 in-network out-of-pocket limit.</p> <p>All plan services covered under the out-of-pocket limit.</p> <p>Out-of-network services are specifically excluded under the out-of-pocket limit.</p>
<p>2 Doctor and Hospital Choice (For more information, see Emergency – #15 and Urgently Needed Care – #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-network You must go to network doctors, specialists and hospitals.</p> <p>Referral required for network specialists (for certain benefits).</p> <p>You may have to pay a separate copay for certain doctor office visits.</p> <p>Out-of-network Plan covers you when you travel in the U.S.</p>	<p>In-network You must go to network doctors, specialists and hospitals.</p> <p>Referral required for network specialists (for certain benefits).</p> <p>You may have to pay a separate copay for certain doctor office visits.</p> <p>Out-of-network Plan covers you when you travel in the U.S.</p>	<p>In-network You must go to network doctors, specialists and hospitals.</p> <p>Referral required for network specialists (for certain benefits).</p> <p>You may have to pay a separate copay for certain doctor office visits.</p> <p>Out-of-network Plan covers you when you travel in the U.S.</p>

Note: The Medicare Part B deductible may change each year.

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
Inpatient Care				
<p>3 Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2008 the amounts for each benefit period were:</p> <p>Days 1 – 60: \$1,024 deductible</p> <p>Days 61 – 90: \$256 per day</p> <p>Days 91 – 150: \$512 per lifetime reserve day.</p> <p>These amounts will change for 2009.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A 'benefit period' starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-network</p> <p>\$500 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-network</p> <p>\$500 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-network</p> <p>\$150 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

Note: The Medicare Part B deductible may change each year.

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
<p>4 Inpatient Mental Health Care</p>	<p>Same deductible and copay as inpatient hospital care (See “Inpatient Hospital Care” above).</p> <p>190-day limit in a Psychiatric Hospital.</p>	<p>In-network \$500 copay for each Medicare-covered hospital stay.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-network \$500 copay for each Medicare-covered hospital stay.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-network \$150 copay for each Medicare-covered hospital stay.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>5 Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>In 2008 the amounts for each benefit period, after at least a 3-day covered hospital stay, were:</p> <p>Days 1 – 20: \$0 per day Days 21 – 100: \$128 per day 100 days for each benefit period.</p> <p>A ‘benefit period’ starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>General Authorization rules may apply.</p> <p>In-network For SNF stays: Days 1 – 20: \$0 copay per day Days 21 – 100: \$130 copay per day Plan covers up to 100 days each benefit period. No prior hospital stay is required.</p>	<p>General Authorization rules may apply.</p> <p>In-network For SNF stays: Days 1 – 20: \$0 copay per day Days 21 – 100: \$130 copay per day Plan covers up to 100 days each benefit period. No prior hospital stay is required.</p>	<p>General Authorization rules may apply.</p> <p>In-network For SNF stays: Days 1 – 20: \$0 copay per day Days 21 – 100: \$130 copay per day Plan covers up to 100 days each benefit period. No prior hospital stay is required.</p>

Note: The Medicare Part B deductible may change each year.

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

Note: The Medicare Part B deductible may change each year.

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
9 Chiropractic Services	Routine care not covered. 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified provider.	General Authorization rules may apply. In-network \$35 copay for Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.	General Authorization rules may apply. In-network \$30 copay for Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.	General Authorization rules may apply. In-network \$20 copay for Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.
10 Podiatry Services	Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	In-network \$35 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care.	In-network \$30 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care.	In-network \$20 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care.
11 Outpatient Mental Health Care	50% coinsurance for most outpatient mental health services.	General Authorization rules may apply. In-network \$35 copay for each Medicare-covered individual or group therapy visit.	General Authorization rules may apply. In-network \$30 copay for each Medicare-covered individual or group therapy visit.	General Authorization rules may apply. In-network \$20 copay for each Medicare-covered individual or group therapy visit.

Note: The Medicare Part B deductible may change each year.

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

Note: The Medicare Part B deductible may change each year.

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

Note: The Medicare Part B deductible may change each year.

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

Note: The Medicare Part B deductible may change each year.

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

Note: The Medicare Part B deductible may change each year.

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
Preventive Services				
22 Bone Mass Measurement (for people with Medicare who are at risk)	20% coinsurance Covered once every 24 months (more if medically necessary) if you meet certain medical conditions.	In-network \$0 copay for Medicare-covered bone mass measurement.	In-network \$0 copay for Medicare-covered bone mass measurement.	In-network \$0 copay for Medicare-covered bone mass measurement.
23 Colorectal Screening Exams (for people with Medicare age 50 and older)	20% coinsurance Covered when you are high risk or when you are age 50 and older.	In-network \$0 copay for: – Medicare-covered colorectal screenings – Up to 1 additional screening(s) every year	In-network \$0 copay for: – Medicare-covered colorectal screenings – Up to 1 additional screening(s) every year	In-network \$0 copay for: – Medicare-covered colorectal screenings – Up to 1 additional screening(s) every year
24 Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for Flu and Pneumonia vaccines 20% coinsurance for Hepatitis B vaccine You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	In-network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral is needed for Flu and Pneumonia vaccines. No referral is needed for other immunizations.	In-network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral is needed for Flu and Pneumonia vaccines. No referral is needed for other immunizations.	In-network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral is needed for Flu and Pneumonia vaccines. No referral is needed for other immunizations.

Note: The Medicare Part B deductible may change each year.

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
25 Mammograms (Annual Screening) (for women with Medicare age 40 and older)	20% coinsurance No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	In-network \$0 copay for: – Medicare-covered screening mammograms – Up to 1 additional screening mammogram(s) every year	In-network \$0 copay for: – Medicare-covered screening mammograms – Up to 1 additional screening mammogram(s) every year	In-network \$0 copay for: – Medicare-covered screening mammograms – Up to 1 additional screening mammogram(s) every year
26 Pap Smears and Pelvic Exams (for women with Medicare)	\$0 copay for Pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for Pelvic Exams.	In-network \$0 copay for Medicare-covered Pap smears and pelvic exams – Up to 1 additional Pap smear(s) and pelvic exam(s) every year	In-network \$0 copay for Medicare-covered Pap smears and pelvic exams – Up to 1 additional Pap smear(s) and pelvic exam(s) every year	In-network \$0 copay for Medicare-covered Pap smears and pelvic exams – Up to 1 additional Pap smear(s) and pelvic exam(s) every year
27 Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.	In-network \$0 copay for Medicare-covered prostate cancer screening. – Up to 1 additional screening(s) every year	In-network \$0 copay for Medicare-covered prostate cancer screening. – Up to 1 additional screening(s) every year	In-network \$0 copay for Medicare-covered prostate cancer screening. – Up to 1 additional screening(s) every year

Note: The Medicare Part B deductible may change each year.

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
28 End Stage Renal Disease	20% coinsurance for dialysis. 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	In-network \$0 copay for renal dialysis \$0 copay for Nutrition Therapy for End-Stage Renal Disease	In-network \$0 copay for renal dialysis \$0 copay for Nutrition Therapy for End-Stage Renal Disease	In-network \$0 copay for renal dialysis \$0 copay for Nutrition Therapy for End-Stage Renal Disease
29 Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	Drugs covered under Medicare Part B General Most drugs not covered. \$0 copay for Part B-covered drugs Drugs covered under Medicare Part D General This plan does not cover Medicare Part D prescription drugs.	Drugs covered under Medicare Part B General \$0 copay for Part B-covered drugs Drugs covered under Medicare Part D General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.MiBCN.com/medicareformulary on the Web.	Drugs covered under Medicare Part B General \$0 copay for Part B-covered drugs Drugs covered under Medicare Part D General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.MiBCN.com/medicareformulary on the Web.

Note: The Medicare Part B deductible may change each year.

			BCN Advantage Option 2	BCN Advantage Option 3
<p>Prescription Drugs <i>continued</i></p>			<p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes - live in long-term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p>	<p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes - live in long-term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p>

Note: The Medicare Part B deductible may change each year.

			BCN Advantage Option 2	BCN Advantage Option 3
<p>Prescription Drugs <i>continued</i></p>			<p>Your provider must get prior authorization from BCN Advantage for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p>	<p>Your provider must get prior authorization from BCN Advantage for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p>

Note: The Medicare Part B deductible may change each year.

			BCN Advantage Option 2	BCN Advantage Option 3
In-network			In-network \$0 deductible.	In-network \$0 deductible.
In-network			Initial coverage You pay the following until total yearly drug costs reach \$2,700:	Initial coverage You pay the following until total yearly drug costs reach \$2,700:
In-network			Retail pharmacy Preferred generic – \$5 copay for a one-month (34-day) supply of drugs in this tier from a preferred pharmacy – \$12.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$5 copay for a one-month (34-day) supply of drugs in this tier from a non-preferred pharmacy – \$15 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy	Retail pharmacy Preferred generic – \$3 copay for a one-month (34-day) supply of drugs in this tier from a preferred pharmacy – \$7.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$3 copay for a one-month (34-day) supply of drugs in this tier from a non-preferred pharmacy – \$9 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy

Note: The Medicare Part B deductible may change each year.

			BCN Advantage Option 2	BCN Advantage Option 3
In-network			<p>Preferred brand</p> <ul style="list-style-type: none"> – \$30 copay for a one-month (34-day) supply of drugs in this tier from a preferred pharmacy – \$75 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$30 copay for a one-month (34-day) supply of drugs in this tier from a non-preferred pharmacy – \$90 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<p>Preferred brand</p> <ul style="list-style-type: none"> – \$25 copay for a one-month (34-day) supply of drugs in this tier from a preferred pharmacy – \$62.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$25 copay for a one-month (34-day) supply of drugs in this tier from a non-preferred pharmacy – \$75 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy

Note: The Medicare Part B deductible may change each year.

			BCN Advantage Option 2	BCN Advantage Option 3
In-network			<p>Non-preferred brand You pay the following until total yearly drug costs reach \$2,700:</p> <ul style="list-style-type: none"> – \$55 copay for a one-month (34-day) supply of drugs in this tier from a preferred pharmacy – \$137.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$55 copay for a one-month (34-day) supply of drugs in this tier from a non-preferred pharmacy – \$165 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<p>Non-preferred brand You pay the following until total yearly drug costs reach \$2,700:</p> <ul style="list-style-type: none"> – \$50 copay for a one-month (34-day) supply of drugs in this tier from a preferred pharmacy – \$125 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$50 copay for a one-month (34-day) supply of drugs in this tier from a non-preferred pharmacy – \$150 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy

Note: The Medicare Part B deductible may change each year.

			BCN Advantage Option 2	BCN Advantage Option 3
In-network			<p>Specialty</p> <ul style="list-style-type: none"> – 25% coinsurance for a one-month (34-day) supply of drugs in this tier from a preferred pharmacy – 25% coinsurance for a one-month (34-day) supply of drugs in this tier from a non-preferred pharmacy 	<p>Specialty</p> <ul style="list-style-type: none"> – 25% coinsurance for a one-month (34-day) supply of drugs in this tier from a preferred pharmacy – 25% coinsurance for a one-month (34-day) supply of drugs in this tier from a non-preferred pharmacy
			<p>Injectible</p> <ul style="list-style-type: none"> – 25% coinsurance for a one-month (34-day) supply of drugs in this tier from a preferred pharmacy – 25% coinsurance for a one-month (34-day) supply of drugs in this tier from a non-preferred pharmacy 	<p>Injectible</p> <ul style="list-style-type: none"> – 25% coinsurance for a one-month (34-day) supply of drugs in this tier from a preferred pharmacy – 25% coinsurance for a one-month (34-day) supply of drugs in this tier from a non-preferred pharmacy

Note: The Medicare Part B deductible may change each year.

			BCN Advantage Option 2	BCN Advantage Option 3
In-network			Long-Term Care Pharmacy	Long-Term Care Pharmacy
			Preferred generic — \$5 copay for a one-month (34-day) supply of drugs in this tier	Preferred generic — \$3 copay for a one-month (34-day) supply of drugs in this tier
			Preferred brand — \$30 copay for a one-month (34-day) supply of drugs in this tier	Preferred brand — \$25 copay for a one-month (34-day) supply of drugs in this tier
			Non-preferred brand — \$55 copay for a one-month (34-day) supply of drugs in this tier	Non-preferred brand — \$50 copay for a one-month (34-day) supply of drugs in this tier
			Specialty — 25% coinsurance for a one-month (34-day) supply of drugs in this tier	Specialty — 25% coinsurance for a one-month (34-day) supply of drugs in this tier
			Injectible — 25% coinsurance for a one-month (34-day) supply of drugs in this tier	Injectible — 25% coinsurance for a one-month (34-day) supply of drugs in this tier

Note: The Medicare Part B deductible may change each year.

		BCN Advantage Option 2	BCN Advantage Option 3
In-network		Mail Order	Mail Order
		Preferred generic <ul style="list-style-type: none"> – \$5 copay for a one-month (34-day) supply of drugs in this tier – \$12.50 copay for a three-month (90-day) supply of drugs in this tier 	Preferred generic <ul style="list-style-type: none"> – \$3 copay for a one-month (34-day) supply of drugs in this tier – \$7.50 copay for a three-month (90-day) supply of drugs in this tier
		Preferred brand <ul style="list-style-type: none"> – \$30 copay for a one-month (34-day) supply of drugs in this tier – \$75 copay for a three-month (90-day) supply of drugs in this tier 	Preferred brand <ul style="list-style-type: none"> – \$25 copay for a one-month (34-day) supply of drugs in this tier – \$62.50 copay for a three-month (90-day) supply of drugs in this tier
		Non-preferred brand <ul style="list-style-type: none"> – \$55 copay for a one-month (34-day) supply of drugs in this tier – \$137.50 copay for a three-month (90-day) supply of drugs in this tier 	Non-preferred brand <ul style="list-style-type: none"> – \$50 copay for a one-month (34-day) supply of drugs in this tier – \$125 copay for a three-month (90-day) supply of drugs in this tier
		Specialty <ul style="list-style-type: none"> – 25% coinsurance for a one-month (34-day) supply of drugs in this tier 	Specialty <ul style="list-style-type: none"> – 25% coinsurance for a one-month (34-day) supply of drugs in this tier
		Injectible <ul style="list-style-type: none"> – 25% coinsurance for a one-month (34-day) supply of drugs in this tier 	Injectible <ul style="list-style-type: none"> – 25% coinsurance for a one-month (34-day) supply of drugs in this tier

Note: The Medicare Part B deductible may change each year.

			BCN Advantage Option 2	BCN Advantage Option 3
<p>Coverage gap after you reach your Initial Coverage Limit</p>			<p>After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p>	<p>The plan covers All Preferred Generics through the coverage gap. You pay the following:</p> <p>Retail Pharmacy</p> <p>Preferred generic</p> <ul style="list-style-type: none"> – \$5 copay for a one-month (34-day) supply of all drugs covered in this tier from a preferred pharmacy – \$12.50 copay for a three-month (90-day) supply of all drugs covered in this tier from a preferred pharmacy – \$5 copay for a one-month (34-day) supply of drugs you get at a non-preferred pharmacy – \$15 copay for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred pharmacy <p>Long-Term Care Pharmacy</p> <p>Preferred generic</p> <ul style="list-style-type: none"> – \$5 copay for a one-month (34-day) supply of all drugs

Note: The Medicare Part B deductible may change each year.

			BCN Advantage Option 2	BCN Advantage Option 3
<p>Coverage gap after you reach your Initial Coverage Limit <i>continued</i></p>				<p>Mail order</p>
				<p>Preferred generic</p> <ul style="list-style-type: none"> – \$5 copay for a one-month (34-day) supply of all drugs covered in this tier – \$12.50 copay for a three-month (90-day) supply of all drugs covered in this tier
				<p>For all other covered drugs after your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p>
<p>Catastrophic Coverage</p>			<p>After your yearly out-of-pocket drug costs reach \$4,350 you pay the greater of:</p> <ul style="list-style-type: none"> – A \$2.40 copay for generic (including brand drugs treated as generic) and \$6 copay for all other drugs, or – 5% coinsurance. 	<p>After your yearly out-of-pocket drug costs reach \$4,350 you pay the greater of:</p> <ul style="list-style-type: none"> – A \$2.40 copay for generic (including brand drugs treated as generic) and \$6 copay for all other drugs, or – 5% coinsurance.

Note: The Medicare Part B deductible may change each year.

			BCN Advantage Option 2	BCN Advantage Option 3
Out-of-Network			Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from BCN Advantage.	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from BCN Advantage.
Out-of-Network			Initial coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:	Initial coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:

Note: The Medicare Part B deductible may change each year.

			BCN Advantage Option 2	BCN Advantage Option 3
Out-of-Network			Out-of network pharmacy	Out-of network pharmacy
			Preferred generic — \$5 copay for a one-month (34-day) supply of drugs in this tier	Preferred generic — \$3 copay for a one-month (34-day) supply of drugs in this tier
			Preferred brand — \$30 copay for a one-month (34-day) supply of drugs in this tier	Preferred brand — \$25 copay for a one-month (34-day) supply of drugs in this tier
			Non-preferred brand — \$55 copay for a one-month (34-day) supply of drugs in this tier	Non-preferred brand — \$50 copay for a one-month (34-day) supply of drugs in this tier
			Specialty — 25% coinsurance for a one-month (34-day) supply of drugs in this tier	Specialty — 25% coinsurance for a one-month (34-day) supply of drugs in this tier
			Injectible — 25% coinsurance for a one-month (34-day) supply of drugs in this tier	Injectible — 25% coinsurance for a one-month (34-day) supply of drugs in this tier

Note: The Medicare Part B deductible may change each year.

			BCN Advantage Option 2	BCN Advantage Option 3
Out-of-Network			Coverage Gap	Coverage Gap
			<p>After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by BCN Advantage for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to BCN Advantage so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>The plan covers All Preferred Generics through the gap.</p> <p>You pay the following:</p> <p>Preferred generic — \$5 copay for a one-month (34-day) supply of all drugs covered in this tier</p>

Note: The Medicare Part B deductible may change each year.

				BCN Advantage Option 3
Out-of-Network Coverage Gap <i>continued</i>				<p>Preferred brand</p> <ul style="list-style-type: none"> – After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by BCN Advantage for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to BCN Advantage so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

Note: The Medicare Part B deductible may change each year.

				BCN Advantage Option 3
Out-of-Network Coverage Gap <i>continued</i>				<p>Non-Preferred brand</p> <ul style="list-style-type: none"> – After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by BCN Advantage for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to BCN Advantage so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

Note: The Medicare Part B deductible may change each year.

				BCN Advantage Option 3
Out-of-Network Coverage Gap <i>continued</i>				<p>Specialty</p> <ul style="list-style-type: none"> – After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by BCN Advantage for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to BCN Advantage so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

Note: The Medicare Part B deductible may change each year.

			BCN Advantage Option 2	BCN Advantage Option 3
Out-of-Network Coverage Gap <i>continued</i>				Injectable <ul style="list-style-type: none"> After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by BCN Advantage for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to BCN Advantage so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.
Out-of-Network			Catastrophic Coverage <p>After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> A \$2.40 copay for generic (including brand drugs treated as generic) and \$6 copay for all other drugs, or 5% coinsurance. 	Catastrophic Coverage <p>After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> A \$2.40 copay for generic (including brand drugs treated as generic) and \$6 copay for all other drugs, or 5% coinsurance.

Note: The Medicare Part B deductible may change each year.

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
30 Dental Services	Preventive dental services (such as cleaning) not covered.	In-network \$0 copay for Medicare-covered dental benefits. \$0 copay for the following preventive dental benefits: <ul style="list-style-type: none"> – up to 1 oral exam(s) every six months – up to 1 cleaning(s) every six months – up to 1 dental X-ray(s) every two years 	In-network \$0 copay for Medicare-covered dental benefits. \$0 copay for the following preventive dental benefits: <ul style="list-style-type: none"> – up to 1 oral exam(s) every six months – up to 1 cleaning(s) every six months – up to 1 dental X-ray(s) every two years 	In-network \$0 copay for Medicare-covered dental benefits. \$0 copay for the following preventive dental benefits: <ul style="list-style-type: none"> – up to 1 oral exam(s) every six months – up to 1 cleaning(s) every six months – up to 1 dental X-ray(s) every two years
31 Hearing Services	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	General Authorization rules may apply. In-network \$0 for up to 2 hearing aid(s) every three years. <ul style="list-style-type: none"> – \$25 copay for Medicare-covered diagnostic hearing exams – \$25 copay for up to 1 routine hearing test(s) every year – \$0 copay for up to 1 hearing aid fitting evaluation(s) every three years \$1,000 limit for hearing aids every three years.	General Authorization rules may apply. In-network \$0 for up to 2 hearing aid(s) every three years. <ul style="list-style-type: none"> – \$25 copay for Medicare-covered diagnostic hearing exams – \$25 copay for up to 1 routine hearing test every year – \$0 copay for up to 1 hearing aid fitting evaluation(s) every three years \$1,000 limit for hearing aids every three years.	General Authorization rules may apply. In-network \$0 for up to 2 hearing aid(s) every three years. <ul style="list-style-type: none"> – \$25 copay for Medicare-covered diagnostic hearing exams – \$25 copay for up to 1 routine hearing test every year – \$0 copay for up to 1 hearing aid fitting evaluation(s) every three years \$1,000 limit for hearing aids every three years.

Note: The Medicare Part B deductible may change each year.

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
32 Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-network</p> <p>Non-Medicare-covered eye exams and glasses not covered.</p> <ul style="list-style-type: none"> – \$0 copay for diagnosis and treatment for diseases and conditions of the eye – \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery 	<p>In-network</p> <p>Non-Medicare-covered eye exams and glasses not covered.</p> <ul style="list-style-type: none"> – \$0 copay for diagnosis and treatment for diseases and conditions of the eye – \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery 	<p>In-network</p> <p>Non-Medicare-covered eye exams and glasses not covered.</p> <ul style="list-style-type: none"> – \$0 copay for diagnosis and treatment for diseases and conditions of the eye – \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery
33 Physical Exams	<p>20% coinsurance for one exam within the first 6 months of your new Medicare Part B coverage.</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 6 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>In-network</p> <p>\$20 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$20 copay for Medicare-covered benefits.</p>	<p>In-network</p> <p>\$15 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$15 copay for Medicare-covered benefits.</p>	<p>In-network</p> <p>In-Network</p> <p>\$10 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$10 copay for Medicare-covered benefits.</p>

Note: The Medicare Part B deductible may change each year.

Benefit	Original Medicare	BCN Advantage Option 1	BCN Advantage Option 2	BCN Advantage Option 3
Health/Wellness Education	Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.	In-network This plan covers the following health/wellness education benefits. – Written health education materials, including Newsletters – Nutritional Training – Additional Smoking Cessation – Alternative Medicine Program – Other Wellness Benefits	In-network This plan covers the following health/wellness education benefits. – Written health education materials, including Newsletters – Nutritional Training – Additional Smoking Cessation – Alternative Medicine Program – Other Wellness Benefits	In-network This plan covers the following health/wellness education benefits. – Written health education materials, including Newsletters – Nutritional Training – Additional Smoking Cessation – Alternative Medicine Program – Other Wellness Benefits
Transportation (routine)	Not covered.	In-network This plan does not cover routine transportation.	In-network This plan does not cover routine transportation.	In-network This plan does not cover routine transportation.
Acupuncture	Not covered.	In-network This plan does not cover Acupuncture.	In-network This plan does not cover Acupuncture.	In-network This plan does not cover Acupuncture.

Note: The Medicare Part B deductible may change each year.

Premium table for BCN Advantage plans

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

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

1. Locate the segment/county in which you permanently reside.
2. Look at the options to find your monthly premium rate.

Segment with Counties	BCN Advantage Premium Rate Per Month		
	Option 1	Option 2	Option 3
Segment 1 Southwest Michigan Allegan, Kent, Muskegon, Newaygo, Ottawa	\$0	\$61	\$80
Segment 2 Mid-Michigan Barry, Clinton, Eaton, Gratiot, Ingham, Ionia, Kalamazoo, Midland	\$0 BCN Advantage is reducing your monthly Medicare Part B premium by \$14	\$36	\$50
Segment 3 South Michigan Calhoun, Jackson, Livingston, Monroe, Montcalm, Washtenaw	\$19	\$64	\$84
Segment 4 Central Michigan Bay, Genesee, Lapeer, Saginaw, Shiawassee, Tuscola	\$11	\$60	\$90
Segment 5 Southeast Michigan Macomb, Oakland, St. Clair, Wayne	\$17	\$65	\$87

BCN Advantage Service Area

You are always covered for emergency and urgent care anywhere in Michigan, the nation or the world.

BCN Advantage Customer Service:

1-800-450-3680 (TTY 1-800-430-3211)
8 a.m. – 8 p.m., seven days a week

Medicare Customer Service:

1-800-MEDICARE (1-800-633-4227)
(TTY 1-877-486-2048)
24 hours a day, seven days a week

Blue Care Network Corporate Offices

P.O. Box 5043
Southfield, MI 48086-5043

