

2025

READY
TO HELP

BCN AdvantageSM HMO-POS

Prescription Drug Benefits

Emerging Markets BU Retirees 00600102
0120 - 0120

Benefits-at-a-Glance

January 1, 2025 – December 31, 2025

To join BCN AdvantageSM HMO-POS, you must have both Medicare Part A and Medicare Part B and live in our group service area.

The benefit information provided is a summary of what we cover and what you pay. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and copayments/coinsurance may change on January 1 of each year. You can contact the plan by calling Customer Service at 1-800-450-3680, 8 a.m. to 8 p.m. Eastern, Monday through Friday, with weekend hours Oct. 1 through March 31. TTY users should call 711. To get a complete list of services we cover, call Customer Service and ask for the *Evidence of Coverage*.

Payment amounts are based on the Blue Care Network approved amount, less any applicable deductible and/or copay amounts required by the plan. Services must be provided or arranged by the member's primary care physician or health plan. The formulary, provider network, and pharmacy network may change at any time. You will receive notice when necessary.

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. Visit our online search tool at www.bcbsm.com/pharmaciesmedicare to find a network pharmacy near you. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.bcbsm.com/formularymedicare.

Deductible, copayments and dollar maximums

Deductible	None
Fixed dollar copays	\$10 for office visits and online visits \$0 for emergency room visits \$10 for referral physician visits \$0 for high technology radiology imaging (MRI, MRA, CT scan, PET)
Coinsurance	None
Copay Maximum	None
Coinsurance Maximum	None
Maximum Out-of-Pocket	\$6,700 per calendar year

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

www.bcbsm.com/medicare

Preventive care services	
Annual gynecological exam	100%
Health maintenance exam	100%
Immunization	100%
Mammography screening	100%
Pap smear screening – laboratory services only	100%
Prostate specific antigen, or PSA, screening – laboratory services only	100%
Physician office services	
Chiropractic spinal manipulation – when referred	\$10 copay
Consulting specialist care* – when referred	\$10 copay
Office visits	\$10 copay
Virtual care	\$10 copay
Outpatient physical, speech and occupational therapy	\$10 copay
Emergency medical care	
Ambulance services – medically necessary	100%, ground and air service
Hospital emergency room – copay waived if admitted, inpatient hospital benefits apply	\$0 copay
Urgent care center	\$0 copay
Diagnostic services	
Diagnostic tests and X-rays	100%, office visit copay may apply per member, per visit
High-technology radiology imaging (MRI, MRA, CAT scan, PET)	100%
Laboratory and pathology services	100%, office visit copay may apply per member, per visit
Radiation therapy	100%, office visit copay may apply per member, per visit
Hospital Care	
Inpatient physician care, general nursing care, hospital services and supplies	100%, unlimited days
Outpatient surgery including in Ambulatory Surgical Center	100%
Alternatives to hospital care	
Home health care	100%, physician visit copay may apply
Skilled nursing care	100%, up to 100 days per benefit period
Surgical services	
Human organ transplants	100%, subject to medical criteria
Surgery – includes all related surgical services and anesthesia	100%

Mental health care and substance use treatment	
Inpatient mental health care	Mental health care: 100%, unlimited days. Prior authorization required.
Inpatient substance use disorder	100%, unlimited days
Outpatient mental health care	100%, unlimited days
Outpatient substance use disorder	100%, unlimited days
Durable Medical Equipment Prosthetics & Orthotics	
Durable medical equipment	100%
Prosthetic and orthotic appliances	100%
Additional services	
Allergy injections	100%, office visit copay may apply per member, per visit
Allergy testing and therapy	100%, office visit copay may apply per member, per visit
SilverSneakers® fitness benefit, includes: <ul style="list-style-type: none"> • A fitness center membership at any participating location across the country • Conditioning classes, exercise equipment, pool, sauna and other available amenities • Customized SilverSneakers classes and seminars • Online classes • SilverSneakers app 	<p>\$0 copay for fitness services.</p> <p>Fitness services must be provided at SilverSneakers participating locations. You can find a location or request SilverSneakers Steps information at www.silversneakers.com or 1-866-584-7352, Monday – Friday, 8 a.m. to 8 p.m. TTY users call 711.</p> <p>SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved.</p>

* Some in-network specialists may need to confirm with your primary care physician that you need specialty care. Your PCP is the best resource for coordinating your care and can help you find an in-network specialist.

Prescription Drugs

Formulary Type: BCN Advantage Comprehensive Formulary for Groups

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

Phase 1: The deductible Stage

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

Phase 2: The Initial Coverage Stage

You pay the following until your out-of-pocket costs reach \$2,000. See Chapter 5 Section 5 of the *Evidence of Coverage* for information about how Medicare counts your out-of-pocket costs.

Prescription drugs	
Tier 1 – Preferred Generic	Standard Pharmacy: \$7 up to a 31-day supply Preferred Pharmacy: \$2 up to a 31-day supply
Tier 2 – Generic	Standard Pharmacy: \$7 up to a 31-day supply Preferred Pharmacy: \$2 up to a 31-day supply
Tier 3 – Preferred Brand Name	Standard Pharmacy: \$15 up to a 31-day supply Preferred Pharmacy: \$10 up to a 31-day supply
Tier 4 – Non-Preferred Drugs	Standard Pharmacy: \$30 up to a 31-day supply Preferred Pharmacy: \$20 up to a 31-day supply
Tier 5 – Specialty Drugs	Standard Pharmacy: \$30 up to a 31-day supply Preferred Pharmacy: \$20 up to a 31-day supply
Mail-order prescription drugs	Two times the applicable generic and brand copay for a 32-day to a 90-day supply
Drugs for the treatment of sexual dysfunction	Tiered copay applies

Phase 3: The Catastrophic Stage

You enter the Catastrophic Coverage stage when your total out-of-pocket costs have reached the \$2,000 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.

During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. For more information about your costs in these stages, look at Chapter 6, Section 6 in the *Evidence of Coverage* online at www.bcbsm.com/medicare.

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.

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.