BCN Advantage HMO-POS with Prescription Drugs

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Benefits-at-a-Glance

January 01, 2026 - December 31, 2026

To join BCN Advantage℠ 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. *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.

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**.

Member's responsibility (deductibles, copays, coinsurance and dollar maximums)	
Deductible	None
Fixed Dollar Copays:	$10 for office visits
Maximum Out-of-Pocket	$6,700 per calendar year

Preventive services	
Health Maintenance Exam	100%
Annual Gynecological Exam	100%
Pap Smear Screening - laboratory services only	100%
Immunizations	100%
Prostate specific antigen, or PSA, screening - laboratory services only	100%
Mammography Screening	100%

Physician office services	
PCP Office Visits	$10 copay
Virtual Care	$10 copay
Consulting specialist care* - when referred	$10 copay
Chiropractic Spinal Manipulation - when referred	$10 copay
Outpatient Physical, Speech and Occupational Therapy	$10 copay

Emergency medical care	
Hospital emergency room - copay waived if admitted, inpatient hospital benefits apply	100% (ground and air service)
Urgent Care Center	100%
Ambulance Services - medically necessary	100%

Diagnostic services	
Laboratory and Pathology Tests	100%
Diagnostic Tests and X-rays	100%
High Technology Radiology Imaging (MRI, MRA, CAT, PET)	100%
Radiation Therapy	100%

Hospital care	
Inpatient physician care, general nursing care, hospital services and supplies	100%, (unlimited days)
Outpatient Surgery including Ambulatory Surgical Center	100%

Alternatives to hospital care	
Skilled Nursing Care	100%
Skilled Nursing Care Limit	up to 100 days per member, per benefit period
Home Health	100% (physician home visit copay may apply), may require prior authorization

Surgical services	
Surgery - includes all related surgical services and anesthesia.	See Hospital Care for inpatient and outpatient cost sharing
Human Organ Transplants	100% (subject to medical criteria)

Behavioral health services (mental health and substance use disorder treatment)	
Inpatient Mental Health Care	100%; unlimited days; requires authorization
Inpatient Substance Use Disorder	100%, unlimited days
Outpatient Mental Health Care includes online visits	100%, unlimited days
Outpatient Substance Use Disorder	100%, unlimited days

Durable Medical Equipment & Prosthetics & Orthotics	
Durable Medical Equipment	100%
Prosthetic and Orthotic Appliances	100%

Other services	
Allergy Testing and Therapy	100%, (Office visit copay may apply per member, per visit.)
Allergy Injections	100%, (Office visit copay may apply per member, per visit.)
SilverSneakers fitness benefit, includes: - 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	$0 copay for fitness services. 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. SilverSneakers is a registered trademark of Tivity Health, Inc.

Prescription Drugs

Formulary Type: BCN Advantage Comprehensive Formulary for Groups

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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 $2,100. 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 copay up to a 31-day supply Preferred Pharmacy:$2 copay up to a 31-day supply
Tier 2 - Generic	Standard Pharmacy: $7 copay up to a 31-day supply Preferred Pharmacy:$2 copay up to a 31-day supply
Tier 3 - Preferred Brand Name	Standard Pharmacy: $15 copay up to a 31-day supply Preferred Pharmacy: $10 copay up to a 31-day supply
Tier 4 - Non-Preferred Drugs	Standard Pharmacy: $30 copay up to a 31-day supply Preferred Pharmacy: $20 copay up to a 31-day supply
Tier 5 - Specialty Drugs	Standard Pharmacy: $30 copay up to a 31-day supply Preferred Pharmacy: $20 copay up to a 31-day supply
Mail Order Prescription Drugs	Two times the applicable copay up to a 90 day supply. Specialty drugs are not covered through mail order pharmacies.
Drugs for the Treatment of Sexual Dysfunction	50% coinsurance

Phases 3: The Catastrophic Stage

You enter the Catastrophic Coverage stage when your total out-of-pocket costs have reached the $2,100 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 cost of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at **www.medicare.gov** or get a copy by calling **1-800-633-4227**, 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.