Member Handbook

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

Contents

Welcome

Thank you for choosing Blue Cross Blue Shield of Michigan. We're providing you and your family with this *Member Handbook* to help you get the most from your health plan. Being well informed, you will have the confidence and security of knowing that health care coverage is available when you need it.

This handbook gives you an overview of your health care coverage. For more details about your coverage:

- Visit **bcbsm.com** and click *Login*.
- Register to create an account.

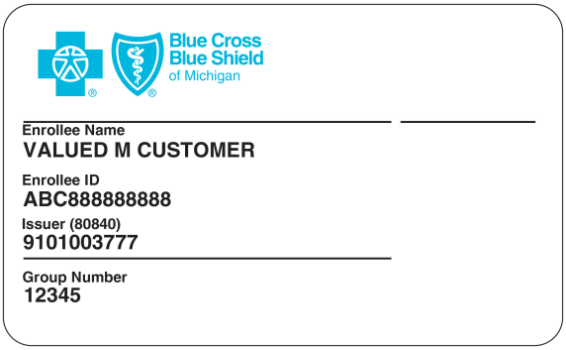
If you have technical difficulties, please call Web Support at 1-888-417-3479.

If you don't have online access, please call the Customer Service number on the back of your Blue Cross ID card.

The information in this handbook is a summary of your group's health care benefits. It is not a contract. This summary may not reflect additional limitations or exclusions that apply to covered services or the most recent updates to BCBSM certificates, riders, plan modifications and/or changes that your group may be making to your coverage. Please contact your health care administrator or call the Customer Service phone number printed on the back of your ID card if you have additional questions about your health care benefits.

Your BCBSM ID card

Once enrolled, you'll receive an ID card. All cards will show the contract holder's name, even those issued to dependents.



Enrollee name: The contract holder's name,

Enrollee ID: The subscriber's assigned contract number with BCBSM.

Issuer: Identifies you as a Michigan BCBS member to out-of-state providers.

Group number: References your employer group.

About your ID card

Only you and your eligible dependents may use the cards issued for your contract. Lending your card is illegal and subject to possible fraud investigation and termination of coverage.

Call us if your card is lost or stolen. Your provider can call us to verify coverage until you receive your new cards.

If you need additional ID cards:

- Visit **bcbsm.com** and log in.
- Click *Get an ID card*

You can also call the Customer Service number that is online.

Discounts for members

With our exclusive Healthy Blue Xtras program, members can access special discounts and trusted health and wellness resources. Members will score big savings and special offers on a variety of healthy products and services from companies across Michigan, as well as from nationwide businesses, through our Blue 365 savings program.

Visit **bcbsm.com/xtras**. Then just show your Blues ID card to save.

Choosing your provider

Looking for a doctor, hospital or other health care professional

Visit **bcbsm.com** and click *Find a Doctor*.

To help you find the health care provider you need, you can:

- Enter searchable criteria
- Compare providers easily
- Read a review of a doctor
- Print the list.
- Find out-of-state doctors
- Get cost-estimates – Research and compare for certain procedures.

You can find a network provider for the following services on our site:

- Primary care services, such as routine exams or general health issues
- Specialty care, for instance, if you need care for a heart condition or need a surgeon
- Behavioral care and substance abuse services
- Evening or weekend services
- Services from a doctor who speaks another language
- Services located near you

What is a network provider?

A network provider is a physician, hospital, or other health care specialist who provides services through our PPO network. PPO stands for preferred provider organization. PPO network providers have signed agreements with us to accept our approved amount as payment in full for services covered under your health care plan. Using PPO network providers limits your out-of-pocket costs for covered services to any in-network deductible and copayments that may be required by your plan.

Special note for parents of students: Dependents attending school away from home still need to choose a PPO physician to remain in-network. (See the section on BlueCard®.)

Limited network

For certain providers, BCBSM does not have a PPO network. If you receive services from a provider for which there is no PPO network, the service will be covered at the in-network level of benefits. If you are unsure whether or not there is a PPO network for a service, please call the Customer Service number on the back of your Blue Cross ID card.

What is an out-of-network provider?

An out-of-network provider is a physician, hospital, or other health care specialist who has not signed an agreement to provide services through our PPO network. Your health care plan generally has higher out-of-pocket deductible and copays for services received outside the PPO network.

Important: Outside of the PPO network, a provider can either be participating or nonparticipating. Participating providers have agreed to accept our approved amount plus your out-of-network deductible and copayment as payment-in-full for covered services.

Nonparticipating providers have not signed an agreement and can bill you for any differences between their charges and our approved amount.

How providers are paid

How much you pay for services you receive depends on whether you use a network or out-of-network network provider. We'll explain the difference below.

Under your health care program, the payment allowed for covered services is called the Blue Cross Blue Shield of Michigan approved amount. Our approved amount is the lower of the provider's billed charge or the BCBSM-maximum payment level for the covered service. Any deductible or copays required by your health care plan are subtracted from the approved amount before we make our payment.

PPO network providers — BCBSM sends payment directly to network providers. Because of their signed agreement with BCBSM, network providers will accept this payment as payment in full for covered services. You are only responsible for any in-network deductible or copays that may be required by your health care plan.

Out-of-network providers — When choosing to go out of network, it is important to verify if the service is covered, because not all services may be covered out of network. Please call the Customer Service phone number on the back of your ID card.

When using out-of-network providers, you also need to find out if the provider is participating or nonparticipating with BCBSM. Here's why this is important:

Participating providers — BCBSM sends payment directly to participating providers. Because of their signed agreement with BCBSM, participating providers will accept this payment as payment in full for covered services. You are responsible only for any out-of-network deductibles or copays required by your health plan.

Nonparticipating physicians and other professional providers — BCBSM sends payment directly to you, and it is your responsibility to pay the provider. Because BCBSM's payment to you may be less than the provider's charge, you may also have to pay the provider the difference between our payment and the provider's charge. This would be in addition to any out-of-network deductible or copays required by your health plan.

Nonparticipating hospitals, facilities and alternatives to hospital care providers — BCBSM's payment for services received at nonparticipating hospitals is very limited and covers only those services required to treat accidental injuries or medical emergencies. This means that you will need to pay most of the charges yourself, and your bill could be substantial. Please refer to your health care certificate for a complete explanation of your coverage when services are provided by a nonparticipating hospital or facility.

Preventing fraud

If your provider asks for another form of identification, don't worry. Checking a cardholder's identification is just one way our providers help us protect you against unauthorized use of your card.

You can also help prevent fraud by checking your Explanation of Benefit Payments form, or EOB. If you see a discrepancy on your EOB, contact your provider first to see if it is an error. If it's not and you believe it is fraudulent billing or use of your card, then let us know by calling our anti-fraud hot line at 1-800-482-3787. You can also fill out our online Anti-Fraud form or write to:

Anti-Fraud Unit, Mail Code B759
Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd.
Detroit, MI 48226

When reporting fraud, all phone calls and correspondence are confidential.

What you pay out of pocket

For details of the amount of out-of-pocket expenses you pay for covered services:

- Visit **bcbsm.com** and log in.
- Click *My Coverage* and select either *Medical*, *Dental* or *Vision*.
- Click *What's Covered*.

If you have to pay for covered services, we will reimburse you for our share of the cost. For more information and for a copy of the form:

- Visit **bcbsm.com** and log in.
- Click *Forms.*

Health resources

BlueHealthConnection®

Whether you're looking for ways to improve your lifestyle or manage a chronic condition, BlueHealthConnection has the support system you need — and it starts with a phone call to BlueHealthConnection at 800-775-BLUE (2583).

Working together

When you call BlueHealthConnection, an Engagement Center specialist will work with you by phone to help you decide which level of care you need, such as:

- General health education on issues such as smoking-cessation and avoiding the flu
- Symptom management and health coaching if you need general advice about medical concerns, and assistance in determining whether and where to obtain care for acute health care problems
- Chronic condition management that includes education and coaching in self-management of chronic illnesses
- Case management when you have a medical condition that needs coordination of care

Online health resources

BlueHealthConnection also offers members a private, easy-to-use online resource for personal health and wellness information. The site has a wealth of information on health-related topics to meet your individual health needs:

- Visit **bcbsm.com** and log in.
- Click *Health & Wellness*.
- Click *BlueHealthConnection*.

Here's what BlueHealthConnection online offers you:

- Health assessment — It takes about 20 minutes to complete. It gives you a clear picture of your overall health status and pinpoints your specific health issues and risks. Then you get a personalized plan to help you improve your health.
- Health information — From health articles to calculator tools, the interactive tools help you participate with your physician in planning your health goals.
- Calculator tools —You'll find a body mass index calculator, a children's growth calculator and more.

BlueCard® program

When traveling outside of Michigan, your coverage travels with you. Through the BlueCard program, you have access to network and participating providers throughout the U.S. and around the world.

And like network and participating providers in Michigan, you won't have to fill out any claim forms or pay up front for the cost of the service unless it's an out-of-pocket cost, such as a deductible or copayment, or a noncovered service.

Here are three steps to make the BlueCard program work for you:

1. In an emergency, go directly to the nearest hospital.
2. Call 1-800-810-BLUE (2583) or search for nearby doctors and hospitals.
3. When you arrive at the network or participating provider's office or hospital, present your ID card. The doctor or hospital will recognize the suitcase logo and know that you are receiving services under the BlueCard program. This means they will submit any claim forms and only bill you for any deductible or copay that may be required by your health care plan.

Care out of the U.S.

With our BlueCard program, your coverage also travels with you to foreign countries. When you need care outside of the U.S., follow these six steps:

1. Check your certificate to make sure your international benefits are the same outside of the U.S.

2. If you need to find a provider, call the BlueCard Worldwide Service Center at 1-810-BLUE (2583) or call collect at 804-673-1177, 24 hours a day, seven days a week. An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization if necessary.

3. In an emergency, go directly to the nearest doctor or hospital, then call the BlueCard Worldwide Service Center if you are hospitalized. For non-emergency inpatient medical care, you must call the BlueCard Worldwide Service Center to arrange access to a BlueCard Worldwide hospital, to locate a doctor or hospital, or if you need medical assistance.

4. If you need to be hospitalized, call your Blue plan for precertification or preauthorization. You can find the phone number on your Blue ID card. Note: This number is different from the phone number listed above.

5. If the BlueCard Worldwide Service Center arranged your hospitalization, the hospital will file the claim for you. You will need to pay the hospital for the deductible or copay expenses you normally pay.

6. For outpatient and doctor care or inpatient care not arranged through the BlueCard Worldwide Service Center, you will need to pay the provider and submit a claim form with original bills to BCBSM. Try to get all itemized receipts, preferably in English. We will pay the approved amount for covered services at the rate of exchange in effect on the date of service, minus any deductible or copay that may be required by your plan.

Eligibility, enrollment and membership

You can also verify your BCBSM membership records on our website in when you log in to your account and click *Account Settings*.

Dependent coverage

Coverage for your dependents is based on the certificates and riders included in your health care plan. For dependent eligibility criteria, refer to your certificates and riders which are available online. Members without online access can call the Customer Service phone number on the back of the ID card.

Special enrollment periods

If you decline enrollment for yourself and your dependents (including your spouse) because of other health coverage, you may enroll later in this plan if:

- Your other coverage is terminated because of loss of eligibility, or if employer contributions for the other coverage are terminated — provided that you request enrollment within 30 days after your other coverage or the contribution toward that coverage ends.

- You have a new dependent because of marriage, birth, adoption or placement for adoption — provided you request enrollment within 31 days after the marriage, birth, adoption or placement of adoption.

Note: Loss of eligibility includes loss of coverage due to legal separation, death, divorce, termination of employment or reduction of hours. It does not include loss of coverage due to failure to pay premiums or termination for cause, such as making a fraudulent claim. If you decline enrollment because you had COBRA, or Consolidated Omnibus Budget Reconciliation Act continuation coverage under another plan, you must exhaust your COBRA coverage before you may enroll in this plan because of a loss of eligibility.

To request a special enrollment or obtain more information, please see your human resource area.

Making membership changes

Promptly report the following changes to your employer. Your employer will notify Blue Cross Blue Shield of Michigan.

- Change of name or address — Immediately
- Weddings — Within 31 days of marriage.
- New babies — Within 31 days of birth.
- Adoptions — Within 31 days of the date of petition or the date of adoption.
- Military service — Within 30 days of induction or discharge.
- 65th birthday — When you or your dependent become eligible for Medicare.
- Children — Contact your employer to verify eligibility for your children.

Continuing coverage on your own

Your coverage will end for you and your dependents when you are no longer eligible through your group. However, you may continue temporary coverage through COBRA.

Please contact your Human Resources department for your coverage options and to find out eligibility dates.

Certificate of creditable coverage

The Health Insurance Portability and Accountability Act of 1996, or HIPAA, requires all health plans to provide a certificate of creditable coverage to any individual who loses health coverage. The certificate rules help ensure that coverage is portable, which means that once a person has coverage, he or she can use it to reduce or eliminate any exclusion periods for pre-existing conditions that might otherwise apply when changing coverage. When your coverage through your employer ends, you will receive a certificate of creditable coverage. You also may request a certificate for health coverage periods on and after July 1, 1996, at any time during your coverage or within 24 months after loss of coverage. To request a certificate of creditable coverage, please call BCBSM at 1-800-292-3501.

Claims information

With the Blues' extensive network of participating providers and our BlueCard® program, the only time you may have to file your own claims is if you receive services from a nonparticipating or non-network provider.

Filing a claim

If you receive services from a nonparticipating or non-network provider, first ask the provider if he or she will bill us for the services. Most providers will submit claims to their patients' insurance companies when asked.

If your provider will not bill BCBSM for you, then follow these steps:

- Ask the provider for an itemized statement or receipt with the following information:
  - Name and address of provider
  - Full name of patient
  - Date of service
  - Provider's charge
  - Diagnosis and type of service

- Make a copy of all items for your files, and send the originals to us with the claim form. It is important that you file claims promptly because most services have claims filing limitations. To find the form:
  - Visit **bcbsm.com** and log in.
  - Click *Forms*.

Note: If you receive care out of the country, try to get all receipts itemized in English. Cash register receipts, canceled checks, or money order stubs may accompany your itemized receipts, but may not substitute for an itemized statement.

When payment is made, it will be made directly to the health care contract holder.

Your Explanation of Benefits

After we process claims for services you receive, we send you an Explanation of Benefits, which we refer to as an EOB. The EOB is not a bill. It helps you understand how your benefits were paid. At the top of the EOB you'll find Blue Cross Blue Shield Customer Service numbers and an address to use for questions.

Receive your Explanation of Benefits electronically

Instead of receiving your EOBs in the mail, you can sign up to get your EOBs online. Blue Cross will send you an email to notify you of a new EOB that’s been posted. You can view, save or print your EOB statements.

- Visit **bcbsm.com** and log in.
- Click *Account Settings*.
- Click *Paperless Options*.

Reading your EOB

Briefly, your Explanation of Benefits tells you:

- The person who received the services and the date services were provided
- "Summary of Balances" includes the provider(s) of the services, and payments, including the amount saved by using network providers.
- "Summary of Deductibles and Copayments" shows your deductible and copayment requirements and a total of all deductibles and copayments paid to date.
- "Detail on Services" summarizes the BCBSM payment and shows your balance.

If you see an error, contact your provider first. If your provider cannot correct the error, call the Customer Service number on your EOB.

What if my claim is rejected or denied?

Every effort is made to process your claims correctly. If we deny your claim for benefits, you can appeal the denial of payment. For more information on the appeals process:

- Visit **bcbsm.com/importantinfo**.
- Click *Appealing a claims decision*.

Getting the care you need

Our approval for some services

Some services are eligible for coverage only when your provider gets approval before giving them. You'll find a list at **bcbsm.com/importantinfo**. Click *Approving covered services*.

Access to our staff

Blue Cross works with our network providers to improve delivery of health care and to improve outcomes. We want to make sure you're getting the highest quality care and service, and that you receive it promptly. This is called utilization management. If you have questions or want more information about this process and the approval of care, please call the Customer Service number on the back of your ID card. TTY users: start by dialing 711.

Evaluating medical technology

The Medical Policy Administration of Blue Cross Blue Shield of Michigan and the Care Management department of Blue Care Network of Michigan are responsible for evaluating new technologies and the new applications of existing technologies, the development of medical policies related to these technologies and the development of coverage recommendations. This process includes, but is not limited to, the following areas for potential new technologies: medical procedures and services, medical devices, surgical procedures, behavioral health procedures and pharmaceuticals.

Emergency care

If you're not sure whether your condition (such as high fever, sharp or unusual pain or minor injury) requires emergency care, but you think it needs prompt attention, it's best to call your doctor or your doctor's after hours phone number.

You can also visit a network urgent care center for nonemergency conditions such as earaches, colds, flu, minor burns, fever, sprains, sore throats and headaches. Visit bcbsm.com for a list of urgent care centers.

If you have an emergency and taking the time to call your doctor may mean permanent damage to your health, seek treatment first. Go to the nearest emergency room or call 911.

After the emergency has passed, your doctor can arrange appropriate follow-up care.

Some services aren't covered

Experimental treatment: We do not pay for experimental treatment. Facility services and physician services, including diagnostic tests related to experimental procedures are also not payable. Please refer to your certificate for an explanation on how we determine experimental services. For a list of services not covered by your health plan:

- Log in at **bcbsm.com**
- Click *My Coverage*
- Click *Medical*
- Click *What's Covered* and scroll down to see what's not covered

Prescription drug coverage

If you have drug coverage, you can check the drugs we cover under our various pharmacy plans.

- Visit **bcbsm.com/importantinfo**.
- Click *Drug lists and pharmacy information*.

Coordination of benefits

Coordination of Benefits, or COB, is how health care carriers coordinate benefits when you are covered by more than one health care plan. Under COB, carriers work together to make sure you receive the maximum benefits available under your health care plans. Your BCBSM health care plan requires that your benefit payments be coordinated with those from another group plan for services that may be payable under both plans.

Ask your health care provider to submit claims to your primary carrier first. If a balance remains after the primary carrier has paid the claim, you or the provider can then submit the claim along with the primary carrier's payment statement to BCBSM.

Updating COB information is your responsibility.

You can avoid claims-processing delays if you keep your COB information up to date. You can view your current COB information online.

If you need to change the information we have on record, notify your employer immediately. We may also periodically ask you to update your COB information.

For more information, visit **bcbsm.com/cob**.

Subrogation

Your contract with Blue Cross Blue Shield of Michigan includes a provision called "subrogation." If you file a lawsuit or an insurance claim, or if there is a settlement, subrogation allows Blue Cross Blue Shield of Michigan to hold a party that caused an injury or condition to be responsible for payment of the medical expenses related to the injury. For more information or for a copy of the form:

- Visit **bcbsm.com**.
- Click *Help*.
- Click *Popular Health Topics.*

- Click *Other Topics.*

Send us the completed form.

Mailing:

Blue Cross Blue Shield of Michigan
Subrogation Department
232 S. Capitol Ave., L09A
Lansing, MI 48933-1504

Email: SubrogationUnit@bcbsm.com

Phone: 1-866-296-3975

Fax: 1-877-257-2012

If you hire an attorney to represent you in such a situation, have your attorney call Blue Cross at 1-866-296-3975.

Customer service

To call us, please use the phone number printed on the back of your ID card. You can also find this number on your Explanation of Benefit Payments, or EOB.

Our Customer Service hours are Monday through Friday from 8:30 a.m. to 5 p.m.

You can visit **bcbsm.com** to see if there's a walk-in customer service centers near you for personal, face-to-face service.

Our goal is to provide excellent service. When you call, please be ready to tell us your contract number; and if you're inquiring about a claim, we'll also need the following information:

- Patient's name
- Provider's name (hospital, doctor, laboratory, other)
- Date of service and type of service (surgery, office call, X-ray, other)
- Provider's charges

Please remember, Blue Cross Blue Shield of Michigan follows strict privacy policies in accordance with state and federal law. You'll find our Notice of Privacy Practices at **bcbsm.com/importantinfo**.

Language translation services

When you call the Customer Service number, you can request language assistance.

If you have a complaint

Blue Cross Blue Shield of Michigan and your primary care physician are interested in your satisfaction with the services you receive as a member. If you have a problem or concern about your care, we encourage you to discuss this with your primary care physician first. Often your primary care physician can correct the problem to your satisfaction. You are always welcome to call our Customer Service department with any questions or problems you may have.

At any point during the complaint process, you may submit any information or evidence concerning the complaint to assist Blue Cross Blue Shield of Michigan in our investigation. You may file a complaint or appeal verbally or in writing. Complaints will not be accepted through email. There are no fees or costs associated with filing a complaint. All complaints can be submitted by calling Customer Service or via mail to the address listed below.

Customer Service: Use the phone number on the back of your Blue Cross Blue Shield of Michigan ID card.

Mailing address:

BCBSM Complaints — Mail Code 2004
Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd.
Detroit, MI 48226

Fax: 1-877-348-2210