

Welcome to Blue Cross.



**Blue Cross
Blue Shield**
of Michigan

Confidence comes with every card.®

Welcome to Blue Cross

We're committed to providing you with comprehensive health care coverage that gives you access to the largest network of doctors and hospitals in Michigan and nationwide. Whether you're at home or traveling, you can have confidence that your Blue Cross member ID card will ensure you receive quality health care.

In addition to your medical benefits, you also have access to a range of resources and tools designed to support your overall well-being. This guide will help you navigate your Blue Cross coverage and make the most of your benefits.

To make managing your account easy and convenient, we invite you to visit our website at bcbsm.com. Our website is user-friendly and offers a variety of tools to help you make informed decisions about your health care.

If you have any questions or need assistance, please don't hesitate to call us at the Customer Service number located on the back of your ID card. We are here to help.

Thank you for choosing Blue Cross. We appreciate the opportunity to serve you and look forward to supporting your health and wellness goals through our insurance plans.

Getting started

Your member ID card

Web or mobile, get the most from your plan



Using your benefits

Your PPO coverage

Choices for care

Your pharmacy coverage



Understanding your claims

Your explanation of benefits statement

How to read your EOB



Added Blue Cross value

Blue Cross Health & Well-BeingSM

Member discounts with Blue365[®]



Getting started

Your member ID card

Confidence comes with every card®.

You should receive your Blue Cross member ID card in the mail.

Your member ID card tells doctors and other health care providers what your health plan includes and what Blue Cross Blue Shield of Michigan pays.

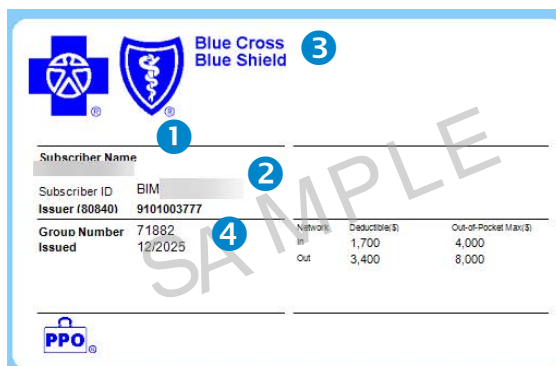
NOTE: All cards will show the subscriber's name, even on those issued to family members. If you aren't the subscriber, your card won't have your name on it.

Below is a sample member ID card that highlights information you may need.

- 1 Subscriber name:** The member's name
- 2 Subscriber ID:** The member's assigned contract number, which allows health care providers to identify you and your benefits
- 3 Issuer:** Identifies you as a Blue Cross member from Michigan to out-of-state providers
- 4 Group number:** Identifies your employer group

Customer service phone numbers for you and your providers are on the back of your member ID card.

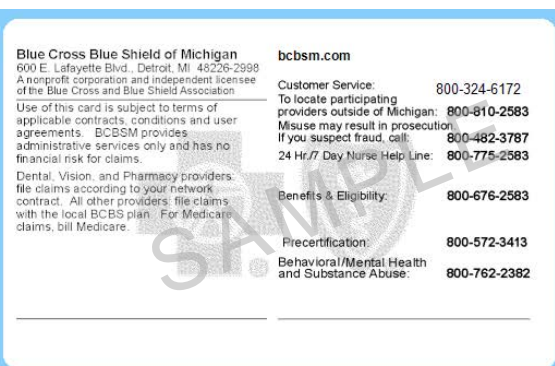
Card front



The image shows the front of a sample member ID card. It features the Blue Cross and Blue Shield logos at the top left. The card is divided into sections for subscriber information. A large 'SAMPLE' watermark is overlaid on the card. Numbered callouts 1 through 4 point to specific fields: 1 points to the Subscriber Name field, 2 points to the Subscriber ID field, 3 points to the Blue Cross Blue Shield logo, and 4 points to the Group Number field. The card also includes a table for network details and a PPO logo at the bottom left.

Subscriber Name	Subscriber ID	Issuer (80840)	Group Number	Group Issued	Network	Deductible (\$)	Out-of-Pocket Max (\$)
	BIM	9101003777	71882	12/2025	In	1,700	4,000
					Out	3,400	8,000

Card back



The image shows the back of a sample member ID card. It contains contact information for Blue Cross Blue Shield of Michigan, including the website bcbsm.com and several phone numbers for customer service, locating providers, and reporting fraud. It also includes a disclaimer about the card's use and a section for benefits and eligibility. A large 'SAMPLE' watermark is overlaid on the card.

Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd., Detroit, MI 48226-2998
A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Use of this card is subject to terms of applicable contracts, conditions and user agreements. BCBSM provides administrative services only and has no financial risk for claims.

Dental, Vision, and Pharmacy providers file claims according to your network contract. All other providers file claims with the local BCBS plan. For Medicare claims, bill Medicare.

bcbsm.com

Customer Service: 800-324-6172
To locate participating providers outside of Michigan: 800-810-2583
Misuse may result in prosecution. If you suspect fraud, call: 800-482-3787
24 Hr./7 Day Nurse Help Line: 800-775-2583

Benefits & Eligibility: 800-676-2583

Precertification: 800-572-3413
Behavioral/Mental Health and Substance Abuse: 800-762-2382



Lost or stolen cards

You can replace lost or stolen cards by calling Customer Service at the toll-free phone number on the back of your ID card. You can also order member ID cards at [bcbsm.com](https://www.bcbsm.com), or use the mobile app to request additional cards or view a virtual one.

If your card is lost or stolen, you can still receive services, but you should report the loss immediately to your employer and Blue Cross.

You can also access your member ID card through the mobile app or your online member account.



Getting started

Web or mobile, get the most from your health plan

Health care can be confusing. To help you understand and manage your costs and care, we offer a wide range of tools through your online member account at bcbsm.com.

Register for your member account

It only takes a few minutes to activate your account. Go to bcbsm.com and click *LOGIN* and follow the prompts.

You can also access your plan information by using our app. To get our mobile app, search “BCBSM” in the App Store® or on Google Play™.



What can you find online or using the mobile app?

My Coverage – Find detailed health plan information, who is on your health plan, what we pay for, what you pay for and more.

My Claims – See a list of all claims.

ID Card – Request additional member ID cards or view a virtual one.

Find Care – This includes hospitals, urgent care, behavioral health services and 24-Hour Nurse Line.

Referrals and Authorizations – Receive real-time notifications for your prior authorization or referral requests.

Programs and Services – Find health care services and well-being resources that are available through your plan.

Spending Accounts – Review account balances and manage your health care spending account.

Forms and Documents – Get claim and reimbursement forms and many other helpful resources to manage your health care benefits and care.

Discounts – You’ll have access to money-saving programs, such as Blue365®. This national program offers access to discounts and savings from selected companies on health-related products and services.

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Google Play and the Google Play logo are trademarks of Google LLC.



Search for doctors and hospitals

Your account helps you understand your choices about who to see and where to go for care in your plan's network.

Look up a doctor's name or specialty, places for health care services by name or type, or costs for a procedure.

If you want a pediatrician near your child's day care center or a primary doctor closer to work, reset the location to get a broader list of in-network doctors.

Selecting the doctor's name shows you:

- Office location
- Office hours
- Health care plans accepted
- If virtual care is available
- Specialties
- If new patients are accepted
- Languages spoken
- Group and hospital affiliations
- Board certifications

Review the profiles of your top choices so you can determine the right doctor for you.

Compare costs for services and procedures

Your account gives prices for many health care services, based on actual costs. See the average cost for a service and how it can differ by doctor, location or type of facility.

Costs can vary. Sometimes you can save money by driving 15 minutes more or having your procedure at an outpatient facility rather than in a hospital.

You have the power to choose.

Use your account to explore options and costs and talk with your doctor to make informed decisions about your care.

Your online member account is your health care resource for coverage and care.

Using your benefits

Your PPO coverage

Your medical coverage is easy to use with our PPO plan. To get the most from it, you'll need to know how your health plan works and where you can use it to receive prompt, quality medical care.

The health plan gives you and your family access to medical care through our extensive PPO network of doctors, hospitals and health care professionals. Network doctors and hospitals accept discounted fees for paid services, saving you money.

The advantages of using a PPO doctor

When you receive care from a PPO doctor, you pay lower out-of-pocket costs than if you use a doctor who's not in our network.

More than 80% of the doctors and 90% of the hospitals in the United States are part of our PPO network. In Michigan, PPO access is even greater.

To see if a doctor, hospital or health care professional in your area participates with Blue Cross' PPO network, use our online search or mobile app — whether you're in Michigan or outside the state.

You can easily search for network doctors and hospitals at bcbsm.com or from the mobile app.

Seeing specialists and doctors outside the network

Choosing a specialist or doctor who isn't in Blue Cross' PPO network can affect your out-of-pocket costs. However, using a network provider saves you the most on your out-of-pocket costs.

Your benefits are provided through the preferred provider organization health care plan. This plan provides you with the highest level of benefit payment and limits your out-of-pocket costs when you use physicians, hospitals and other health care specialists that are a part of the PPO health care provider network.

The level of a health care provider's participation affects your out-of-pocket costs. The levels are:

1. **Network providers (typically the lowest out-of-pocket costs)**

To receive the highest benefit payment level, use health care providers in the PPO network. Network providers have signed agreements with Blue Cross, which means they agree to accept our allowed amount for a benefit as payment in full in your health plan. You'll only pay for the in-network deductibles, coinsurances and copayments required by your coverage.

Ask your physician if he or she is in the PPO network. If you need help locating a network provider, call the Customer Service number on the back of your Blue Cross member ID card or visit bcbsm.com.

When you go to a PPO network provider, you don't have to send us a claim. These providers submit claims for you, and they're paid directly by us.



2. Non-PPO network but participating providers (lower out-of-pocket costs)

Although many providers are part of our PPO network, you can visit a non-PPO network provider and still receive coverage for services under your health plan.

Participating providers have signed agreements to accept our allowed amount as payment in full for a benefit that's included in your health plan. However, they aren't part of the PPO network, so you must pay any required copayments and a higher deductible and coinsurance for your care.


You don't have to submit claims when you go to a participating provider. These providers, like PPO network providers, submit claims for you and the providers are paid directly by us.

3. Nonparticipating providers (highest out-of-pocket costs)

Nonparticipating providers haven't signed agreements with Blue Cross. This means they might not choose to accept our allowed amount as payment in full for your health care services.

If your health care providers don't participate with Blue Cross, ask if they'll accept the amount we approve as payment in full for the services you need. This is called participating on a "per-claim" basis and means the providers will accept the allowed amount as payment in full for the specific services. You're responsible for any deductibles, coinsurances and copayments required by your health plan and charges for noncovered services.

You're usually required to pay nonparticipating providers directly and then submit claims to us for reimbursement. Remember, the amount we reimburse you may be less than the amount your provider charged. You're responsible for the amount the provider charged above our allowed amount.

		
Network providers	Non PPO network participating providers	Nonparticipating providers
No claim form needed	No claim form needed	Claim form may be needed

Using your benefits

Care away from home

Within the U.S.

When you're traveling, you have access to Blue Cross Blue Shield's nationwide network of Blue Plan providers. This is the largest hospital and physician network in the U.S. with 97% or all U.S. hospitals and 85% of physicians. No matter where you live, work or travel, Blue Cross members can receive quality care. However, if the doctor or hospital is out of network, you could pay higher out-of-pocket costs.

To find a doctor or hospital outside Michigan, use the Find a Doctor search tool at [bcbs.com](https://www.bcbs.com) or call **1-800-810-2583**.

Outside the U.S.

If you're traveling or living outside the country, **Blue Cross Blue Shield Global® Core** gives you access to a worldwide network of traditional inpatient, outpatient and professional health care providers. The program includes a broad range of medical assistance and claim support services for members traveling or living in countries outside your service area. For more information, visit [bcbsglobalcore.com](https://www.bcbsglobalcore.com).

Show your Blue Cross member ID card to your doctor or health care provider to verify your PPO benefits.





Choosing the right place for care

We've got you covered with care that's always there. When it's not an emergency, you have smart choices for care that will help you get the care you need, when you need it.

PRIMARY CARE PROVIDER	24-HOUR NURSE LINE	VIRTUAL CARE	WALK-IN CLINICS	
			RETAIL HEALTH CLINIC	URGENT CARE CENTERS
\$	\$0	\$	\$\$\$	
AVERAGE WAIT TIME FOR CARE 30 minutes	AVERAGE WAIT TIME FOR CARE 1 minute	AVERAGE WAIT TIME FOR CARE 10 minutes	AVERAGE WAIT TIME FOR CARE 30 to 60 minutes	
APPOINTMENT REQUIRED? Yes	APPOINTMENT REQUIRED? No	APPOINTMENT REQUIRED? No	APPOINTMENT REQUIRED? No	
AVAILABILITY In person By phone Virtually	AVAILABILITY By phone	AVAILABILITY Virtually through the Teladoc Health® app	AVAILABILITY In person	
TREATMENT Start here when you want to talk with a doctor you know and trust	TREATMENT When you have questions about an illness or injury, anytime day or night	TREATMENT When you want to talk to a doctor or therapist virtually from your mobile device or telephone	TREATMENT For a quick, in-person evaluation to get minor health care and a prescription at one location	TREATMENT When your symptoms are a little more complicated and you need convenient, in-person care
<ul style="list-style-type: none"> • High-quality, comprehensive care • Knows you and your medical history and coordinates all your care • Many primary care offices offer virtual care, same-day appointments, extended hours and other services • You may have Virtual Primary Care through Teladoc Health® (for Blue Cross' PPO members*) 	<ul style="list-style-type: none"> • No cost • Available by phone anytime, anywhere in the U.S. • Care provided by a registered nurse 	<ul style="list-style-type: none"> • Video chat 24/7 with a provider or therapist anywhere in the U.S. • Send a visit summary to your primary doctor • Care provided by U.S. board-certified doctors and therapists • Prescriptions, if needed, can be sent to a pharmacy you prefer 	<ul style="list-style-type: none"> • Evening and weekend hours • Convenient locations • Care provided by physician assistants and certified nurse practitioners, overseen by a U.S. board-certified doctor 	<ul style="list-style-type: none"> • Evening and weekend hours • Convenient locations • May offer labs and X-rays • Care provided by U.S. board-certified doctors, nurses and nurse practitioners, depending on severity of symptoms

*Remember to coordinate all your care with your primary care provider. Follow up with him or her after receiving care elsewhere.

Learn about care that's always there at bcbsm.com/findcare.

Teladoc Health is an independent company that provides Virtual Care Solutions for Blue Cross Blue Shield of Michigan and Blue Care Network.

Using your benefits

Your pharmacy coverage

Blue Cross administers your prescription drug plan. Whether you get your medications from a network pharmacy or through a mail-order service, you can rely on our clinical expertise to provide you with safe, high-quality prescriptions.

When you use an in-network pharmacy, you receive your prescriptions at a lower cost.

Your Blue Cross coverage includes pharmacy benefits. Like your medical coverage, your pharmacy benefits use a preferred network. You have access to more than 99.9% of Michigan pharmacies — including all major chains — and more than 67,000 pharmacies nationwide.

Pharmacy coverage with Blue Cross offers many advantages, including:

- **Member account access through bcbsm.com or our mobile app:** Locate in-network pharmacies, find drug lists and cost estimates for the drugs you take; it even allows you to print a personal prescription history.
- **Convenience:** Use your Blue Cross member ID card for all pharmacy and medical benefits.
- **Safety:** Blue Cross prescription claims are processed through an online system that helps ensure your medication is appropriate based on dosage, age, gender and other medications you take. This leads to fewer drug-related complications and lower costs.
- **Cost-management initiatives:** Ensures doctors are following appropriate practices, including prescribing generics whenever possible.





Consider generic drugs

Using generic prescription drugs keeps your costs down and gives you the same safe, effective medication as brand-name drugs. And, depending on your health plan, your copay may be lower.

More patients and doctors are turning to generic prescription drugs because they can save as much as 80% when compared to the cost of brand-name medications.

Are there differences between generic and brand-name drugs?

Name and price are the main differences. Like brand-name drugs, generics are FDA-approved and are:

- As safe and effective as brand-name drugs and often less expensive
- Made with the same active ingredients but may differ in color, size or shape
- Available in the same strength, purity, quality and dosage form as the brand-name product
- Often manufactured by the same company that makes the brand-name drug
- Strictly regulated by the U.S. government and have FDA approval
- Laboratory tested to ensure that the same amount of drug will be absorbed into the bloodstream as the brand-name drug

Find it online

Ask your doctor or pharmacist if a generic version of your medication is available and right for you. For more information, visit [bcbsm.com/pharmacy](https://www.bcbsm.com/pharmacy) and click *How can I save on prescription drugs?*



Ways to fill your prescription

Whether you take medication regularly or need a prescription from time to time, your Blue Cross prescription drug plan offers these convenient options:

- A national network of pharmacies
- Optum Home Delivery, a service that will deliver medications to your door
- Walgreens Specialty Pharmacy with a convenient mail-order option for specialty drugs, if applicable to your plan

Using your benefits

Retail pharmacies

You and your eligible family members can fill prescriptions at an in-network retail pharmacy.

- Present your Blue Cross member ID card and prescription to the pharmacist.
- Provide the pharmacist with the patient's information.
- Your doctor may have sent an electronic prescription to the pharmacy.
- The pharmacist will use a computerized system to confirm your eligibility for benefits before telling you the copayment or deductible you'll be expected to pay. Your copay or deductible is dependent on your health plan benefit for each covered prescription order or refill.
- The pharmacy will submit the claim under your Blue Cross coverage.

To locate a pharmacy, log in to your secure member account at bcbsm.com or on our mobile app:

1. Click *My Coverage*.
2. Click *Prescription*.
3. Click *Find a Pharmacy*.

Our mobile app is available through the App Store® and Google Play™. Simply search for “**BCBSM**” and make sure your phone or tablet is:

- An iPhone® or iPad® using iOS 11 or better
- A smartphone or tablet using Android™ version 6.0 or better

Depending on your prescription drug plan, some in-network retail pharmacies can fill prescriptions for specialty drugs. Call your pharmacy to see if your prescription is for a specialty drug and is available there. See the *Specialty pharmacies* section for more information about specialty drugs.



Filling your prescriptions through mail order

When you use our mail-order service, you can count on:

- Free standard shipping in a plain, weather-resistant pouch
- Convenient deliveries to your home or office
- A registered pharmacist available 24 hours a day, seven days a week
- Refill orders placed at your convenience, by telephone or online

Through your prescription drug plan, you can get up to a three-month supply of most prescription drugs delivered to your door with free standard shipping. You'll typically pay less by getting up to a three-month supply. Mail order is easy, safe and convenient.

Start your mail-order service

Go to bcbsm.com and log in to your secured member account. Click *My Coverage, Prescription*, then *Manage prescriptions*. Or log in to our mobile app and click *My Coverage, Prescription*, then *Mail Order*. We'll ask you for the information we need.

If you have questions about your prescription, order status, account balances or shipping, call the Optum Home Delivery pharmacy at **1-855-811-2223**. TTY users, call **711**.

Order prescription labels in Braille:

Call **1-855-811-2223**.

Using your benefits

Drug list

There is a drug list associated with your Blue Cross coverage that identifies the preferred prescription drugs for your health plan for both generic and brand-name drugs.

The drugs on the list are chosen by an independent pharmacy and therapeutics committee for their safety, effectiveness and cost value. They only include drugs approved by the U.S. Food and Drug Administration.

The drugs are organized into tiers that indicate how much your copayment or coinsurance will be for each drug.

The higher the tier, the higher your out-of-pocket costs. Generics are the least expensive. You may pay the full cost for drugs that aren't on your Blue Cross drug list. If a generic drug is available, it must be dispensed instead of the brand-name alternative. In some cases, depending on your health plan, a payment penalty may be added if the generic isn't used. You may be required to pay the difference in cost between the brand name and generic version. This is in addition to your usual brand-name copayment or coinsurance amount.



Find it online

You can find the most current drug list at bcbsm.com/druglists.





Specialty pharmacies

Specialty pharmacies are staffed by professionals trained in the special handling, side effects and dosing complexities of higher-cost and less common medications. These drugs treat complex conditions, such as cancer, chronic kidney failure, multiple sclerosis, organ transplants and rheumatoid arthritis.

Specialty drugs require special handling, consistency in how and when they're taken and clinical support. Most specialty drugs must have prior authorization to be paid for by your health plan. After authorization, you pay your deductible or copay.

For an up-to-date list of specialty drugs, follow these instructions:

1. Go to bcbsm.com/pharmacy.
2. Click *What are specialty drugs?*
3. Click the *Specialty Drug Program Rx Benefit Member Guide (PDF)*.

To locate a retail specialty pharmacy in your network, log in to your secure member account at bcbsm.com or on our mobile app:

1. Go to the *Prescription* section under *My Coverage*.
2. Select *Find & price medications* on bcbsm.com. Select *Price search* on the mobile app.
3. In the *Search* section, enter the name of the specialty drug.

You'll be directed to the nearest in-network specialty pharmacy that can fill your prescription. You'll also see your copay amount for the drug.

Specialty pharmacy home delivery service

To find out how to get your medication delivered, call Walgreens Specialty Pharmacy at **1-866-515-1355** or visit **WalgreensSpecialtyRx.com**.* A patient care coordinator will help you enroll and schedule your medication delivery.

You can have your doctor send your specialty medication prescription electronically or by fax to **1-866-515-1356**.

*Blue Cross Blue Shield of Michigan and Blue Care Network don't own or control this website.

Using your benefits

Exclusive Specialty Drug Program

If your health plan is part of the Exclusive Specialty Drug Program, you must use a pharmacy within the Exclusive Specialty network to fill specialty medications. This network includes Walgreens retail and Walgreens Specialty Pharmacy locations. Other pharmacies are considered out of network.

If your health plan isn't part of the Exclusive Specialty Drug Program, you can fill most specialty drugs at any in-network retail or specialty pharmacy that has it in stock or through Walgreens Specialty Pharmacy.

This program doesn't apply to specialty drugs supplied and administered by a health care provider in an office, facility or home setting. Certain members may be exempt from this program. Refer to your prescription drug benefit information or call the number on the back of your member ID card to verify your specialty drug coverage.

Limited-distribution specialty drugs

Some limited-distribution specialty drugs aren't available through Walgreens Specialty Pharmacy and must be ordered and delivered by mail from specific pharmacies that carry those drugs.

Blue Cross members can fill prescriptions for limited-distribution drugs through the following pharmacies:

Acaria Health	1-800-511-5144
Accredo Specialty Pharmacy	1-800-803-2523
AnovoRx	1-844-288-5007
Biologics	1-800-850-4306
BioMatrix	1-855-359-9679
Caremark	1-800-237-2767
Curant Health	1-866-460-8040
Eversana	1-636-519-2400
LeMed Specialty Pharmacy	1-844-795-3633
Onco360° Oncology Pharmacy	1-877-662-6633
Optime Care	1-888-287-2017
Optum Specialty Pharmacy	1-855-427-4682
Orsini Healthcare	1-800-410-8575
PANTHERx Specialty Pharmacy	1-855-726-8479



To determine which limited distribution location to call for your specialty drug prescription:

1. Go to bcbsm.com/pharmacy.
2. Click *What are specialty drugs?*
3. Click the *Specialty Drug Program Rx Benefit Member Guide (PDF)*.
4. Find your prescribed specialty medication under one of the locations listed above.

You can also talk to your doctor about filling prescriptions for exclusive limited-distribution drugs.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

Optum Home Delivery is an independent company providing home delivery pharmacy and other pharmacy benefit administration services for Blue Cross Blue Shield of Michigan and Blue Care Network.

Walgreens Specialty Pharmacy, an independent company, provides specialty pharmacy services to Blue Cross Blue Shield of Michigan and Blue Care Network members.




Understanding your claims

We want to limit the number of forms you need to fill out. Most doctors file claims electronically after your visits. Many activities, such as updating your health plan information, can be done online or with a call to our Customer Service representatives.

Your explanation of benefits statement

When a claim is filed, you'll receive an explanation of benefits statement that shows medical services we pay, as well as any out-of-pocket costs you owe.

Your statement can be sent by mail or viewed online by logging in to your account at bcbsm.com or our mobile app. You can view a history of your doctor visits, services received and how much we paid and more. Your statements are available online for five years.



Find it online

Most of the forms you'll need to manage your Blue Cross benefits are available at bcbsm.com. Sign in to your online account and click the *Forms* tab at the top of the page.


A quick guide to your explanation of benefits statement

Your explanation of benefits, or EOB, statement shows the costs associated with the medical care you've received. When a claim is filed under your benefit plan, you'll receive an EOB showing what was billed, any Blue Cross discounts, what we paid and what you pay.

EOB Statement Details

- 1 This identifies who this EOB statement is for.
- 2 Summarizes claims by doctor, hospital, or other health care provider as follows:
 - A This represents the amount submitted to Blue Cross on the claim.
 - B What you saved by being a Blue Cross member.
 - C What we paid and amounts your other insurance(s) paid.
 - D What you pay. You may have already paid or may still owe this amount. You should never be asked to pay more than this amount.
- 3 Shows the balances to date for deductibles and out-of-pocket maximums for your current benefit period.
- 4 Important information about your coverage, tips to lower health care costs and ways to improve overall health.

EXPLANATION OF BENEFIT PAYMENTS
THIS IS NOT A BILL



Statement Date : 04/25/2025

0012345-1234-1234
PAUL MEMBER
1234 MAIN STREET
HEALTHWAY MI 99999-9999

Customer Service
Web: View your benefits and manage your plan online at bcbsm.com
Call: 1-800-999-9999 TTY 711
Mail: BLUE CROSS BLUE SHIELD OF MICHIGAN CUSTOMER SERVICE ANYTOWN, MI 99999-9999
 For suspected fraud, call 1-800-482-3787 TTY 711

1 Patient Name: PAUL MEMBER
Patient Born In: JUNE 1985
Subscriber Name: PAUL MEMBER
Subscriber ID: *****2345
Group Name: COMPANY NAME
Group Number: 0012345-1234
Coverage: MEDICAL

2 Claim Summary (for Claim Detail, see below)

Hospital, Doctor or Other Health Care Provider	A Total Charges	B minus Discount*	C minus Plan Paid	minus Other Insurance Paid	D Amount You Pay	equals
DOCTOR A	\$ 66.00	\$ 41.26	\$ 19.79	\$ 0.00	\$ 4.95	
	\$ 66.00	\$ 41.26	\$ 19.79	\$ 0.00	\$ 4.95	

* Blue Cross discounts are negotiated with hospitals, doctors and other health care providers which saves you money.

3 Summary of Deductibles and Out-of-pocket Maximums
(For more detail on your current balances, log in at bcbsm.com or our mobile app. Click on My Coverage, then Medical.)

Totals for Health Plan
BENEFIT PERIOD: Jan. 01, 2025 through Dec. 31, 2025

In-network deductible applied to date:	\$ 3,000.00
In-network out-of-pocket maximum applied to date:	\$ 3,027.95
In-network coinsurance applied to date:	\$ 27.95

4 Helpful Information

All Explanation of Benefit statements now show only the last four digits of your enrollee ID. We hide the first five digits with ****. Your privacy is important to us, and this is one way we're working hard to protect it. We suggest you have your Blue Cross ID card ready if you call us.

Log in at bcbsm.com to see a personal snapshot of your coverage. You can see your recent claims, deductible and out-of-pocket balances, and other information. To avoid clutter, sign up for paperless EOB statements. We'll send you an email when a new statement is ready to view. It's easy - go to bcbsm.com to log in.



5 This section shows detailed information about each claim we processed.

It provides additional detail about the types of cost sharing applied to the claim. The sum of all claims in this section for the same provider should match the numbers in the Claim Summary section.

E Information your provider puts on the claim to identify the medical service you received.

F The unique number Blue Cross assigns to a claim. You can reference this number if you need to call us about this claim.

5 Claim Detail		Subscriber ID: **** 1234	Patient: PAUL MEMBER
Provider Name:	DOCTOR A	Total charge	\$ 66.00
Provider Status:	PARTICIPATING	Amount approved by Blue Cross for this service	24.74
Service Dates:	03/24/25	In-network coinsurance you pay	4.95
Service Type:	OTHER MEDICAL SERVICES	Your plan paid this provider on 04/22/25	19.79
Procedure:	INJ IRON DEXTRAN	Discount	+ 41.26
Procedure Code:	J1750	Total covered	\$ 61.05
Claim Received:	04/03/25	Amount You Pay	\$ 4.95
Claim Number:	9999999999999		

Page 2 of your statement shows your appeal rights and what you can do if you disagree with any of the benefit decisions made for a claim. You can also find definitions for terms used on the statement.

Important information you should know about your Explanation of Benefit Payments statement

Your appeal rights

If this statement shows a balance for a reduced or denied service, and you disagree with the amount, Customer Service might be able to help. The phone number is on the back of your ID card and the top right corner of page 1 of this form.

If you ask, we must give you access to and copies of the documents related to your claim. We won't charge you for the copies. Within the limits of other privacy laws that we must obey, upon request, we'll share treatment and diagnosis codes with you. We'll also include the meaning of the codes reported by health care providers.

To ask for an internal appeal when you disagree with our decision, you must

Help with terms you might see on this statement

Amount approved – Our maximum payment allowed for a service. For some patients, this amount is decided by Medicare or other insurers.

Amount you pay – This amount is your share of the cost for health services and is based on the benefits in your Blue Cross health care plan. Your health care provider should not ask you to pay more than this amount.

Benefit period – The time period (usually one year) during which your deductibles and coinsurance accumulate.

Claim number and received date – The unique number we assign to a claim and when we received it.

Thank you for taking the time to become familiar with your Explanation of Benefits statement. If you have questions, call the number on the front of your statement.

Added Blue Cross value

Blue Cross Well-BeingSM

Blue Cross Well-Being offers online resources that can help you get and stay healthy. We work with Personify HealthTM to offer you an enhanced well-being experience that includes.*

- **Fitness tracking** — You can sync data from your fitness app or tracker to Blue Cross Well-Being. Seamlessly connect with more than 100 devices and apps, including Apple Health, Fitbit and MyFitnessPal.
- **Health assessment** — Learn your strengths as well as areas for improvement and get personalized recommendations.
- **Journeys[®]** — Over 100 lifestyle and health-related self-guided courses are available.
- **Tobacco Cessation Coaching** — If you're ready to stop smoking, vaping or using nicotine, this program pairs you with an experienced coach who offers support personalized to your specific interests and needs. The same coach stays with you throughout your journey to quit. You can connect with your coach by phone or through in-app messaging.
- **Daily Tip Cards** — Every day we'll send you two new tips to help you live well. Plus, we'll make sure they're about the areas that interest you the most.
- **Healthy habit trackers** — Get bite-size ways to build a healthy routine and improve your well-being. Your healthy habits will be customized based on your health assessment results and the interests you set in your profile.
- **My Care Checklist** — This handy health care tracker assists you in managing your health by keeping track of well visits, screenings and vaccinations — all in one place.
- **Nutrition Guide** — Choose what you'd like to work on, like cutting out sweets or portion control. Then get tips and recipes to help you achieve your goals.
- **Sleep Guide** — What's your sleep like? Decide what you need to work on, like getting to bed earlier or quieting down. Then get information to help you rest.

You can access these resources through your member account at bcbsm.com or our mobile app. Log in to your member account at bcbsm.com or on our mobile app. From bcbsm.com, click the *Programs & Services* tab. Then select *Blue Cross Well-Being* under *Quick Links*. From the app, select *Programs & Services*. Then select *Health Care & Well-Being*. Scroll down to *Blue Cross Well-Being*.

*Personify Health is an independent company that provides health and well-being services on behalf of Blue Cross Blue Shield of Michigan.



Other resources

Blue Cross Virtual Well-BeingSM

Blue Cross Virtual Well-Being offers live, 30-minute, interactive webinars on Thursdays at noon Eastern time focused on engaging and inspiring people to enhance their overall well-being. Every webinar includes a science-based discussion of well-being topics, such as resilience, physical activity and learning to respond rather than react.

In addition to webinars, guided meditations are offered each Wednesday at noon Eastern time. All webinars and meditations are also available on demand. Register for webinars or meditations and learn more at bluecrossvirtualwellbeing.com.

Blue365[®]

You can score big savings on a variety of health-related products and services. Member discounts with Blue365 offers exclusive deals on things like:

- **Fitness and well-being:** Fitness gear and gym memberships
- **Healthy eating:** Meal delivery kits and weight-loss programs
- **Lifestyle:** Travel and recreation
- **Personal care:** Lasik and eye care services, dental care and hearing aids

Cash in on discounts

Start saving today. You can view a full list of discount offers from your Blue Cross member account. To get started:

- Log in or register at bcbsm.com or our mobile app.
- Once you're logged in, select Blue365[®] Rewards & Discounts from the Programs & Services menu.
- Scroll down to Blue365[®] Member Discounts and tap or click the button to link to the Blue365 site.

Engagement Center

The answers you need are a phone call away. Our knowledgeable Engagement Center assistants can answer your questions about the well-being programs available to you.

Engagement Center assistants can also:

- Help you find network doctors and hospitals
- Answer questions about well-being program incentive requirements (for eligible participants)
- Give you information about program discounts
- Assist with online well-being resources
- Direct you to a registered nurse for health information and symptom management, when necessary (for eligible participants)



Call
1-800-775-BLUE (2583)

Monday through Friday
8 a.m. to 5 p.m.
Eastern time

All calls are toll-free and
strictly confidential.

Added Blue Cross value

24-Hour Nurse Line

Our 24-Hour Nurse Line gives you access to registered nurses who are ready to answer your health care questions 24 hours a day, seven days a week.

You can talk to a nurse about:

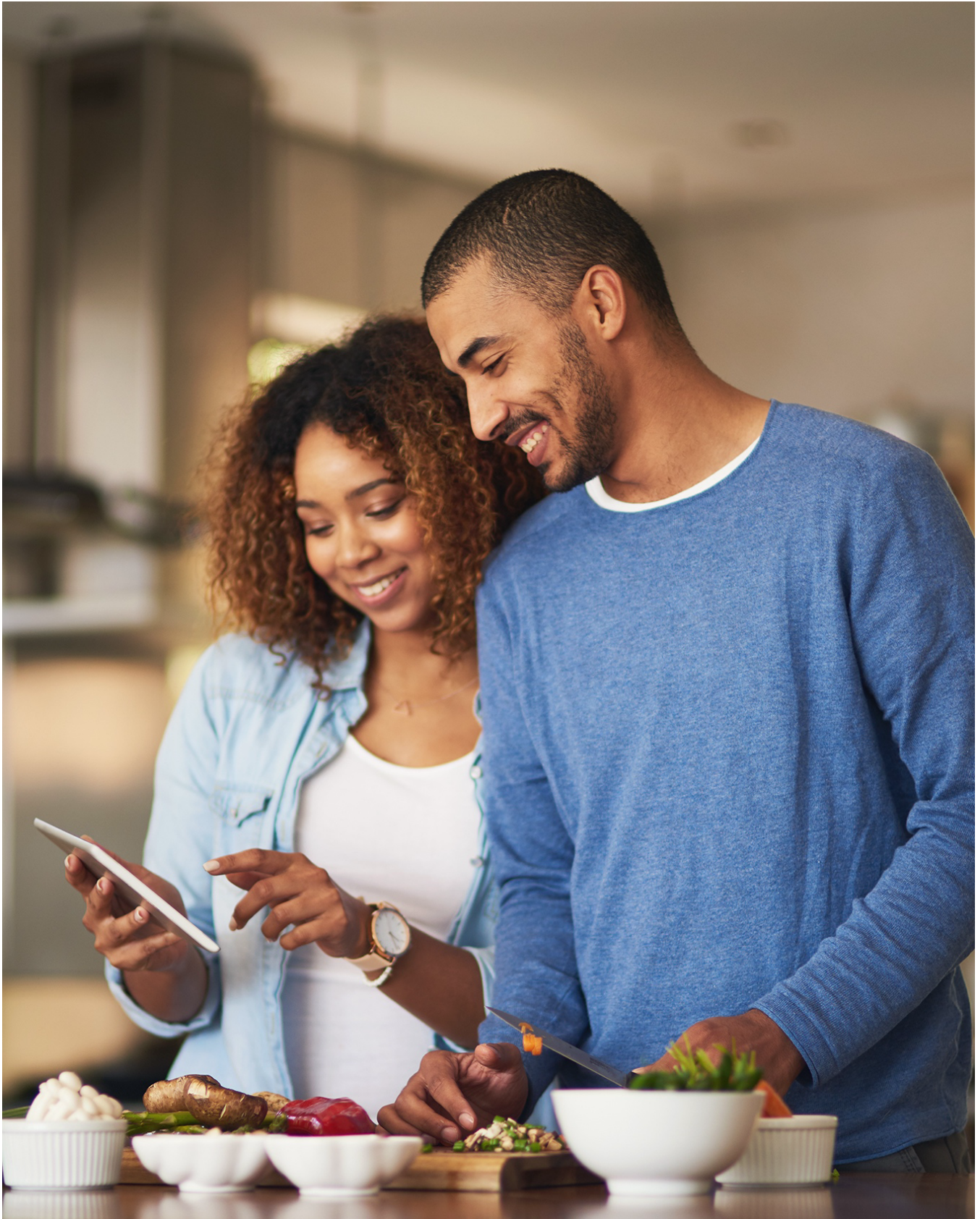
- Symptom management
- Health information
- Audio health library

How to get started

Call 1-844-811-8460.

[AHealthierMichigan.org](https://www.ahealthiermichigan.org)

This blog site shares information on everything from good mental health to smoothie recipes and workout hacks. Visit [ahealthiermichigan.org](https://www.ahealthiermichigan.org) to explore.



We Speak Your Language

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 877-469-2583 TTY: 711 or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se ofrecen, sin costo alguno, ayuda y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 877-469-2583 TTY: 711 o hable con su proveedor.

تنبيه: إذا كنت تتحدث الإنجليزية، فإن خدمات المساعدة اللغوية متوفرة لك. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتسقيقات يسهل الوصول إليها مجانًا. اتصل برقم 877-469-2583 TTY: 711 أو تحدث إلى مزود الخدمة الخاص بك.

注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。请致电 877-469-2583 (TTY: 711) 或咨询您的服务提供商。

අනුමැතියෙන් සේවයක් ලෙස, අපගේ සේවාවන් ඔබට නොමිලේ ලබාදීමට සූදානම්ව ඇවිත් සිටිමුණි. ඔබට අවශ්‍ය වන සහාය සේවාවන් සහ සේවාවන් සඳහාද නොමිලේ ලබාදීමට සූදානම්ව ඇවිත් සිටිමුණි. 877-469-2583 TTY: 711 හිට් කතා කරන්න.

LUU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ và dịch vụ phù hợp để cung cấp thông tin bằng các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi số 877-469-2583 TTY: 711 hoặc trao đổi với người cung cấp dịch vụ của bạn.

VËMENDJE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 877-469-2583 TTY: 711 ose bisedoni me ofruesin tuaj të shërbimit.

알림: 한국어를 사용하는 경우 언어 지원 서비스를 무료로 이용할 수 있습니다. 정보를 접근 가능한 형식으로 제공받을 수 있는 적절한 보조 기구와 서비스도 무료로 이용할 수 있습니다.

877-469-2583 TTY: 711 번으로 전화하거나 담당 기관에 문의하십시오.

মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 877-469-2583 TTY: 711 নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 877-469-2583 TTY: 711 lub porozmawiaj ze swoim usługodawcą.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 877-469-2583 TTY: 711 an oder sprechen Sie mit Ihrem Provider.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'877-469-2583 TTY: 711 o parla con il tuo fornitore.

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。情報をアクセスしやすい形式で提供するための適切な補助器具やサービスも無料でご利用いただけます。877-469-2583 TTY: 711 までお電話いただくか、ご利用の事業者にご相談ください。

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются

бесплатно. Позвоните по телефону 877-469-2583 TTY: 711 или обратитесь к своему поставщику услуг.

PAŽNJA: Ako govorite srpsko-hrvatski, dostupne su vam besplatne usluge jezične pomoći. Odgovarajuća pomoćna pomagala i usluge za pružanje informacija u pristupačnim formatima također su dostupni besplatno. Nazovite 877-469-2583 TTY: 711 ili razgovarajte sa svojim pružateljem usluga.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na karagdagang tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 877-469-2583 TTY: 711 o makipag-usap sa iyong provider.

Discrimination is against the law

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Blue Cross Blue Shield of Michigan and Blue Care Network does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue Cross Blue Shield of Michigan and Blue Care Network:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provide free language services to people whose primary language is not English, which may include qualified interpreters and information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call the Customer Service number on the back of your card. If you aren't already a member, call 877-469-2583 or, if you're 65 or older, call 888-563-3307, TTY: 711.

Here's how you can file a civil right complaint if you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with:

Office of Civil Rights Coordinator
600 E. Lafayette Blvd., MC 1302
Detroit, MI 48226
Phone: 888-605-6461, TTY: 711
Fax: 866-559-0578
Email: CivilRights@bcbsm.com

If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the [Office for Civil Rights Complaint Portal website](https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf)

<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail, phone, or email at:

U.S. Department of Health & Human Services
200 Independence Ave, SW
Room 509, HHH Building
Washington, D.C. 20201
Phone: 800-368-1019, TTD: 800-537-7697
Email: OCRComplaint@hhs.gov

Complaint forms are available on the U.S. Department of Health & Human Services [Office for Civil Rights website](https://www.hhs.gov/ocr/complaints/index.html) <https://www.hhs.gov/ocr/complaints/index.html>.

[This notice is available at Blue Cross Blue Shield of Michigan and Blue Care Network's website: https://www.bcbsm.com/important-information/policies-practices/nondiscrimination-notice/](https://www.hhs.gov/ocr/complaints/index.html)



**Blue Cross
Blue Shield**
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