I’ve selected a plan! Now what happens?

We’re excited that you chose a Blue Cross Blue Shield of Michigan plan for your health coverage. Whether you’re ‘new to Blue’, renewing your plan or choosing a different plan, know that Blue Cross is here for you. For the past 80 years, we’ve been the name that you can trust for health care coverage and we want to keep that going.

New to Blue?
If you’re new to Blue Cross, the first step you should take is to register as a member at bcbsm.com and download our mobile app. Make sure you have your ID card with you because you’ll be asked for your enrollee ID. The mobile app is available by searching for BCBSM in the App Store or Google Play.

Once you’re registered, you’ll be able to:
- Find a doctor
- Manage your claims
- Check your coverage and out-of-pocket expenses
- Manage your prescriptions
- Much more – go to bcbsm.com/member for more information about your member account and our mobile app.

Changing plans?
Even if you’ve been with us for a while, we want to make sure that you’re making the most of your health care coverage:
- Register as a member at bcbsm.com and download our mobile app if you haven’t already done so (Need help? Go to bcbsm.com/member)
- Check to make sure that your doctor still participates with your new plan – by using our find a doctor tool. Simply type in your doctor’s name in the tool and it will show a list of plans that the doctor participates in for Blue Cross and BCN.
- If your new doctor does not participate or you’re concerned about disruption of care you’re currently receiving, we can help you with the transition of care. Call Blue Cross customer service before your plan is effective so that your transition of care benefit can be coordinated.
- Check to make sure that all your prescriptions are covered. You can find this information out by logging into your member account.
PPO Overview

What is a PPO?
A PPO, or preferred provider organization, gives you flexibility when choosing health care options. You can go to any health care professional you want without a referral—inside or outside of your network.

Staying inside your network means smaller copays and full coverage. If you go outside your network, you’ll have higher out-of-pocket costs, and not all services are covered.

Even though you may not need a primary care physician, it’s always a good idea to select one because they can help coordinate your care for you.

Think a PPO plan might be right for you? See our What to consider when choosing a PPO plan document.

Different types of PPOs
Broad network or traditional PPO: This network gives you flexibility. Each time you need care, you can choose providers and hospitals within our broad network that includes doctors and hospitals in almost every county in Michigan.

- If you prefer, you can receive care from providers outside the network, but your out-of-pocket costs will be higher
- This is a good plan if you or family members have medical issues that require specialty doctors, want more choices or live in a rural community where more doctors are likely to accept your plan.

Do you or family members have health issues that require a broad network of doctors? For example, you have dependents away at college or see specialists across the state
Local network PPO: This network includes a select group of health care providers within a specified area.

- This is a great option if you are loyal to your primary care physician, don’t have a lot of specialty health concerns and only travel within a small radius of your home and workplace.

- In most cases, these plans will cost you less than a traditional PPO plan.

PPOs with a high-deductible plan: Sometimes, you have an option for a PPO that has a high-deductible. These plans are offered to give you all the access you want, often at a lower cost.

- You have to meet your deductible for the year, before your coverage kicks in.

- Your monthly premiums are low, which means you’ll pay less to carry this plan.

- If you’re someone who doesn’t see a doctor too often, this plan, is a good choice.

Highlight – HSAs: To further help you with the cost of health care, you may have the option of a Health Savings Account, or HSA. HSAs are basically money you (and in some cases, your employer) put aside to help you cover qualified medical expenses. Including premiums. To learn more about HSAs, see this flyer here [add link].
What to consider when choosing a PPO plan?

Network
A network is a list of physicians, hospitals and other health care providers that you can see for your health care needs. If you go to a network provider, you will pay less than you will if you see a provider outside of your network. Plans with larger networks give you more choices, but they can cost more.

Some things to think about are:
- Do I currently see a physician? If so, would they be in my network?
- How often do I travel?
- Do I have a second home and need access to doctors in multiple parts of the state?

Cost
Nearly as important as network size is how costs of your plan will be shared. Before you choose any plan, consider how much you’ll have to pay out of pocket. This will include monthly premium, deductible, copayments and coinsurance. The total you spend each year is limited to a maximum set by your plan. In general, the lower your monthly premium, the higher your out-of-pocket costs. It’ll help to understand these common health insurance terms.

Premium – This is the amount that comes out of your paycheck every month to pay to your health care company to keep your coverage.

Copayment – This is a fixed amount that you pay for a covered service, usually at the time the service is rendered. NOTE: Some plans, like most of our HSA-eligible plans, don’t have copayments.

Deductible – This is the amount you pay for covered health care services before your plan starts to pay. With a $2,000 deductible, for example, you’ll pay the first $2,000. After that, you usually pay only a copayment or coinsurance for covered services (unless you have a high-deductible health plan – see the section on these plans later on in this flyer).
**Coinsurance** – This is your share of the costs of a covered health care service, usually a percentage of the allowed amount for the service that kicks in after you meet your deductible. For example, you may pay 20% while your plan covers 80%.

**Out-of-pocket maximum** – This is the most you’ll pay in deductible, copayment and coinsurance combined during the year. (This doesn’t include your monthly premium, which is a set amount.) Once you pay this specified amount, your plan covers costs at 100%.

**Coverage**

While most plans offer the same basic services, explore all options to see if one gives you better coverage for you and your family’s individual needs. For example, one may have better prescription coverage and if you take a lot of medications, this could be the plan for you. Or maybe you need a plan with great maternity benefits because you’re planning to start a family. If you travel a lot, check out plans with out-of-state coverage.

No matter what, Blue Cross Blue Shield of Michigan have a plan to meet your needs.

*Note: Compare plans based on your health care needs. Ask questions about how much certain services, testing supplies, medications and surgeries, for example, will cost you out of pocket.*

**High deductible health plans**

High-deductible health plans (or HDHPs) are a choice for people who need health care coverage, but are looking to save money. In fact, HDHP premiums could be almost half as much as a standard PPO. Plus:

- All preventive services are covered at 100%, not subject to the deductible. This includes annual physicals, well woman visits, well child visits and vaccines.

- HDHPs often are paired with a health savings account. It allows you to set aside money on a pre-tax basis (up to IRS limits) for qualified medical expenses.
  - These expenses include copayments, coinsurance and deductibles
  - Prescription and over the counter drugs
  - Vision costs
  - And much more.

HDHPs with an HSA could be right for you…

You get access to the same great network of doctors and hospitals, you can save money on premiums and save for the future.
Choosing a health care plan can be a difficult thing. There are options, a lot of information and of course – the unknown. You may be concerned about making the choice because you don’t know what’s going to happen and you want to make sure that you and your family have the coverage they need when they need it.

That's where Blue Cross Blue Shield of Michigan can help.

Below is a list of questions that you’ll want to think about when selecting a health care plan.

<table>
<thead>
<tr>
<th>What to consider</th>
<th>Where to go for more information</th>
<th>Why it's important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is my doctor in the network?</td>
<td>Blue Cross members can log in to their member account. If you are not yet a Blue Cross member visit <a href="http://bcbsm.com/find-a-doctor">bcbsm.com/find-a-doctor</a>.</td>
<td>Going to an in-network health care provider can help save you money on services and your cost share.</td>
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<tr>
<td>Do I currently take medications?</td>
<td>Blue Cross members can log in to their member account and look up your plan's formulary. If you are not yet a Blue Cross member, go to <a href="http://bcbsm.com">bcbsm.com</a> and under the Help tab look for Frequently Asked Questions. Select Pharmacy to see drug lists and more.</td>
<td>You want to be sure that your plan offers prescription coverage for your medications.</td>
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<tr>
<td>If so, does my plan cover them?</td>
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<tr>
<td>Do I travel a lot?</td>
<td>Blue Cross has you covered with a nationwide network of physicians and hospitals.</td>
<td>Having Blue Cross means you’ll have access to our huge network that goes where you go.</td>
</tr>
<tr>
<td>What preventive services does my plan have?</td>
<td>Preventive services help you get and stay healthy. They include things like immunizations, well visits and more. Go to <a href="http://bcbsm.com">bcbsm.com</a> and search for “preventive services” to see more information.</td>
<td>Most preventive services are covered at low or no cost to you. Everything you need to know about your benefits is available by logging into your member account at <a href="http://bcbsm.com">bcbsm.com</a>.</td>
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<td>We’re thinking of starting a family soon, what do I need to know?</td>
<td>Members can find out information about all benefits (including maternity) by logging into your member account at bcbsm.com. There you will see your benefits, the in and out-of-network coverage and any cost-sharing information.</td>
<td>Knowing your benefits is always important, but especially for services like maternity care or surgeries. These services can cost a lot, so it’s important for you to understand what’s covered and what your cost share could be.</td>
</tr>
</tbody>
</table>
| I have a health condition that I need to manage – what do I need to think about when selecting a plan? | • Make sure all your doctors and specialists are located in-network to help control costs.  
• If you already have a Blue Cross plan – Go to bcbsm.com, register as a member and use our find a doctor tool  
• If you don’t have a Blue Cross plan – Go to bcbsm.com/find-a-doctor  
• There are many health & well-being programs and resources available to you.  
• Members can find more information in their member account by logging in and selecting ‘Health & Wellness’.  
• To browse our health and wellness offerings, go to bcbsm.com and under the Members tab, select Health and Wellness | Ongoing, or chronic, conditions can be complex and difficult to manage. Taking advantage of everything a Blue Cross plan has for you is a good step to helping you get and stay healthy. |
| I’m thinking about a local network, it’s the cheapest option.                    | Great. When choosing a local network, make sure your doctors are included in that network. Also make sure that the location of the network is conveniently located for you and your family – so you don’t have to travel far. | Understanding your options makes it easier to choose a plan that’s just right for you and your family. |

Other great tips:

• Sometimes, you may not know where to start when selecting a plan. A good idea is to look at how much you spent last year and on what.

• Current Blue Cross cardholders can log in to bcbsm.com or the mobile app and view Claims Activity to see a snapshot of spending. Then, look at your plan choices and see which one is right for you.

• If you are not a current Blue Cross cardholder, you may be able to get this information from your employer’s human resources area.