

Blue Care Network HMO Frequently Asked Benefit Questions

2024 Plan Year

What's the difference between HMO and PPO plans?

With an HMO plan, you select a primary care provider to oversee your health care services. You'll need a referral from your primary care provider to see a specialist. PPO plans give you flexibility. You don't need a primary care provider, and you can go to any health care professional without a referral. You can also seek services outside of the PPO network. If you choose to go outside of the network, you'll have higher out-of-pocket costs.

How do I confirm that my provider is part of the BCN network and if the hospital they're affiliated with is also part of the BCN network?

You have two options: 1) Ask your provider and the hospital if they participate with the BCN network, or 2) Go to bcbsm.com/som and use the *Find a Doctor* tool to see if your provider participates with BCN.

Do I need a referral to seek services from a specialist (e.g., chiropractor)?

Yes.

Is Applied Behavioral Analysis (ABA) covered under BCN?

Yes, with no age restrictions, but these services require prior authorization and are subject to the deductible.

Is a pretest needed to receive ABA services?

No, a pretest is not needed to receive ABA services.

Will rental for Durable Medical Equipment (DME) automatically transfer to BCN from another HMO?

No. Contact the DME provider to confirm they participate with BCN. If they participate, give the provider your new insurance information. If they don't participate, consider returning the item and have your primary care provider give you a new prescription then seek services from a participating DME provider.

Will authorizations under my current HMO plan automatically transfer to BCN?

No. Services that require an authorization can vary between the HMOs. Services that require an authorization for BCN are outlined in the [plan summary](#). You can also view the Health Care Options chart located on our open enrollment microsite – bcbsmlearnmore.com/som – to see services that require authorizations.

What's the process for members who are in a course of treatment and the provider is not in the BCN network?

A member can continue with their treatment for services such as inpatient care, pregnancy, dialysis, chemotherapy and radiation therapy and request an exemption for the out-of-network costs. Contact BCN Customer Service at **1-800-662-6667** for assistance.

Is Dexcom CGM a covered benefit?

Yes, this item is covered under DME with no member out-of-pocket costs.

Is a CPAP machine a covered benefit under BCN?

Yes, a CPAP machine is a covered benefit with no member out-of-pocket costs and is subject to BCN's medical policy guidelines.

What are the quantity limitations for the most common CPAP supplies?

A prescription is required for CPAP supplies. Members are required to contact Norwood at **1-800-667-8496** for assistance with obtaining these supplies and the associated quantity limitations.

Are pre-existing conditions covered under BCN?

Yes, pre-existing conditions are covered under BCN.

Are epidural injections covered under BCN (procedure codes 64483 and 64484)?

Yes, epidural injections are covered under BCN. These services are subject to BCN's medical policy guidelines.

Where can I find a list of payable drugs covered under BCN?

You can access the list by viewing the [Blue Care Network Custom Drug List \(bcbsm.com\)](http://bcbsm.com).

What are the guidelines for my covered spouse who is on Medicare?

BCN is primary for your Medicare spouse. If your spouse is on Medicare because of End Stage Renal Disease, BCN will be primary the first 30 months. At the end of the 30 months, Medicare becomes primary for your spouse.

Will BCN cover services for my dependents who attend college outside of Michigan?

Yes, routine, urgent and emergency services are covered outside of Michigan. For assistance locating a network provider, call **1-800-810-2583**.