

Blue Care Network: Understanding member ID cards

2026 product information for providers

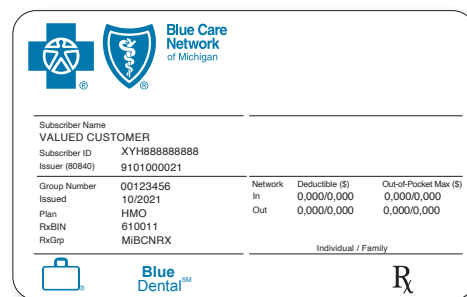
This brochure will help you know about the different ID cards you may see in your practice from members who have Blue Care Network coverage.

All Blue Care Network member ID cards have the same basic layout, but the information on each card may vary slightly depending on employer group and benefit plan. Your patient may carry a card for a standard commercial plan, a self-funded plan or a Medicare Advantage plan or Medicare Supplement/Medigap plan.

The standard BCN ID card layout

ID cards for BCN products include the following:

- > **Subscriber Name:** Name of the subscriber or member.
- > **Subscriber ID:** Alphanumeric identifier composed of a three-character BCN prefix followed by a BCN-issued contract number. **Use this number for billing and checking eligibility and benefits.**
- > **Issuer:** Identifies the specific Blue Care Network plan.
- > **Group Number:** Number exclusive to an employer group. The upper portion of the ID card may display a specific BCN plan name or unique name and logo of the particular employer group. Members who don't belong to a group are assigned a special number that appears in the Group Number space.
- > **Deductible and Out-of-Pocket Max:** Some cards indicate the deductible and out-of-pocket maximum applicable to the subscriber's plan or coverage. In some cases where member deductibles or out-of-pocket maximums are not available on the card, they are either not applicable (for example, stand-alone cards) or this information was not available at the time the card was issued.
- > **Suitcase image:** Some cards may include this image which indicates coverage through our nationwide network of Blue Plan providers while traveling outside of Michigan. If this image is not present, care outside of the state of Michigan is not covered, except for eligible urgent, emergency or accidental injury services.
- > **Blue DentalSM:** Appears if member has dental coverage through Blue Cross Blue Shield of Michigan.
- > **Rx or MedicareRx symbol:** Appears if member has BCN prescription drug coverage or Part D drug coverage (for BCN AdvantageSM members).
- > **Rx Limited:** Indicates that limited prescription coverage is available in accordance with the preventive services requirement of the Patient Protection and Affordable Care Act when the plan doesn't offer a regular pharmacy benefit.

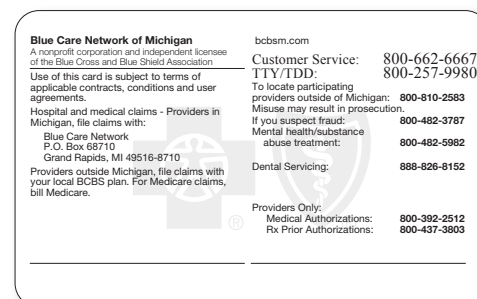


Back of a BCN member ID card

Information located on the back of the member's ID card is plan-specific and may vary. The image below shows the back of a typical card.

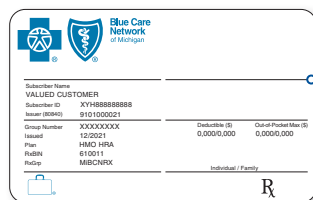
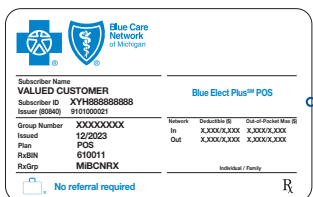
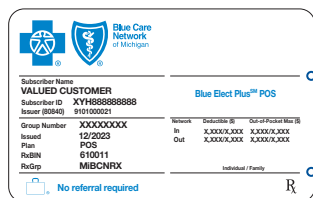
- Contact information is provided for both members and providers.

Most BCN plans use the standard BCN ID card. However, some have unique plan identifiers on the front of the card, as shown on the following pages.





Only ID cards that vary from the standard BCN ID card are displayed. Most BCN employer group plans use BCN's standard HMO provider network. Some plans use the PCP Focus network, BCN's tailored PCP network.



Product name	BCN prefix	Details
BCN HMO SM standard plans <i>Uses standard BCN ID card</i>	XYH	BCN HMO standard plans have many plan variations. <ul style="list-style-type: none"> Different riders may be added to cover various services. Different cost sharing (deductibles, copayments and coinsurance) may apply.
Blue Elect Plus SM POS	XYH	<ul style="list-style-type: none"> Blue Elect Plus POS members with a Michigan address must select a BCN primary care physician. They can also seek care from other in-network or out-of-network providers without a referral. Members with a non-Michigan address don't need an assigned primary care physician. They also don't need a referral; they just need to see a participating provider from the nationwide network of Blue Plans who's based outside Michigan for in-network benefits. All members have lower costs when seeing an in-network participating provider. Prior authorization requirements apply for certain services provided by both in- and out-of-network providers.
Blue Elect Plus HSA SM POS	XYH	<ul style="list-style-type: none"> Combines an HSA-qualified high-deductible health plan with a Blue Elect Plus POS plan. Operates like Blue Elect Plus POS in terms of in-network and out-of-network health care providers and prior authorization requirements.
Blue Elect Plus HRA SM POS	XYH	<ul style="list-style-type: none"> Combines an employer-funded health reimbursement arrangement with a Blue Elect Plus POS plan. Members can pay for qualified medical expenses through an employer-funded HRA. Operates like Blue Elect Plus POS in terms of in-network and out-of-network health care providers, and referral and prior authorization requirements.
Healthy Blue Living SM HMO <i>Uses standard BCN ID card</i>	XYH	A standard benefit level and an enhanced benefit level — with lower out-of-pocket costs — are available. The subscriber must have the primary care physician complete and electronically submit the <i>Blue Care Network Qualification Form</i> and complete an online health assessment to maintain enhanced benefits. <ul style="list-style-type: none"> Subscribers who use tobacco or whose BMI is 30 or more (or both) must participate in tobacco cessation coaching or a BCN-sponsored weight management program (or both) to maintain enhanced benefits. The subscriber's compliance determines benefit status for all members.
BCN Routine Care SM <i>Uses standard BCN ID card</i>	XYH	<ul style="list-style-type: none"> Most services are subject to the deductible and coinsurance except preventive and lab/pathology services (covered at 100%). Primary care visits, medical online visits, urgent care visits, and Preferred Generic Tier and Nonpreferred Generic Tier drugs are covered with a copayment; deductible doesn't apply. Deductible and out-of-pocket maximum are integrated for both medical and pharmacy.
BCN HRA SM HMO	XYH	BCN HRA HMO is an HMO with a health reimbursement arrangement. <ul style="list-style-type: none"> An HRA pays a portion of the member's out-of-pocket expenses for the deductible or coinsurance or both. HRA dollars can't be used for fixed-dollar copayments, noncovered services, or pharmacy, dental, vision or hearing services. The provider should be guided by the information on the Availability Plan Maximums and Deductibles screen when determining whether to bill BCN (for the HRA) or the member or both. The provider will receive two remittance advice statements - one for the portion covered by BCN and one for the portion covered by the HRA. After receiving reimbursement, the provider bills the member for the remaining deductible or coinsurance owed.
BCN HSA SM HMO <i>Uses standard BCN ID card</i>	XYH	BCN HSA HMO combines a high-deductible health plan with a tax-advantaged health savings account. <ul style="list-style-type: none"> Deductible and out-of-pocket maximum are integrated for both medical and pharmacy.
BCN HMO Fixed Cost SM <i>Uses standard BCN ID card</i>	XYH	<ul style="list-style-type: none"> A flat-dollar copay for certain services; otherwise, those services are covered in full, with no coinsurance or deductible. Copay amounts are set by type of service and place of service. Prescription drug coverage is included. Preventive care is covered at 100%.



Note: Products with prefix XYW are purchased from the Health Insurance Marketplace.

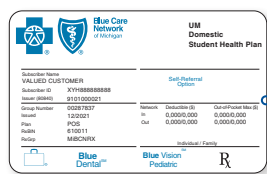
All individual ID cards have product names on them. Examples are shown below.

Product name	BCN prefix	Details
Blue Cross® Preferred HMO	XYB or XYW	Blue Cross Preferred HMO members can choose from physicians and hospitals in the statewide BCN HMO network. The member's primary care physician (or OB-GYN, for obstetric-gynecologic-related services) coordinates care and refers the member to specialists. Care outside the state of Michigan is not covered, except for eligible urgent, emergency or accidental injury services.
Blue Cross® Select HMO	XYB or XYW	Available to residents of the 31 counties included in the PCP Focus network. Members select a primary care physician from within the entire PCP Focus network and can access specialists and hospitals from BCN's statewide HMO network. The member's primary care physician (or OB-GYN, for obstetric-gynecologic-related services) coordinates care and refers the member to specialists. Care outside the state of Michigan is not covered, except for eligible urgent, emergency or accidental injury services.
Blue Cross® Local HMO	XYB or XYW	Available to Oakland, Macomb and Wayne county residents. Members must choose a primary care physician from the Blue Cross Local HMO provider network, who will refer them for appropriate specialty and hospital care affiliated primarily with Trinity Health and Henry Ford Health. For care within the statewide BCN provider network, standard BCN referral and clinical review requirements apply. Care provided outside the statewide BCN provider network requires prior authorization from BCN. Care outside the state of Michigan is not covered, except for eligible urgent, emergency or accidental injury services.

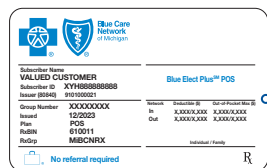
BCN AdvantageSM HMO and HMO-POS products associated with Medicare

Product name	BCN prefix	Details
BCN Advantage SM HMO-POS	XYK	BCN Advantage HMO-POS offers Medicare Advantage HMO-POS products for employer groups and individuals. <ul style="list-style-type: none"> Covers services provided under Medicare and additional preventive and wellness care. May include a Medicare Part D drug benefit or a BCN commercial drug benefit for employer group members. Providers bill BCN Advantage instead of Medicare. Provider network is separate from the standard BCN network.
BCN Advantage SM HMO ConnectedCare	XYK	BCN Advantage HMO ConnectedCare is a Medicare Advantage HMO product for residents of Arenac, Genesee, Iosco, Kalamazoo, Livingston, Macomb, Oakland, Saginaw, St. Clair, Washtenaw and Wayne counties. <ul style="list-style-type: none"> Members must select a primary care physician from within the BCN Advantage HMO ConnectedCare provider network who will refer them for appropriate specialty and hospital care. Certain services may require a prior authorization. Providers bill BCN Advantage instead of Medicare. Travel benefits include urgent and emergency care only.
BCN 65 SM Uses standard BCN ID card	XYF (XYD for self-funded)	BCN 65 is purchased by employer groups to complement members' Original Medicare coverage. Providers bill Medicare first. Nongroup BCN 65 coverage does not include a pharmacy benefit.
MyBlue SM Medigap	XYJ	MyBlue Medigap includes non-HMO individual policies that supplement Original Medicare. <ul style="list-style-type: none"> Providers must bill Medicare first. Members may see any provider who accepts Original Medicare. There is no assigned primary care physician. Referrals and plan authorization are not required.

BCN HMO products for students



Product name	BCN prefix	Details
University of Michigan Student Health Plan	XYH	<ul style="list-style-type: none"> The University of Michigan Student Health Plan for domestic and international students includes covered care without a PCP referral. Students can seek care from in- and out-of-network providers. Members with a non-Michigan address don't need an assigned primary care physician. They also don't need a referral; they just need to see a participating provider from the nationwide network of Blue Plans who's based outside Michigan for in-network benefits. All members have lower costs when seeing an in-network participating provider. Authorization requirements apply for certain services provided by both in- and out-of-network providers.



Wayne State University School of Medicine Student Health Plan	XYH	<ul style="list-style-type: none"> Michigan members must select a primary care physician. Non-Michigan members don't need an assigned primary care physician. Members can seek care from in-network or out-of-network providers without a referral.
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BCN ID card variations

Self-funded plans

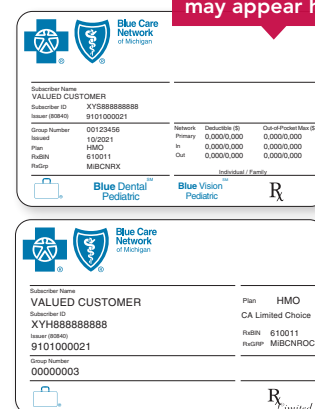
BCN offers self-funded plans. ID cards carry the BCN name and logo, and the upper right corner of the ID card may display the unique name and logo of the self-funded health plan.

The employer assumes the risk for claim costs and pays an administrative fee for the services and programs provided by BCN, including claims processing.

- The contract number begins with XYH (XYD for a Medicare self-funded contract).
- Some plans have tiered or limited networks. Care provided outside a plan's network may require plan approval.
- Examples of self-funded plans include Michigan State University, Trinity Health, U-M Premier Care and Healthy Blue ChoicesSM POS.

CA Limited Choice

Some BCN members have contraceptive coverage through BCN only and not through their employer-offered benefits. These members carry a separate ID card called CA Limited Choice.



Travel and guest coverage

BCN commercial, Blue Elect Plus POS and BCN Advantage HMO-POS members have access to the nationwide network of Blue Plan providers. Access to this network lets members get care when they travel or temporarily live outside of Michigan. BCN individual HMO and BCN Advantage HMO members only have access to urgent and emergent care when outside Michigan. Refer members to their Certificate of Coverage and riders or call customer service to find out about urgent, emergent, and travel coverage limitations.

The ID cards shown in this brochure are examples and may differ for a specific member based on the member's benefit package.

For additional information on these products, please refer to the Member Eligibility and Member Benefits chapters of the *BCN Provider Manual* located on our provider portal (availability.com*). Click on the Provider Resources site and choose *Manuals* under the *Publications* drop-down menu.

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