



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

2025 INDIVIDUAL & FAMILY PLANS OVERVIEW

Presented by Nichole Wingate



IBU Portfolio Changes & Member Impact

- Marketplace Plan Parameters
- 2025 IBU Product Portfolio
- BCN CMS Mandated Crosswalk



Care Highlights for Members

- Teladoc Health Virtual Care Options
- Quartet Behavioral Health Platform
- Iris Oncology Care Management
- Blue Cross Personalized Medicine



The Michigan Market & Carrier Presence

- Overview of On-Marketplace Rate Changes for 2025
- Michigan Carriers' Service Areas



Updates for Agents & the Agent Portal

- BCBSM Commissions
- Enrollment System Changes
- New Agent Portal & Reports



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IBU Portfolio Changes & Member Impact

2025 Notice of Benefit and Payment Parameters



Each year, Marketplace plans are more regulated by State and Federal Laws.

2024

Plan issuers limited to 4 non-standardized plans

CMS allowed additional non-standard plan offerings if vision and/or dental is added

IMPACT

HMO | Decreased plans from 38 to 33 and added free adult vision exams to Bronze Saver HSA and Bronze plans

PPO | No impact to 10 plans

2025

Plan issuers further limited to 2 non-standardized plans

CMS allowed additional non-standard plan offerings if vision and/or dental is added

NEW | Allows additional non-standardized plan for chronic condition cost-sharing savings plan

CMS Federal OOP | CMS Federal out-of-pocket maximum was reduced from \$9,450 to \$9,200

Pediatric Dental OOP | Pediatric Dental out-of-pocket maximum was increased from \$400 to \$425

IMPACT

Impact on IBU Portfolio

To meet NBPP regulations, plans have been reduced. **Members in those plans will need to be crosswalked to new plans that feature the right options for them.**

Add free adult vision exams to non-standardized Select HMO plans to keep plans open.

The reduction in the out-of-pocket maximum will positively impact members.

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2025 IBU Product Portfolio | Decreased to 38 Plans



Portfolio reduced from 43 plans in 2024 to 38 plans in 2025 per CMS regulations.

PPO

No plan changes to PPO plans.

HMO

Closes 5 HMO Plans:
Virtual & Bronze plans

Expands Service Area:
Preferred Silver
Preferred Bronze Saver
Preferred Bronze Secure
Select Bronze Secure

Limits Service Area:
Preferred Silver Saver

For plan specific copays, see the Appendix

Additional Resources are available in the Library tab within Agent Community

- 1- Lower Peninsula
- 2- Statewide except Select Counties
- 3- Statewide except Wayne, Oakland, Macomb counties

Local HMO – Network 3 Counties	Metro Detroit HMO 3 Counties	Select HMO 20 Counties	Preferred HMO Statewide	Premier PPO Statewide
			Gold Extra STD	Gold Extra (STD)
			Gold	Gold
Silver Extra STD	Silver Extra STD	Silver Extra STD	Silver Extra STD	Silver Extra (STD)
		Silver w/vision	Silver ¹	Silver ¹
Silver Saver		Silver Saver w/vision	Silver Saver ³	Silver Off-Mkt
			Silver VPC	Silver Saver HSA
Silver Off-MRK	Silver Off-MRK	Silver Off-MRK w/vision	Silver Off-MRK	
Bronze Extra STD	Bronze Extra STD	Bronze Extra STD	Bronze Extra STD	Bronze Extra (STD)
	Bronze	Bronze w/vision	Bronze	Bronze HSA
Bronze Saver HSA Off-MRK only	Bronze Saver HSA Off-MRK only	Bronze Saver HSA w/vision	Bronze Saver HSA	
Bronze Secure		Bronze Secure w/vision	Bronze Secure ³	Bronze Secure
			Bronze VPC	
		Value w/vision	Value ²	Value

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2025 BCN CMS Mandated Crosswalk & Service Area Change

Closing Plan

Preferred HMO Virtual Primary Care Silver

Preferred HMO Virtual Primary Care Bronze

Preferred HMO Bronze

Select HMO Bronze

Metro Detroit HMO Bronze

New Plan

Preferred HMO Silver Saver

Preferred HMO Bronze Extra

Preferred HMO Bronze Extra

Select HMO Bronze Saver

Select HMO Bronze Saver



2025 BCN CMS Mandated Crosswalk & Service Area Change

2024 Plan

Select HMO Silver

Select HMO Bronze Secure

Select HMO Silver Saver

Select HMO Value (Age Off)

2025 Plan

Preferred HMO Silver

Select HMO Bronze Extra

Preferred HMO Silver Saver (17 counties)

Preferred HMO Silver (Wayne, Oakland, Macomb)

Preferred HMO Bronze Secure (17 counties)

Preferred HMO Bronze Saver (Wayne, Oakland, Macomb)



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2025 Shared Benefits (All Plans)



- \$0 Annual Visit
- \$0 Wellness Visits for Kids
- \$0 Vaccinations
- \$0 Diabetes Test Strips, Lancets and Connected Devices with Diabetes, Pre-Diabetes & Hypertension Management Programs
- \$0 myStrength by Teladoc a behavioral health app
- \$0 Family Building, Maternity & Menopause Program
- BCBSM App offers access to cost and transparency tools
- \$0 Oncology Care Navigation



- \$0 Quartet Behavioral Health program
- Discounts at Gyms
- Blue 365 Discounts on Vitamins, Food, Retailers, etc.
- \$0 24-hour nurse hotline to get medical advice from registered nurse
- \$0 Blue Cross Health & Wellness services and programs powered by WebMD
- Nationwide coverage 24/7 Virtual Visits in the Blue Cross selected vendor app and Prescriptions
- Nationwide Urgent Care visits



2025 Dental & Vision Plans

Year-round enrollment for stand-alone dental and vision plans



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2025 Dental Plans



	BLUE DENTAL PPO+	BLUE DENTAL PPO				BLUE DENTAL EPO
	Standard 80/60/50	Standard 80/50/50 (50/50/50)	Pediatric 80/50/50 (50/50/50)	Standard 100/70/50 (80/60/50)	Standard 100/50/50 (50/50/50)	Standard 80/50/50 (0/0/0)
Deductible: (1P, 2P/3P+)						
In-Network	\$75/\$150/\$225	\$25/\$50/\$75	\$25/\$50/\$75	\$0/\$0/\$0	\$25/\$50/\$75	\$25/\$50/\$75
Out-Of-Network	\$75/\$150/\$225	\$50/\$100/\$150	\$50/\$100/\$150	\$50/\$100/\$150	\$50/\$100/\$150	Not Covered
Co-Insurance: (Class I/II/III)						
In-Network	80%/60%/50%	80%/50%/50%	80%/50%/50%	100%/70%/50%	100%/50%/50%	80%/50%/50%
Out-Of-Network	80%/60%/50%	50%/50%/50%	50%/50%/50%	80%/60%/50%	50%/50%/50%	0%/0%/0%
Kids Annual Max: (1P/2P+)						
In-Network	\$425/\$850*	\$425/\$850*	\$425/\$850*	\$425/\$850*	\$425/\$850*	\$425/\$850*
Out-Of-Network	N/A	N/A	N/A	N/A	N/A	N/A
Adults Annual Maximum						
In-Network	\$1,000	\$1,200	N/A	\$1,200	\$1,200	\$1,200
Out-Of-Network	\$1,000	\$800	N/A	\$1,000	\$800	Not Covered

Vision At-A-Glance



	Package Adult Vision Benefits Benefits you receive if you Purchase vision coverage as a package with dental	Stand-Alone Adult Vision Benefits Benefits you receive if you purchase the Blue Cross Vision with glasses <u>or</u> contacts for Adults	Stand-Alone Adult Vision Benefits Benefits you receive if you purchase the Blue Cross Vision with glasses <u>and</u> contacts for Adults
Eligibility	Non-pediatric members, 19 or older, have coverage on the plan start date	Non-pediatric members, 19 or older, have coverage on the plan start date	Non-pediatric members, 19 or older, have coverage on the plan start date
Benefits	<ul style="list-style-type: none"> Exams every 12 months Lenses every 12 months Frames every 24 Months 	<ul style="list-style-type: none"> Exams every 12 months Lenses every 12 months Frames every 12 Months 	<ul style="list-style-type: none"> Exams every 12 months Lenses every 12 months Frames every 12 Months
Allowance	\$130 allowance for frames or elective contact lenses	\$150 allowance for frames or elective contact lenses	\$150 allowance for frames and \$150 allowance for elective contact lenses
Copayments	\$10 exam, \$25 materials	\$15 exam, \$25 materials	\$5 exam, \$10 materials
Network	VSP Choice	VSP Choice	Heritage Vision Plans (Essential Network)
Notes	When purchasing a package, canceling dental will also cancel adult vision coverage and vice versa	Stand alone adult vision offers two premium payment options, monthly and annual	Stand alone adult vision offers two premium payment options, monthly and annual

Standalone Adult Vision Plan Rates



Blue Cross® Vision for Adults With Glasses or Contacts** - Effective 1/1/2025	
Monthly Rates	
12/12/12; \$5/\$10; \$150 Allowance	
1 Person	\$9.85
2 Person	\$19.70
Family	\$32.70

Blue Cross® Vision for Adults With Glasses and Contacts** - Effective 1/1/2025	
Monthly Rates	
12/12/12; \$15/\$25; \$150 Allowance	
1 Person	\$15.75
2 Person	\$31.50
Family	\$52.30

Blue Cross® Vision for Adults With Glasses or Contacts* - Effective 1/1/2025	
Annual Rates - Discount applied***	
12/12/12; \$5/\$10; \$150 Allowance	
1 Person	\$109.44
2 Person	\$218.88
Family	\$363.36

Blue Cross® Vision for Adults With Glasses and Contacts** - Effective 1/1/2025	
Annual Rates - Discount applied***	
12/12/12; \$15/\$25; \$150 Allowance	
1 Person	\$174.96
2 Person	\$349.92
Family	\$580.92

* \$150 Allowance for glasses or contacts

** \$150 Allowance for glasses and contacts. Additionally covers Progressive lenses, Anti Reflective coating, UV coating, Photochromic lenses

*** Annual rates are equal to monthly rates times 11.11 and they are rounded to be exactly divisible by 12 to 2 decimals.



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Care Highlights for Members

Teladoc virtual care services continue to be offered in 2025, providing care solutions and condition management options to our members.



Virtual Care Services:

Urgent Care

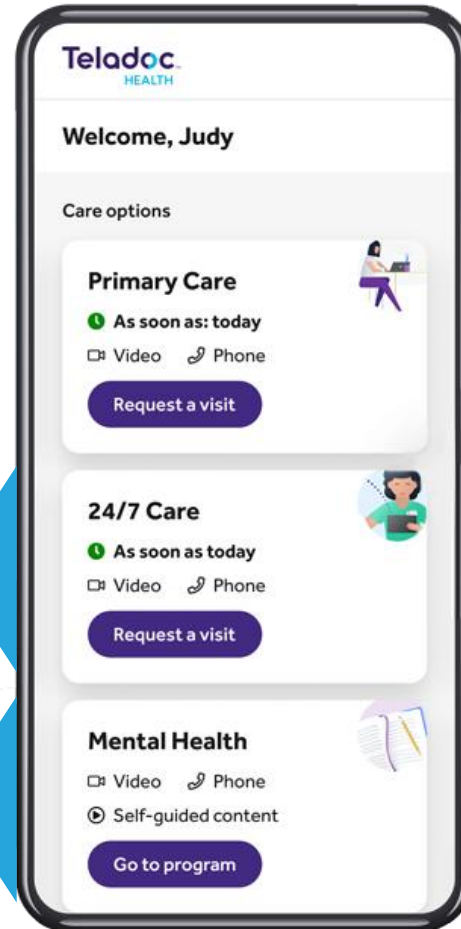
- Virtual urgent care services
- 24/7 on-demand access to certified Teladoc Health doctors
- Accessible to all members regardless of age

Behavioral Health

- Virtual therapy and psychiatry services
- Teladoc Health board-certified psychiatrists, psychologists, and other licensed clinicians
- Certain age restrictions may apply

Eligibility

Available to eligible BCBSM and BCN members in all 50 states



Virtual Primary Care (PPO only) provides access to convenient primary care in all 50 states with an in-network PCP copay.



Special Note

This is not considered a medical product. Eligible Blue Cross members who currently do not have an in-person primary care provider or want to switch to a virtual primary care provider can select a Teladoc virtual care provider for their care.

Teladoc Health offers four solutions for a better, more effective way to manage multiple health challenges.

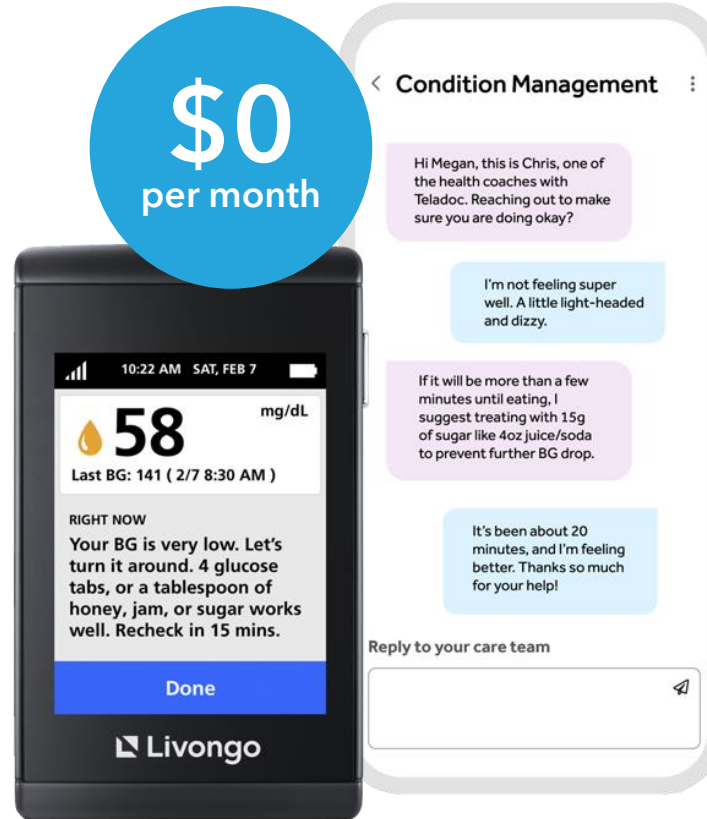


Diabetes Solution

- An advanced blood glucose meter (\$200 value)
- Unlimited strips and lancets right to your door
- 24/7 real-time support for out-of-range readings
- Personalized tips, action plans and coaching

Prediabetes Solution

- Dedicated expert coaching support
- Guidance on healthy habits
- Effortlessly connected smart scale



Hypertension Solution

- A connected blood pressure monitor
- Step-by-step action plans based on your goals
- Tips on nutrition, activity and more
- One-on-one support from expert coaches

Weight Management

- Advanced smart scale (\$95 value) & app
- Unlimited one-on-one coaching
- Guidance on creating healthy habits
- All-in-one weight, activity and food tracking

Sign Up  [Enroll at Teladochealth.com/BCBSMI](https://www.teladochealth.com/BCBSMI)

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Quartet Health offers a free behavioral health navigation system that connects eligible members to outpatient behavioral health providers based on clinical needs and personal preferences.

Quartet

Getting Started

- An initial patient assessment is performed
- The member is asked about their preferences
- The member is connected with behavioral health providers appropriate to their needs

Key Features

- Easy-to-use virtual care navigation
- Connect patients with providers
- Services free to patients and providers
- Alleviates some of the patient burden by quickly finding an appropriate behavioral health provider
- Reduces the patient's wait time for initial treatment
- Providers are in-network and offer both virtual and in-person visits
- Treatment for mental health conditions and substance abuse disorders including medication management and therapy

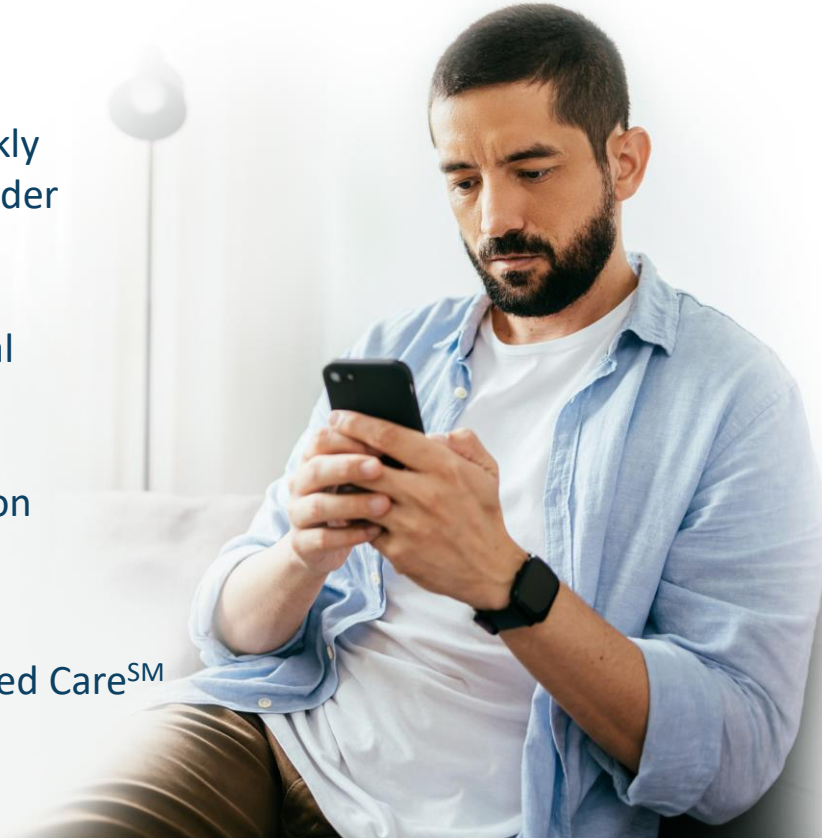
Eligibility

Available to covered Blue Cross Blue Shield of Michigan and Blue Care Network members aged 18 and older.

Sign Up Options



- Members can be referred to Quartet by Blue Cross Coordinated CareSM
- Sign up online at quartethealth.com/get-care/mi/BCBSM
- Call 1-877-258-4010



The OncoHealth[®] virtual platform by Iris offers a cancer support and services, available to IBU PPO and HMO members at no cost. The platform offers advocacy, personalized support and guidance through their cancer journey. Applicable members will be contacted.



Key Features

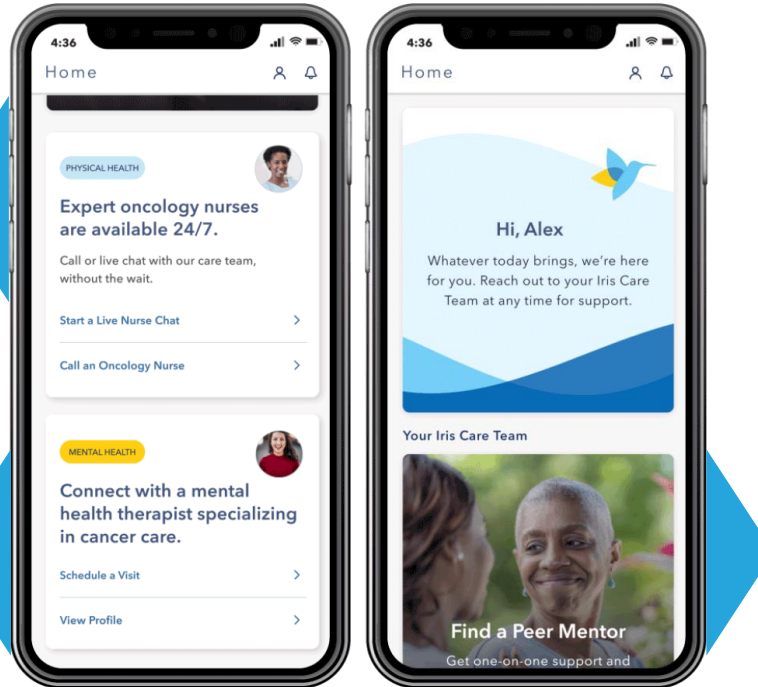


24x7 on-demand virtual access to a team of oncology nurses providing personalized advice:

- Managing side effects
- Questions to ask your doctor
- Navigating Iris app resources



Weekly mental health sessions with a therapist specialized in working with people dealing with cancer



A digital tracker for recording goals and side effects



A nutrition series and personalized support focused on nutrition and cancer



A library of 200+ on-demand articles and videos on cancer, treatments, side effects and procedures



A peer mentor community to connect with others who have been in similar situations with cancer

Eligibility

Available to IBU PPO and HMO members at no cost

Sign Up

- Eligible members will need to download the Iris™ app from the Apple or Google Play store and register for an account.
- They can also sign up by calling OncoHealth at 1-844-912-4747.

Blue Cross Personalized Medicine is Michigan's first end-to-end precision medicine pharmacogenomics, or PGx, a program that uses the testing and analysis of how a body responds to determine which medications may work best for their specific health needs.



Key Features



Testing is free and can be done from the comforts of home



Allows healthcare professionals to use information about a patient's genetics to guide in prescribing medications



Saves time and money by reducing medication trial and error



Decreases risks of medication side effects



Getting Started



After sign up, if selected, BCN will mail a letter to a member letting them know they can participate in the program



Members who are eligible will see a Blue Cross Personalized Medicine tab on the home page within their online member account



BCN has partnered with OneOme who will administer their patented RightMed Test

Eligibility



Available to IBU members who have BCN pharmacy benefits;
FREE for IBU HMO Members only

Sign Up



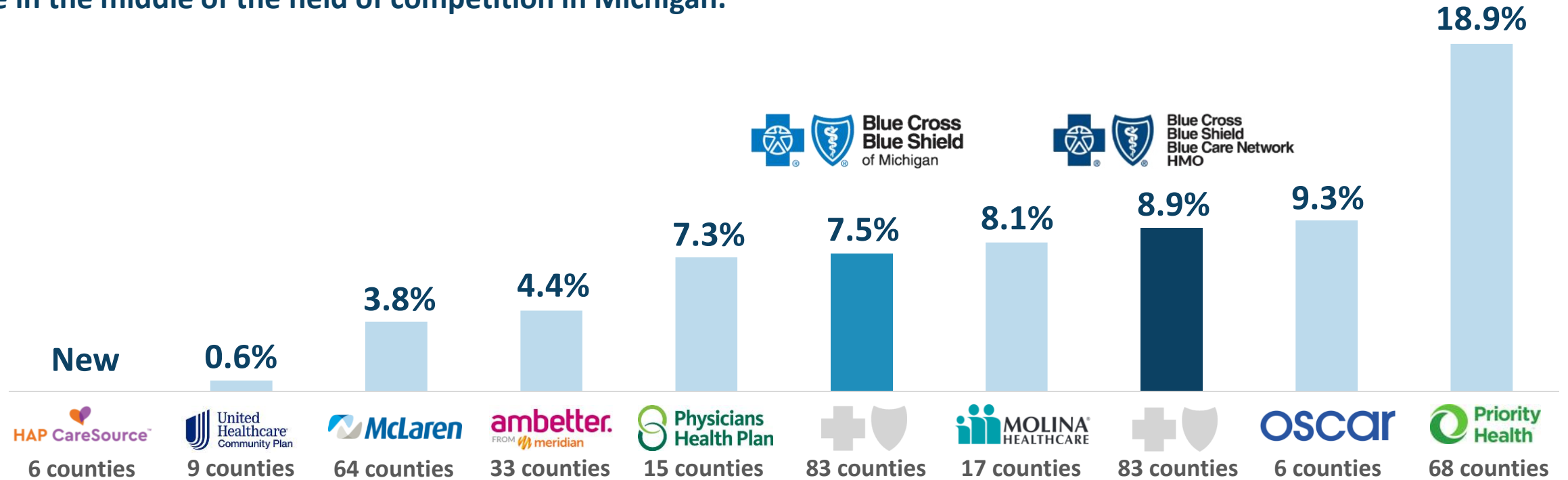
- Selected members will receive a notification with instructions on how to request a test through OneOme's website.
- A health care provider can also request testing by visiting <https://www.myrightmed.com/bcbsm/> or calling 844-663-6635.



The Michigan Market & Carrier Presence

Summary of Michigan On-Marketplace Rate Changes for 2025

Blue Cross Blue Shield of Michigan and Blue Care Network’s rate changes are in the middle of the field of competition in Michigan.



HAP CareSource entered the Marketplace

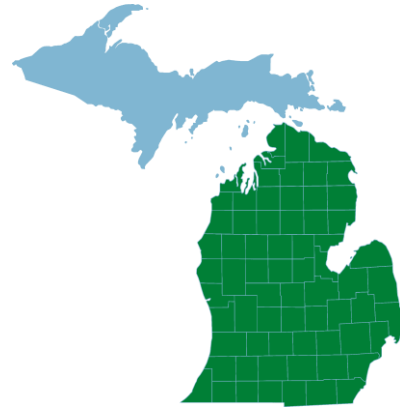
Priority Health rate increase of 18.9% is more than double the 2nd largest rate increase, which has knocked them out of the top 10 in SE MI and West MI in both Bronze and Silver

Michigan Carriers' Service Areas

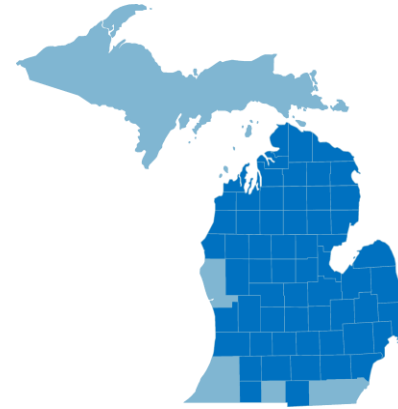
Three of Michigan's ten carriers will expand their service areas for 2025, and HAP CareSource will join SE Michigan.



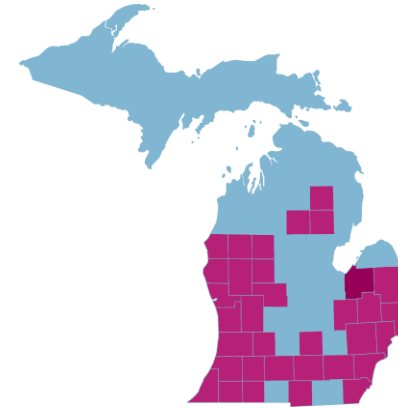
BCBSM PPO | BCN HMO
83 counties



Priority Health
68 counties



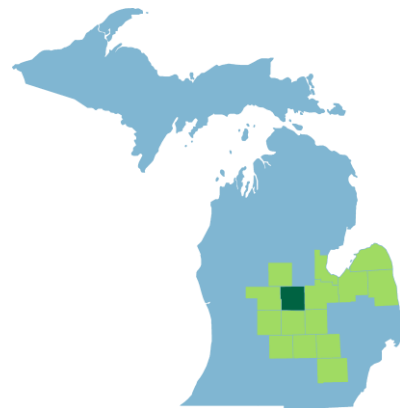
McLaren
60 counties



Ambetter
34 counties
+1 county



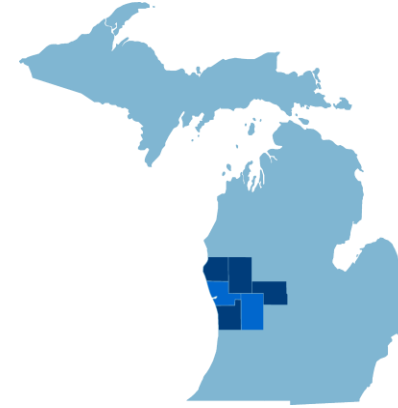
Molina Healthcare
17 counties



McLaren
60 counties



United Healthcare
9 counties



Oscar
6 counties
+ 4 counties



HAP CareSource
6 counties

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Blue Cross Blue Shield of Michigan PPO & Blue Care Network HMO



**The only Health Insurance
Marketplace carriers with
four-star rated plans!**

**CMS scores qualified health plans (QHPs) offered through the Exchanges using the Quality Rating System (QRS) based on third-party validated clinical measure data and QHP Enrollee Survey responses. CMS calculates ratings yearly on a 5-star scale. Ratings may change from year to year.*



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Updates for Agents & the Agent Portal

2025 Individual Under 65 Commissions

Commissions will remain the same in 2025.

MEMBER TYPE	BCN HMO	BCBSM PPO
New to Blue (Year 1)	6%	4%
Retention (Year 2+)	3%	2%



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CMS has changed the enrollment system in response to consumer complaints that their plan changes were made without their consent.

2024 Reported Issues

PLAN CHANGES

In the first six months of 2024, CMS received 73,884 complaints of situations in which a consumer alleged **that their plan was changed without their consent.**

PLAN ENROLLMENTS

In that same time, CMS also received 134,368 complaints of situations in which a consumer alleged **that they were enrolled without their consent.**



CMS Response

SUSPENSIONS

Between June 21, 2024 and July 10, 2024, **CMS issued 200 suspensions of agent or broker Marketplace Agreements** for reasonable suspicion of fraud or abusive conduct related to unauthorized enrollments or unauthorized plan switching.

ENROLLMENT SYSTEM CHANGES


CMS is taking additional action to address increases in unauthorized changes by agents or brokers. Starting on July 19, 2024 **CMS has blocked an agent or broker from making changes to a consumer's FFM enrollment unless the agent is already associated with the consumer's enrollment.**

CMS has shared how to move forward in line with these new changes.

If you are not already associated with a consumer's enrollment, you are likely to see the error message below.

An agent or broker not already associated with a consumer's enrollment will be required **to conduct a 3-way call with the client and the Marketplace call center** to update or complete an existing enrollment.

You can't update this consumer's policy right now.

 CMS can't update the consumer's policy right now. Call the Marketplace Call Center at 1-855-788-6275 with the consumer on the line for a 3-way call and ask a representative to update the consumer's coverage. TTY users can call 1-855-889-4325.
Error ID: InvalidAction

[Back to Dashboard](#)



Do not create new applications for consumers in an attempt to avoid this error.

CMS, at its own discretion, may cancel applications they see as duplicative.

Duplicating applications puts many consumers at risk of losing coverage and CMS is tracking duplicate applications.

Canceling an Application

Only the original FFM username associated with the active policy may assist a consumer with canceling an application.

If a different FFM username than the original FFM username associated with the active policy attempts to cancel an application from within HealthSherpa, **the error message to the right will appear.**

Cancel or terminate 

Warning: Ending your coverage may affect your ability to re-enroll in a health plan outside of open enrollment period. Additionally, canceling the current year's policy will not necessarily prevent a renewal for next year.

Effective: 3/1/2024

Expiration: 12/31/2024

Cancellation date:

07/25/2024

There was an issue terminating your policy - CMS can't update the consumer's policy right now. Call the Marketplace Call Center at 1-855-788-6275 with the consumer on the line for a 3-way call and ask a representative to update the consumer's coverage. TTY users can call 1-855-889-4325. Error ID: InvalidAction



Log in to the *NEW* Agent Portal

Increased visibility into your book of business, access to product information and a new personalized dashboard experience

Log In

**Registration email
comes from:**

noreply@agents.bcbsm.com

New Features



A single sign-on for quick access to our integrated, secure business applications



A modern design with convenient navigation, up-to-date resources curated for your role, and a search engine to easily find helpful content and sales materials



The previous Agent portal will be available until 9/30, so be sure to register before then. Contact your Sales Consultant if you need assistance.

New Features



Training, so you can learn how to use our tools and systems



Notifications alert you of events or news, such as new training, products updates, and outstanding activities or tasks

Check out new educational and training resources

Stay in the know by taking your Blue Cross knowledge to the next level.



RESOURCE

Agent Portal User Guide

Step-by-step guides to help you get acclimated to our new Agent Portal.

[Read More](#) 



RESOURCE

BCBSM Medicare Advantage Agent Certification Guide

Step-by-step guide on how to complete your certification.

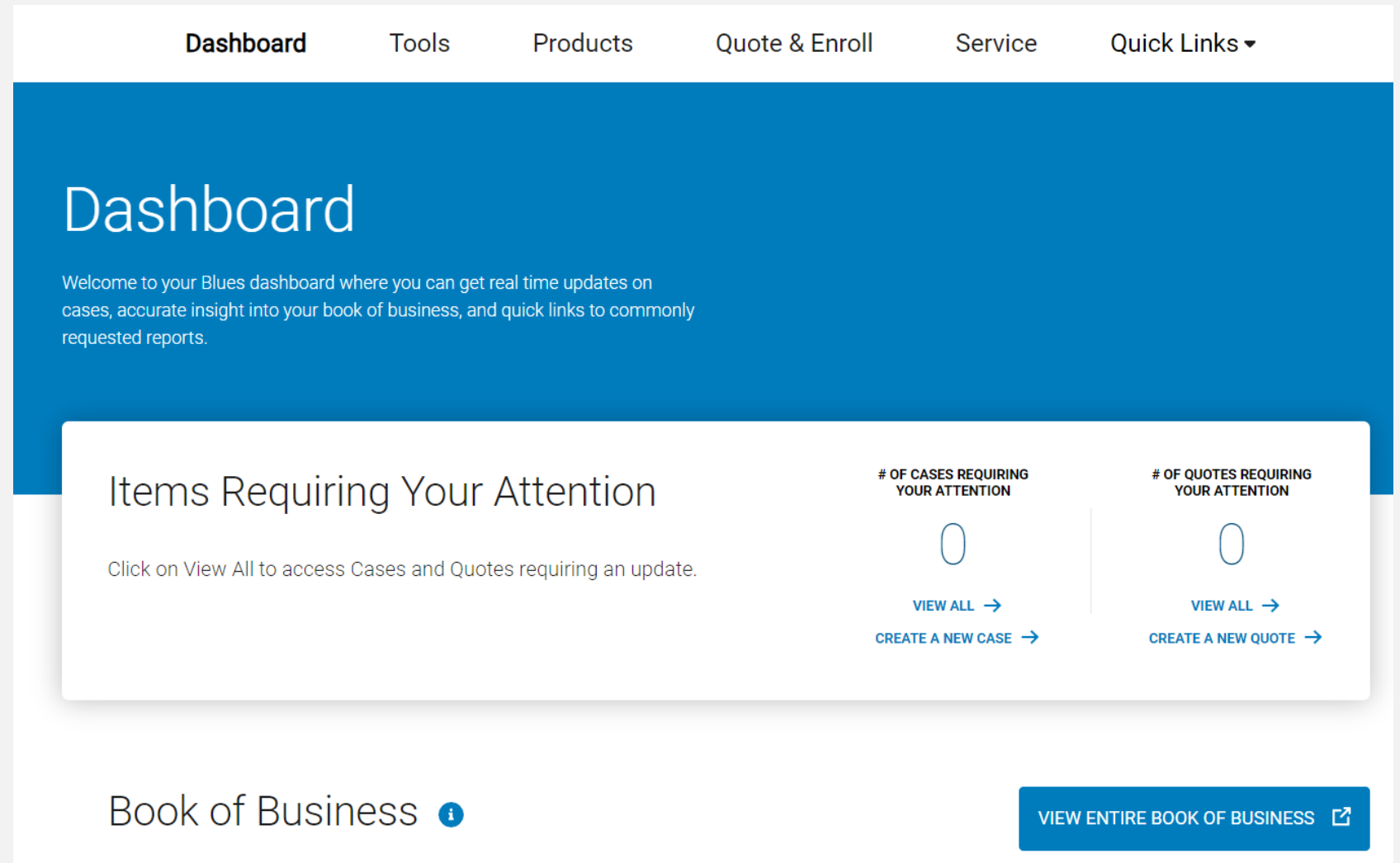
New Features



A personalized dashboard, to help you quickly answer clients' questions and track the status of inquiries, enrollments, quotes and more



Account visibility, so you can see the real-time status of your book of business activity and service inquiries



The screenshot shows the New Agent Portal Dashboard. At the top is a navigation bar with links for Dashboard, Tools, Products, Quote & Enroll, Service, and Quick Links. The main header is a blue bar with the word "Dashboard" in white. Below the header is a white box containing the text: "Welcome to your Blues dashboard where you can get real time updates on cases, accurate insight into your book of business, and quick links to commonly requested reports." Below this is a section titled "Items Requiring Your Attention" with a sub-header "# OF CASES REQUIRING YOUR ATTENTION" and "# OF QUOTES REQUIRING YOUR ATTENTION". Both counts are zero. There are links for "VIEW ALL" and "CREATE A NEW CASE" for cases, and "VIEW ALL" and "CREATE A NEW QUOTE" for quotes. At the bottom of the dashboard is a "Book of Business" section with an information icon and a "VIEW ENTIRE BOOK OF BUSINESS" button with an external link icon.

Dashboard Tools Products Quote & Enroll Service Quick Links ▾

Dashboard

Welcome to your Blues dashboard where you can get real time updates on cases, accurate insight into your book of business, and quick links to commonly requested reports.

Items Requiring Your Attention

Click on View All to access Cases and Quotes requiring an update.

# OF CASES REQUIRING YOUR ATTENTION	# OF QUOTES REQUIRING YOUR ATTENTION
0	0
VIEW ALL →	VIEW ALL →
CREATE A NEW CASE →	CREATE A NEW QUOTE →

Book of Business ⓘ [VIEW ENTIRE BOOK OF BUSINESS ↗](#)

Reports

All Reports

29 items

⚙️

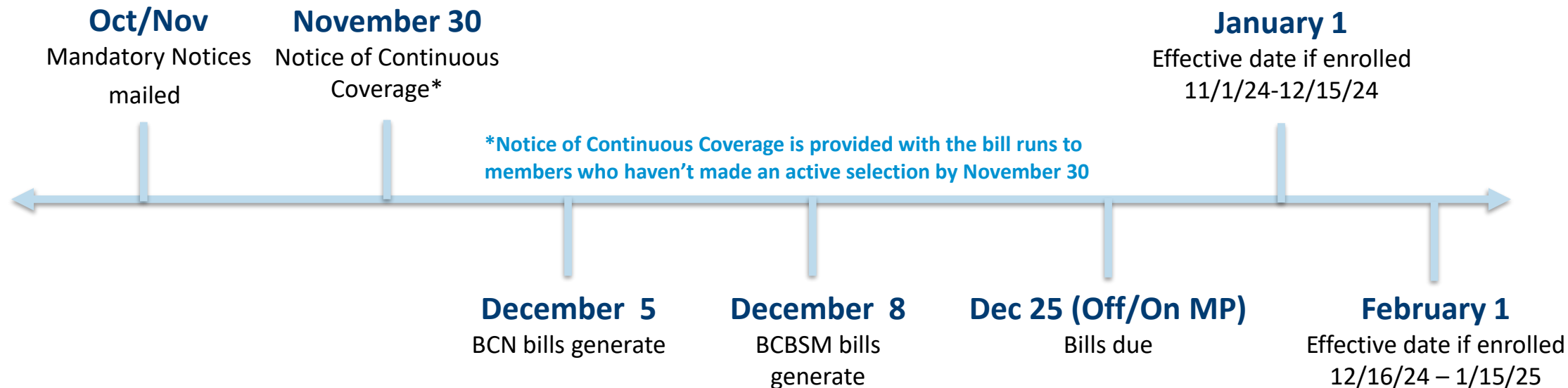
REPORTS	Report Name	Folder	Description	
Recent	Book of Business	IBU Agent Reports	Agent book of business	▼
Created by Me	Book of Business - 26 Age Off	IBU Agent Reports	Dependent members turning 26 years old during the current year.	▼
Private Reports	Book of Business - Age Into Medicare	IBU Agent Reports	Members turning 65 years old during the next calendar year.	▼
All Reports	Book of Business - Cancel/Inactive	IBU Agent Reports	Inactive and cancelled members	▼
FOLDERS	Book of Business - Dashboard (Funnel)	IBU Agent Dashboard Reports	Active and future coverages	▼
All Folders	Copy of O65 Disenrollment Report JAA	IBU Agent Reports	Disenrollment Reports for agent/agency	▼
Created by Me				
Shared with Me				

Additional Resources



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Open Enrollment: November 1, 2024 – January 15, 2025



Mandatory Notices

- Required by law to notify members about product discontinuance/renewal
- Letters are sent prior to the start of open enrollment
- Rate increase notifications are sent at least 30 days in advance of an increase
- Letters can be viewed within Agent Community

Resolving Multiple Coverages



Key Tips

- Read member & agent notifications - both viewable in Agent Community
- Member may have duplicate coverage
- Look for & cancel prior coverage



Agent Assistance

- BCBSM
- 800-788-7334
- BCN
- 855-269-9888



Member Assistance

- BCBSM
- 888-288-2738
- BCN
- 888-227-2345
- Marketplace
- 800-318-2596



- First 48/96 hours of delivery are covered under mother's maternity benefits for Vaginal/Cesarean delivery
- Subscribers must add newborns within 60 days for individual plans
- Subscribers are required to add newborns within the time frame allowed for their newborns to receive benefits beyond 48 or 96 hours



Our Individual Business Off-Market Eligibility Guide dictates all our Off-Marketplace business rules and can be a great tool for agents to use and reference

The Eligibility Guide is updated annually (or as needed) and can be found utilizing the steps below:

1. Login to Agent Community via the Agent Portal
2. Type 'Individual Business Off Market Eligibility Guide ' into the search bar OR Click the Libraries tab and click on Policy and Procedures folder to find the current Policy Manual

Switching Plans: BCBSM/BCN to BCBSM/BCN?

Members Can Keep Accumulated Deductible/Out-of-Pocket Totals

BCBSM and BCN Carryover Totals

- Money paid toward the out-of-pocket totals that is transferred from one plan to the next, such as Deductibles and Copayments.

Totals Do Not Transfer:

- From other issuers to IBU BCBSM and BCN plans, including other Blue Cross plans.
- Fourth quarter deductibles from one year to the next.

Note:

- Benefit limits restart when a member switches to a new plan or metal tier.
- Totals (deductible only) do transfer from BCBSM and BCN individual plans to MA plans.

Under 65 Plan to Plan Totals Carryover

	(From) IBU BCBSM	(From) IBU BCN	(From) Group BCBSM	(From) Group BCN
(To) IBU BCBSM	Automatic Transfer	Transfer Upon Request*	Transfer Upon Request*	Transfer Upon Request*
(To) IBU BCN	Transfer Upon Request*	Automatic Transfer	Transfer Upon Request*	Automatic Transfer
(To) Group BCBSM	Upon Request* /Agreement from Group	Upon Request* /Agreement from Group	Upon Request* /Agreement from Group	Upon Request* /Agreement from Group
(To) Group BCN	Upon Request* /Agreement from Group	Automatic Transfer	Upon Request* /Agreement from Group	Automatic Transfer

* Requests for transfers must be made through Customer Service.



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Thank You!