



Blue Care
Network
of Michigan

Confidence comes with every card.®

Welcome to
Healthy *Blue* LivingSM HMO

bcbsm.com/hbl





Dear Valued Member:

We know health care can seem complicated. That's why we're committed to helping you understand your coverage.

This guide will explain your Healthy *Blue* Living plan, including **the action items you need to complete now to keep your out-of-pocket costs lower.**

We worked with Personify Health™ to provide a personalized virtual well-being experience that delivers daily content based on your health and interests. These online well-being resources are part of your Healthy *Blue* Living plan and will help you build and maintain healthy habits.

In addition, your digital *Member Handbook* includes what you need to fully understand your coverage. You can access it when your plan year starts by registering your online member account at bcbsm.com.*

If you have questions, refer to your account or call the Customer Service number on the back of your BCN member ID card. The next page has important steps to help you make the most of your BCN health plan.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Levine', with a stylized flourish at the end.

Kathryn G. Levine
President and CEO

*In this guide, you'll be advised to check your online member account for specific information about your health care plan. If you don't have internet access, you may ask to have the information mailed to you. Call the Customer Service number on the back of your BCN member ID card.

Personify Health is an independent company that provides health and well-being services on behalf of Blue Care Network.

Getting started

Step 1

Register to activate your online member account.

Your account is where you get your health plan information anytime, anywhere. In addition to showing your Healthy *Blue* Living to-do list, your account has information about your plan and what it covers, so you can make informed choices about your care.

Here's what you can do using your account:

- View your Healthy *Blue* Living to-do list.
- Review your *Member Handbook*.
- Select or change your primary care provider.
- Verify who's covered under your plan.
- See what's covered.
- View your deductible, copayments and coinsurance.
- Monitor claims and explanation of benefits statements.
- Search for doctors, hospitals and specialists in your plan's network.
- Learn about your prescription drug coverage, if applicable.
- Compare costs for health care services.
- Access your virtual ID card and plan documents, including your certificate, riders and *Summary of Benefits and Coverage*.
- Order more plastic ID cards for adult members on your plan.
- See the status of your prior authorizations and referrals.

How to register your account

1. Go online.

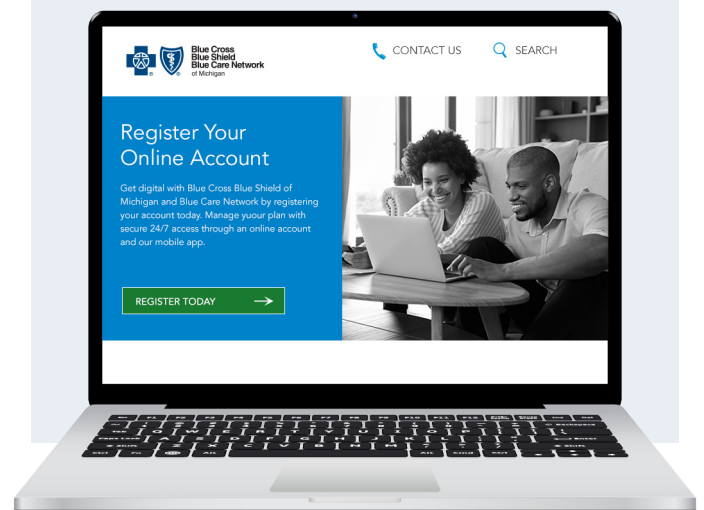
Visit bcbsm.com/register and select *Register Now*.

2. Use our app.

- Download the app on the App Store® or Google Play™ (search "**BCBSM**").
- Tap the app and then *Register*.

3. Text us.

Text **REGISTER** to **222764**.*



*Message and data rates may apply. Visit bcbsm.com for our Terms and Conditions of Use and Privacy Practices.

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

From your online member account

Step 2

Access your *Member Handbook*.

Your customized digital *Member Handbook* will help you understand your health plan and benefits. To access it, log in to your account at bcbsm.com or use our mobile app.

Your *Member Handbook* will display in your account **on the date your coverage begins**. However, you can register your account before your coverage start date.

Step 3

Select or change your primary care provider.

Your primary care provider is the doctor who provides or coordinates your care. Each person on your contract must select a BCN PCP located in Michigan. The doctor you select in our *Find Care* tool must be labeled a PCP in your plan's network. Your account won't allow you to submit your selection if the doctor isn't listed as a PCP.

For care to be covered, your PCP must provide or coordinate your health care from preventive care to referrals for specialists. If we don't have a PCP on file for you, we'll assign one to you and mail the details.

To select or change your PCP, log in to your account and then:

- Click *Find Care* in the navigation menu.
- Click *Primary Care Physicians*.
- Click *View or Change PCP*.

Or call the Customer Service number on the back of your BCN member ID card.

Step 4

Complete your Healthy *Blue Living* to-do list.

Completing your to-do list can keep your out-of-pocket costs lower for everyone on your contract. These costs include copayments, deductible and coinsurance, depending on your plan. Healthy *Blue Living* has two levels:

Enhanced benefit level means lower out-of-pocket costs. **You're at the enhanced benefit level when you enroll. To stay here, complete the items on your to-do list.** See the next page for details.

Standard benefit level means higher out-of-pocket costs. **If you don't complete each item on your to-do list, your contract will move to the standard benefit level.**

Your Healthy *Blue* Living to-do list

How to stay at the enhanced benefit level.

Complete each task below by your deadlines, which are posted on your to-do list in your account at bcbsm.com.* These tasks only apply to the subscriber of the plan. Dependents and covered spouses are assigned the same benefit level as the subscriber.

You have the first **90 days** of your plan year to complete these two action items:

1. See your PCP to complete your Qualification Form (see back of book for form).

After your appointment, **tell your doctor to submit your results electronically** on the *Blue Care Network Qualification Form*. Log in to your account at bcbsm.com to check your to-do list a few days after your appointment to confirm your doctor submitted your qualification form.

2. Complete an online health assessment.

Visit bcbsm.com/healthyblue90 for more details about your 90-day to-dos.

You have the first **120 days** of your plan year to complete a third and fourth action item, if necessary:

If you have a BMI of 30 or higher or use tobacco, you must enroll and participate in a weight-management or tobacco coaching program. We'll mail you details about these additional programs, if they apply to you.

To stay at the enhanced level, participate in these programs until your doctor submits an updated qualification form that shows your BMI is under 30 and you no longer use tobacco.

3. If you have a BMI of 30 or higher, enroll and participate in a weight-management program.

You have two options:

Triple Tracker: Complete **7,000 steps daily, a 15-minute workout or 15 active minutes — or any combination of the three** — at least 20 days a month. Connect to more than 100 apps and devices, including Apple devices.

Lifestyle Coaching: Attend one 20-minute session with your health coach each month either by phone or messaging.

4. If you use tobacco, enroll and participate in our tobacco coaching program.

Your doctor checks for tobacco through a blood or urine cotinine test. We'll cover the cost. Attend one 20-minute session with your health coach each month by phone or messaging.

For more information about your 120-day to-dos, go to bcbsm.com/healthyblue120.

*You can only view your to-do list by logging in to your account at bcbsm.com — not through the Blue Cross mobile app.

Your Healthy *Blue* Living to-do list

Meeting Healthy *Blue* Living health targets.

During your appointment, your doctor will check and score each health measure with an A, B or C:

A = You've met the recommended target.

B = You didn't meet the recommended target, but you've agreed to take the right steps to improve the health measure.

C = You didn't meet the recommended target, and you won't commit to your doctor's treatment plan or enroll in a BCN program for weight or tobacco.

A's and B's will keep you at the enhanced benefit level if you complete all items on your to-do list. Scoring C's will move you to the standard benefit level with higher out-of-pocket costs.

Health measure	Target to score an A	If you don't score an A, do this for a B
Tobacco	Blood or urine cotinine test confirms no tobacco use*	Tell your doctor you'll enroll and participate in BCN's Tobacco Coaching program until a new qualification form shows you don't use tobacco.
Weight	BMI under 30	Tell your doctor you'll enroll and participate in a weight-management program until a new qualification form shows your BMI is under 30.**
Blood pressure	Below 140/90	Commit to and follow your doctor's treatment plan.
Blood sugar	Fasting blood sugar or A1C at or below target	
Cholesterol	LDL-C is below target (based on risk factors: <100, <130 or <160)	
Depression	Any symptoms of depression are well-controlled	

*After one negative test, no testing is needed again. Self-reported tobacco users don't need the test.

**Consult with your doctor before starting any regular exercise or program.

Scan here to follow your to-do list and lower your out-of-pocket costs.



Blue Care Network is committed to helping you achieve your best health status. Lower out-of-pocket costs for participating in our well-being health plan, Healthy *Blue* Living, are available to all subscribers who meet all qualification requirements. If you think you might be unable to meet a standard or requirement under this plan, you might qualify for an opportunity to earn lower out-of-pocket costs by different means. You can work with your BCN primary care provider to find an alternative that's right for you in light of your health status.

Getting care

In-network versus out-of-network providers

A network is a group of providers (doctors, hospitals and other professionals) who have contracted with BCN to provide health care services. **Note:** You're always covered for emergency care.

- **In-network providers** accept your health care plan. This means they participate with us. Be sure your PCP refers you to in-network providers to ensure your care is covered.

To find in-network providers, log in to your account at bcbsm.com and select *Find Care*.

- **Out-of-network providers** don't accept your health care plan and don't participate with us. Except in an emergency or when your service is approved by BCN, you're responsible for the entire cost of the service received from these providers.

If you plan on traveling, talk with your PCP to address any health concerns before you leave. Also, log in to your account at bcbsm.com and refer to your *Member Handbook* and your certificate and riders to see the types of services your health plan covers outside of Michigan. Or call the Customer Service number on the back of your BCN member ID card.



Referrals and authorizations

Referrals and prior authorization

Your PCP provides your care or coordinates it through our referral process. However, you may also need BCN prior authorization for certain health care services before you receive them.

A referral is different from prior authorization:

Referral	Prior authorization
• A referral is written approval from your PCP to see a specialist (for example, a dermatologist). • Check with your PCP to see if a referral is required. • Some referrals require your meeting with your PCP in-person. • Your PCP will submit the referral request for you, and we'll review it quickly. • The referral must be received by the specialist before your appointment. • Confirm your PCP refers you to an in-network specialist to ensure coverage for treatment. • Changing your PCP while a specialist is treating you may change your treatment referral. Check with your new PCP.	• Prior authorization is approval from BCN for certain services before you receive them. • Check with your doctor before receiving services to see if you need prior authorization. • Your PCP will submit the prior authorization request for certain prescription drugs, medical tests, surgeries and other services. • We'll review the request quickly to determine whether it's needed for your condition. • For more about prior authorizations, go to our article at bcbsm.com* (Important Info: Services That Need Prior Authorization/BCBSM)

Always ask your doctor if you need a referral or prior authorization.

If your PCP doesn't refer you to a specialist or doesn't get prior authorization as required, you're responsible for the cost of the services.

You don't need a referral for:

- Emergency care
- Behavioral health services*
- Routine gynecologist or obstetrician services*

*Must be seen by an in-network provider.

*https://www.bcbsm.com/important-information/prior-authorization/#par_article

Your options for care

Where to go for care

When it's not an emergency, you have choices for when and where to get health care.

Primary Care Provider	24-Hour Nurse Line 1-855-624-5214	Virtual Care by Teladoc Health®	Retail Health Clinics	Urgent Care Centers
\$	\$0	\$	\$\$	\$\$
Average time for care 30 minutes	Average time for care 1 minute	Average time for care 5 minutes	Average time for care 30 minutes	Average time for care 60–90 minutes
Appointment required? Yes	Appointment required? No	Appointment required? No	Appointment required? No	Appointment required? No
Treatment When you want to talk face to face 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 smartphone, tablet or computer	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
• High-quality, comprehensive care • Knows you and your medical history and coordinates all your care • May offer virtual care, same-day appointments, extended hours and other services	• No cost • Available by phone anytime, anywhere in the U.S. • Service provided by a registered nurse	• Video chat with a U.S. board certified doctor or a licensed therapist anywhere in the U.S. • Have a visit summary sent to your primary doctor • Sign up for Virtual Care through the: » Teladoc Health™ app online » At bcbsm.com/virtualcare » By phone at 1-800-835-6362	• Evening and weekend hours • Convenient locations • Care provided by physician assistants and certified nurse practitioners, overseen by a U.S. board-certified doctor	• Evening and weekend hours • Convenient locations • Lab and X-rays • Care provided by U.S. board-certified doctors, as well as licensed nurses and nurse practitioners, depending on severity of symptoms

Learn how to use your smart choices for care at bcbsm.com/findcare. Check your applicable out-of-pocket costs for these places of care by logging in to your account at bcbsm.com or using our mobile app.

To locate a participating urgent care center near you, go to bcbsm.com/findcare and select *Log in to Find a Doctor*. Or call the Customer Service number on the back of your member ID card. Before you go to urgent care, call the clinic to check extended business and weekend hours.

Hospital care is for health situations that require inpatient care. Your PCP will arrange the hospital care you need and direct the care of any specialists who will see you there.

If symptoms are severe enough that you need immediate medical attention, go to the nearest emergency room or call 911. Emergency is open 24 hours.

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

Understanding your benefits

Some services aren't covered

Here are a few examples of services your medical plan doesn't cover:

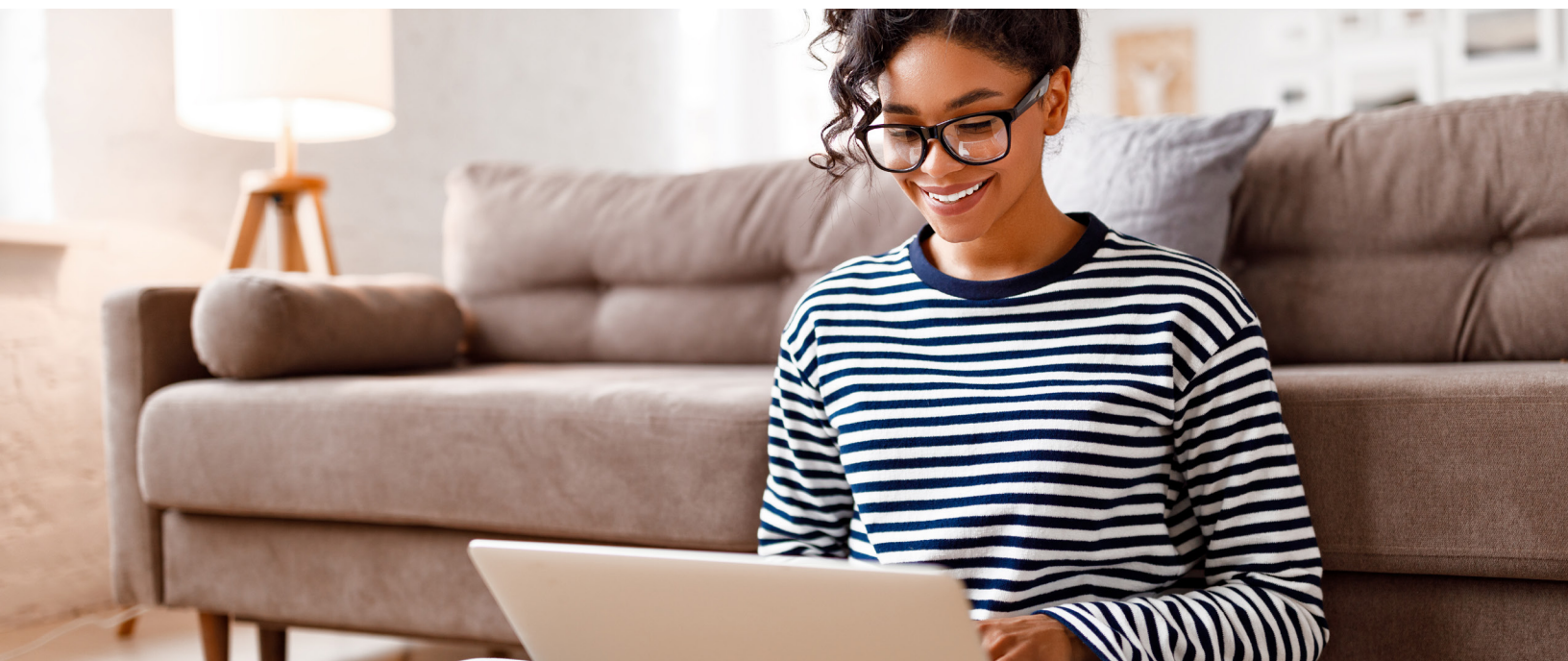
- Services obtained without following BCN procedures
- Cosmetic services or supplies
- Custodial care
- Experimental or investigational treatment
- Personal convenience items, such as air conditioners, hot tubs and water beds
- Routine exams related to employment, insurance, a court order, school purposes or sports physicals
- Self-help programs

For more details about other health care services and benefits not covered, refer to your certificate and riders or *Summary of Benefits and Coverage* in your account at bcbsm.com. Select *My Coverage* in the navigation menu, then select *Plan Documents*. On the app, select *My Coverage* and then *What's Covered*.

Behavioral health services

You're covered for behavioral health, including mental health and substance use disorder services. You don't need a referral from your PCP to see a behavioral health provider. However, you must be seen by a provider in your plan's network.

If you're experiencing a life-threatening emergency, dial 911 or go to the nearest emergency room. For urgent concerns, call **1-800-482-5982** (TTY: **711**) 24 hours a day to speak with a behavioral health care manager. For routine assistance, call this number Monday through Friday from 8 a.m. to 5 p.m. with questions about your behavioral health coverage, help finding a provider, or to request the guidelines we use to make medical necessity decisions.



More to know

Your prescription drug coverage

Check your [prescription drug coverage](#) with BCN by:

- Logging in to your account at bcbsm.com or through our mobile app
- Selecting *My Coverage* in the navigation menu
- Selecting *Prescription*

On this page, you can:

- View your drug list
- See what's covered (You'll be redirected to view your certificate and prescription drug rider.)
- Price a drug
- Pay for prescriptions
- See your prescription drug history
- Find a pharmacy
- Learn about mail orders

There's more for you to know

Go to bcbsm.com/importantinfo to learn:

- Services that need prior authorization
- Your rights and responsibilities
- How to submit a complaint
- How to appeal a decision that affects your coverage or benefits
- About your right to an independent external review
- How we evaluate new medical technology
- Our privacy practices
- How to submit a claim for reimbursement of covered services

Blue Care Network Qualification Form

What to do

The *Blue Care Network Qualification Form* is on Page 2. It applies to members who are part of Healthy *Blue Living*SM HMO.

Complete the *Member Section*, then give the form to your primary care provider as a reminder for them to submit your form online. **Online submission of your qualification form is due within the first 90 days of your plan year.** Your deadline date is posted on your to-do list in your member account at **bcbsm.com**. See below.

You don't need to wait until your new plan year starts to see your doctor. We'll accept a qualification form from an office visit that occurred up to 180 days before the start of your plan year.

Learn your requirements, deadline dates and more about your coverage

You have certain tasks to complete within specific timeframes. **Here's how you can check what requirements you need to do, your deadline dates and coverage:**

- Refer to the materials you received in the mail.
- Save the letters you receive from BCN about the requirements and deadlines specific to you.
- Check your to-do list, requirements and deadlines in your account.
 - Log in to your account at **bcbsm.com** using your computer or the web browser on your mobile device or tablet. (Your to-do list is not available through our mobile app.)
 - Click *My Coverage* in the navigation menu.
 - Click *Medical* from the drop-down menu.
 - Click *To-do List*.

For more information, visit **bcbsm.com/hbl**. Or, call the Customer Service number on the back of your BCN member ID card.

Important: The qualification form shows that a cotinine test is required. A cotinine test checks for tobacco use. Some members may not be required to complete the cotinine test — see your member materials for information.

Blue Care Network Qualification Form

to be submitted electronically by your primary care provider



Member section:

Last name		First name		Date of birth (MM/DD/YYYY)	
Contract/enrollee ID number			Gender: ☐ Female ☐ Male	Ethnicity (optional): ☐ Arab American ☐ Asian American ☐ Black not Hispanic ☐ Chaldean	☐ Hispanic ☐ Multiracial ☐ North American Native ☐ White not Hispanic ☐ Other
Telephone number					

BCN primary care provider: Take notes on this form, and input the data into Health e-BlueSM. Refer to Health e-Blue for standards of care. If you have any questions, contact your BCN provider representative. Give a copy of the electronic *Certificate of Submission* or a completed and signed copy of the paper form to the member, and keep a copy with the member's medical records. Tip: If you arrange for the member to receive laboratory tests in advance of the physical exam, you may be able to complete the form during the office visit.

Scoring key:

A = Member meets criteria
 B = Member commits to treatment plan
 C = Member does not commit

Visit date (MM/DD/YYYY)

Criteria	Score	Current results
Tobacco Does not use (never used or quit >1 month with cotinine levels of <10 ng/mL for serum or <100 ng/mL for urine)	☐ A. Does not use tobacco ☐ B. Tobacco user: Commits to enroll in or is enrolled in BCN-designated tobacco-cessation program ☐ C. Tobacco user: Does not commit to and is not enrolled in BCN-designated tobacco-cessation program	Cotinine test: After one negative test, no testing needed in future years; test not needed for self-reported tobacco users ☐ Blood ☐ Urine ☐ Positive ☐ Negative Date of cotinine test: _____ Cotinine level: _____ ng/mL
Weight Body mass index <30 kg/m ²	☐ A. BMI <30 ☐ B. BMI is ≥ 30: Commits to enroll in a BCN-sponsored weight-management program ☐ C. BMI is ≥ 30: Does not commit to enroll in a BCN-sponsored weight-management program	Date height and weight measured: _____ Height: _____ (feet) _____ (inches) Weight (pounds): _____ BMI: _____
Blood pressure <140/90 mmHg	☐ A. Does not have high blood pressure or it is controlled ☐ B. Has high blood pressure that is not controlled but is following treatment ☐ C. Has high blood pressure; does not commit to or is not following treatment	Systolic: _____ Diastolic: _____ Date of blood pressure reading: _____
Cholesterol LDL target level based on risk factors: <100, <130 or <160	☐ A. Does not have high cholesterol or it is well controlled ☐ B. Has high cholesterol that is not controlled but is following treatment or does not tolerate treatment ☐ C. Has high cholesterol; does not commit to or is not following treatment	Total cholesterol: _____ LDL: _____ HDL: _____ Triglycerides: _____ Date of cholesterol test: _____
Blood sugar Fasting blood sugar or A1C Non-diabetic: FBS <126mg/dL A1C <6.5% Known diabetic: A1C goal <8%	☐ A. Does not have diabetes or A1C is well controlled ☐ B. A1C is not controlled but is following treatment ☐ C. A1C is not controlled; does not commit to or is not following treatment	☐ No known diabetes FBS: _____ mg/dl A1C: _____ ☐ Known diabetes A1C: _____ Date of A1C or FBS test: _____
Depression Any depression is in full remission	☐ A. Does not have either history or current symptoms of depression ☐ B. Has depression and is following treatment ☐ C. Has depression and does not commit to or is not following treatment	Date of PHQ-2 or PHQ-9 test: _____ PHQ-2 score: _____ PHQ-9 score: _____

Provider's approval: I verify the information supplied is complete and accurate.

Health care provider's last name	Health care provider's first name	National provider identifier, or NPI
Health care provider's signature	Health care provider's telephone number	Date

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 المجانية متوفرة لك. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات 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者。

මගේ: ඔබ සමඟ ජනප්‍රිය සේවාවන්, ආවේණික සේවාවන් සහ සේවාවන් සඳහා නොමිලේ සහතික කර ඇත. ඔබ සමඟ ආවේණික සේවාවන් සඳහා නොමිලේ සහතික කර ඇත. ඔබ සමඟ ආවේණික සේවාවන් සඳහා නොමිලේ සහතික කර ඇත. ඔබ සමඟ ආවේණික සේවාවන් සඳහා නොමිලේ සහතික කර ඇත. 877-469-2583 TTY: 711 හිටින්න.

LU'U 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 ТТТ: 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 serbisyong 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.

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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>, 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>.

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