

nonparticipating providers often charge more than our maximum payment level, our payment to you may be less than the amount charged by your provider. **You are responsible for this difference.**



BlueCard PPO Program

When you need medical care **outside of Michigan**, you can receive in-network benefits by using the BlueCard PPO program. Simply call the toll-free number below and you'll be directed to the nearest BlueCard PPO provider. BlueCard PPO providers bill their local Blue Plan for any covered services you receive. The local Blue Plan does not reduce its payments to the BlueCard PPO providers by the out-of-network deductible and/or copayments. You are responsible only for the in-network deductible and copayments (*if applicable*) listed in Section 5 and for services not covered by your plan.

To take advantage of your BlueCard program, just follow these three steps:

1. Call **1-800-810-BLUE (2583)** any day of the week. You will be given the name of the nearest **PPO** physician or hospital.

Note: If you need emergency medical care, please seek care immediately from the nearest hospital or physician.

2. Show your BCBSM ID card and remind the provider you are covered under the BlueCard program and to **include the XYP alpha prefix** on all claims.
3. Pay applicable deductibles and copayments required by your plan.

You won't be expected to pay any out-of-network copayments or deductibles if:

- You are referred to a out of network provider by a BlueCard participating PPO provider
- You receive treatment for an accidental injury or a medical emergency

Important: You may need to submit itemized receipts directly to us if you receive services from a non-network provider. Also **BlueCard does not include prescription drugs, dental, vision and hearing services.**

Care Out of the Country

Your coverage applies no matter where you are only if:

- The hospital is accredited
- The physician is licensed

Most hospitals and doctors in foreign countries will ask you to pay the bill. Try to get itemized receipts, preferably written in English. When you submit your claim, tell us if the charges are in U.S. or foreign currency. Be sure to indicate whether payment should

go to you or the provider. We will pay the approved amount for covered services at the rate of exchange in effect on the date you received your services, minus any deductibles or copayments that may apply.