



Health Insurance Specialist

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Applying for Coverage

Am I eligible for Value Blue coverage?

To be eligible, you and everyone on your contract must:

- Be Michigan residents and live in the state for a minimum of six months each year
- Not be eligible for or not have coverage under any other Blue Cross plan, Medicare Supplemental coverage or coverage through another group health plan. (Individuals are considered eligible for group coverage if their employer pays them or Blue Cross Blue Shield of Michigan all or a part of their premium.)
- Be under age 65

Note: Group conversion members must be enrolled in a group plan for at least 90 days to be eligible for group conversion coverage. If you purchased COBRA, you must exhaust this coverage prior to enrolling in group conversion coverage.

Can I be denied coverage because of a medical condition?

No. Value Blue is not medically underwritten. This means you will not be excluded from coverage because of your medical history or current health status.

Is there a preexisting condition waiting period?

If you do not currently belong to a Blue Cross Blue Shield of Michigan health plan, Value Blue coverage requires a 180-day preexisting condition exclusion period. This means if you had a medical condition for which medical advice, diagnosis, care or treatment was recommended or received within six months of your enrollment date, services you receive to treat the condition within 180 days after your enrollment date will not be paid by your Value Blue coverage. If you are moving from another Blue Cross Blue Shield of Michigan nongroup or group conversion certificate with no lapse in coverage to Value Blue coverage, the waiting period does not apply as long as your prior certificate did not include a waiting period or you partially or fully met a similar requirement under the prior certificate.

Note: You may be eligible to receive credit for prior health care coverage if you meet [certain criteria](#).

Can I get this coverage if I live in Canada?

No. You must live in Michigan to receive this coverage.

What is the difference between group conversion and nongroup conversion? Why are the monthly rates for group conversion lower?

When subscribers convert to Value Blue from a Blues group plan, this is called group conversion. Subscribers convert when group health care coverage through an employer expires or is terminated. For example, this can occur when the subscriber quits his or her job. Group conversion rates are subsidized by most of our group customers, so the rates are less than those for nongroup.

Nongroup coverage is offered to individuals and families who are not eligible for group coverage through their employer or their spouse's employer and who are not eligible for Medicare.

If you have questions about whether you or a family member are eligible for the group conversion rate, please call customer service at 800-982-8282.

Can I cover my spouse and children?

Yes. Value Blue can cover you, your spouse and your dependents.

What is Family Continuation coverage?

Normally, when children turn 19, they are no longer eligible for coverage through their parent's contract. Family Continuation allows you to extend your child's coverage through age 25 as long as he or she meets certain criteria. It is most usually extended to cover dependent children who are in college.

When will my coverage become effective?

After your application is reviewed and approved, we will send you a bill. We will assign a start date as close as possible to the date you requested on your application. Your coverage will become effective upon receipt of payment. If you do not receive a bill within 45 days of submitting your application, please call customer service at 800-982-8282.

Once I enroll can I change my mind about the plan I selected?

You may change your mind before your first bill is paid. However, your selection is normally effective for the 12-month period following your decision. We will notify you should special circumstances arise that allow members to make a change in their plan outside their cycle.

What happens if my application is rejected?

If your application is rejected, we will provide the reason to you in writing.

When will I get my Blue Cross Blue Shield of Michigan ID card?

We will mail your ID card within 30 days of receiving your first payment.

Billing Questions

Should I send a payment with my application?

No, you will be billed for coverage once your application is approved and processed. Please do not send any money with your application form.

Why am I billed every two months?

We bill individual contracts every other month. Each bill will be for two months' coverage. Payments cannot be submitted or reimbursed by an employer or paid with a business or corporate check.

Can I pay my premium electronically or through automatic withdrawal?

Yes. Your premiums can automatically be deducted from personal or checking accounts. To enroll, complete the [Automatic Payment Enrollment form \(PDF\)](#) and mail it to us per the instructions on the form. You can also fax it to 313-983-2605.

Can I pay more or less than the amount on the billing statement?

We recommend that you pay only for the period and the amount shown on your billing statement to avoid servicing issues.

What happens if I'm late with my premium payment?

Value Blue is a prepaid plan. If we do not receive payment by the end date of your current coverage period, you may experience limited access to your benefits. If payment is not submitted by the date indicated on your bill, your coverage will not be in effect and your doctor or hospital will be advised that your coverage is not active. If you have questions about your bill, please call customer service.

If my coverage is cancelled for nonpayment, can I reapply?

Yes, but you could have a lapse in coverage of up to one year before your new contract goes into effect.

What happens when I turn 65 and am no longer eligible for Value Blue?

We will let you know when you're no longer eligible for Value Blue and tell you about your other options.

Using Your Health Plan Coverage

How does Value Blue work?

Value Blue's Blue Preferred network is a PPO, or preferred provider organization. PPO plans provide you with the highest level of benefits and the lowest out-of-pocket costs when you receive care from providers who are in the Blues' PPO network. In Michigan, all hospitals and 95 percent of doctors are in the PPO network. Value Blue is also available as a Blue Traditional® product.

Do I still have coverage if I go outside the PPO network?

Yes, but you share more of the cost of your care through higher copays. You may also be responsible for the cost difference between what the provider charges and our approved amount for the service.

What if my Value Blue doctor refers me to a doctor who is not in the network?

We'll waive your out-of-network copayment, and you will pay the copayment you would have made had the doctor been in the network.

What is a deductible? Do I have one with this plan?

A deductible is an amount you must pay each year before your plan begins to pay for your treatment. Value Blue has a \$1,000 annual deductible per person or \$2,000 for the family. Amounts you pay toward the deductible during the last three months of the calendar year will be credited toward the deductible requirement for the following year.

What is a copayment?

A copayment is a flat dollar amount or a percentage of the approved amount that is your responsibility. For example, for services received from a PPO provider, you have a 30 percent copayment. Services you receive out-of-network have a 50 percent copayment.

What is the copayment dollar maximum?

The copayment dollar maximum is the total dollar amount you are responsible for paying during the calendar year before your plan pays 100 percent. For example, once your copayments have totaled \$2,500, we will pay 100 percent of covered services based on the BCBSM-approved amount for the remainder of the year.

Do the out-of-network copayments also apply toward the out-of-pocket maximum?

No. Only in-network copayments apply toward the copayment maximum.

If I had a \$1,000 surgery, what would I owe?

	In-Network	Out-of-Network
Provider's charge	\$1,000	\$1,000
BCBSM approves	\$800	\$800
BCBSM pays	70% of \$800 = \$560	50% of \$800 = \$400
Your copayment	30% of \$800 = \$240	50% of \$800 = \$400*

* This amount may be higher if a nonparticipating provider chooses to balance bill you. Please see the next question on balance billing.

What is balance billing?

Balance billing is when a provider bills the patient for the difference between their charges and BCBSM's approved amount. PPO network and participating providers will not bill for this difference. If you choose to see a non-network, nonparticipating provider, you are responsible for the difference. Nonparticipating providers do not have any agreements with Blue Cross Blue Shield of Michigan and have not agreed to accept our approved amounts for their services.

How can I find a PPO provider?

You can [use our Physician Search](#) to find a PPO doctor. If you have difficulty locating a PPO provider, please call customer service at 800-869-BLUE.

Am I covered in-network if I travel out of state?

When you're a Blue Cross Blue Shield member, you take your health care benefits with you — across the country and around the world. [Find a network doctor now](#), or if you need help finding a doctor or hospital while you're traveling, call our BlueCard program at 800-810-BLUE.

What if I need prescription drugs?

You can purchase prescription drugs at the BCBSM-negotiated rate by showing your ID card at the pharmacy through our Affinity Rx program. In Michigan, 98 percent of pharmacies participate with Blue Cross Blue Shield of Michigan and will provide your prescription drugs at our discounted cost.