



## An individual health plan from Blue Care Network of Michigan.

This is an easy-to-read description of some of the most frequently used benefits and provides only a general overview of your benefits. It is not a contract. An official description of benefits is contained in applicable Blue Care Network of Michigan certificates and riders. Payment amounts are based on the Blue Care Network approved amount, less any applicable deductible and/or copay amounts required by the plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan. Services must be provided or arranged by member's primary care physician or health plan.

Benefit Highlights	
<b>Annual deductible</b>	\$500 per individual contract per calendar year. \$1,000 per family contract (two or more members) per calendar year.
<b>Copays</b>	
<ul style="list-style-type: none"> <li><b>Fixed dollar copay</b></li> </ul>	\$5 for allergy injections, \$30 office visits, \$35 for urgent care visits, \$100 for emergency room visits.
<ul style="list-style-type: none"> <li><b>Percent copay</b></li> </ul>	20%, 25% or 50% for specific services defined below
<b>Annual maximums</b>	
<ul style="list-style-type: none"> <li><b>Fixed dollar copay</b></li> </ul>	None
<ul style="list-style-type: none"> <li><b>Percent dollar copay for medical services; excludes services with a 50% copay</b></li> </ul>	\$5,000 per individual contract per calendar year. \$10,000 per family contract (two or more members) per calendar year.
<ul style="list-style-type: none"> <li><b>Percent dollar copay – inpatient mental health care</b></li> </ul>	\$1,000 per individual contract. \$2,000 per family contract (two or more members).
<b>Lifetime maximum</b>	None
Preventive Services	
<b>Pre-existing conditions clause</b>	All benefits are subject to a 180-day waiting period for pre-existing conditions.
<b>Health maintenance exam</b>	Covered – \$30 copay
<b>Annual gynecological exam</b>	Covered – \$30 copay
<b>Pap smear screening (laboratory services only)</b>	Covered – Office visit copay may apply per member, per visit
<b>Well-baby and child care</b>	Covered – \$30 copay
<b>Pediatric and adult immunizations</b>	Covered – Office visit copay may apply per member, per visit
<b>Prostate specific antigen screening (laboratory services only)</b>	Covered – Office visit copay may apply per member, per visit
<b>Mammography screening</b>	Covered – 100%
Physician Office Services	
<b>Office visits</b>	Covered – \$30 copay; deductible applies for speciality care
<b>Consulting specialist care</b>	Covered (if referred) – \$30 copay after deductible
Emergency Medical Care	
<b>Hospital emergency room</b>	Covered – \$100 copay after deductible; copay waived if admitted; inpatient copay will apply
<b>Urgent care</b>	Covered – \$35 copay
<b>Ambulance service: medically necessary, emergency ground transport and air ambulance</b>	Covered – 80% after deductible
Diagnostic Services	
<b>Laboratory tests and pathology</b>	Covered – Office visit copay may apply per member, per visit
<b>Diagnostic tests and X-rays</b>	Covered – 80% after deductible
<b>Radiation therapy</b>	Covered – 80% after deductible

<b>Maternity Services Provided by a Physician</b>	
Pre and postnatal care	Covered – \$30 copay
Delivery and nursery care	Covered – 100% after deductible
<b>Inpatient Hospital Care</b>	
Semi-private room, general nursing care, hospital services and supplies	Covered – 80% after deductible; unlimited days
<b>Surgical Services</b>	
Surgery includes all related surgical services and anesthesia. See member certificate for specific surgical copays.	Covered – 80% after deductible
Voluntary sterilization	Covered – 50% after deductible
Human organ transplants	Covered – 80% after deductible; subject to medical criteria
<b>Alternatives to Hospital Care</b>	
Skilled nursing care	Covered – 80% after deductible; 45 days per calendar year
Hospice care	Covered – 100% after deductible
Home health care	Covered – \$30 copay after deductible
<b>Other Medical Benefits</b>	
Allergy testing and therapy	Covered – 50% after deductible, \$5 copay for allergy injections
Chiropractic spinal manipulation	Covered (if referred) – \$30 copay after deductible
Outpatient physical, speech and occupational therapy	Covered – \$30 copay after deductible; limited to 60 consecutive days per episode for a combination of therapies
Infertility counseling and treatment (excludes in-vitro fertilization)	Covered – 50% after deductible
Durable medical equipment	Covered – 50%
Temporomandibular Joint Syndrome Treatment	Covered – 50% after deductible
Prosthetic and orthotic appliances	Covered – 50%
<b>Mental Health Care and Substance Abuse Treatment</b>	
Inpatient mental health care and substance abuse care	<p><b>Mental Health Care:</b> Covered – 75% with a 25% copay up to \$1,000 per member, \$2,000 per family; 30 days per calendar year</p> <p><b>Substance Abuse Care:</b> Covered – 50%, one program of treatment per year, up to state mandated dollar limitation, which is adjusted annually by the state.</p>
Outpatient mental health care	Covered – 50%, 20 visits per calendar year
Outpatient substance abuse care	<p>Covered – 50%, one program of treatment per year, up to state mandated dollar limitation, which is adjusted annually by the state.</p> <p>NOTE: A program of treatment may include outpatient or immediate services or both.</p>
<b>Prescription Drugs</b>	
Includes mail-order prescription drugs	<p>\$5 generic and \$50 brand retail copay with contraceptives and mail order</p> <p>\$10 generic and \$100 brand copay up to 90-day supply; \$2,500 benefit maximum</p>

## You pay **nothing** for preventive health services

Your health plan covers the preventive services listed here in full. That means you can get checkups, vaccines, screenings and more without paying out-of-pocket at your doctor's office. That's right—you don't need to contribute a copay and you don't have to meet your deductible first when you get these services from a provider in our network.

Why? Because visiting your provider regularly for checkups can help keep you healthy and prevent serious and costly medical conditions.

The listed services are covered at 100 percent when you get them from a provider in our network, and when the main purpose of your visit is to get preventive care. These services are not considered preventive when they are part of a visit about an existing illness or injury, or if you get services that are not listed during the same visit.

### Covered Exams

- Annual OB/GYN Exam
- Health Maintenance Exam (HME) The following categories will be covered as part of your HME exam when appropriate:
  - Discussions with your doctor about taking aspirin for the prevention of cardiovascular disease (aspirin not payable)
  - Discussions with your doctor about the prevention of iron deficiency anemia for at-risk 6 to 12 month old babies
  - Discussions with your doctor about breast and ovarian cancer susceptibility, genetic risk assessment and BRCA mutation testing
  - Discussions with your doctor about chemoprevention when at high risk for breast cancer
  - Discussions with your doctor about taking a daily supplement containing 0.4 to 0.8 mg of folic acid for women planning or capable of pregnancy (folic acid not payable as a medical benefit)
  - Discussions with your doctor about dental tooth decay or cavity prevention in preschool children (oral fluoride not payable as a preventive benefit)
  - Depression screening
  - High blood pressure screening
  - Screening major depressive disorders in adolescents
  - Obesity screening for adults and children
  - Sexually transmitted infection counseling if sexually active
  - Autism screening
  - Developmental surveillance
  - Psychosocial and behavioral assessment
  - Alcohol and drug use assessment
  - Oral health (basic check of child's mouth/teeth by primary care provider/pediatrician)
  - Anticipatory guidance

*The information in this document is based on BCBSM and BCN's current understanding of the Patient Protection and Affordable Care Act (PPACA) and is not intended to impart legal advice. Interpretations of PPACA vary and the federal government continues to issue guidance on how PPACA should be interpreted and applied. Efforts will be made to revise and update the information in this document as it becomes available. This document is intended as an educational tool only and does not replace a more rigorous review of the law's applicability to individual circumstances and should not be relied upon as legal or compliance advice. Analysis of the law is ongoing and additional guidance is expected from the Department of Health and Human Services. Additionally, some PPACA requirements may differ for particular members enrolled in certain programs, and those members are encouraged to consult with their benefit administrators for specific details.*

## Covered Counseling

- Tobacco use and tobacco-caused disease counseling for pregnant women and adults
- Alcohol behavioral counseling interventions
- Diet behavioral counseling in primary care for adults with cholesterol-related hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease
- Recommended interventions during pregnancy and after birth to promote breastfeeding

## Your prescription carrier will cover the following medication:

- Topical gonorrhea prophylactic medication

## Covered Immunizations

- Influenza (flu)
- Influenza type B
- Pneumococcal (pneumonia)
- Tetanus, diphtheria, pertussis
- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV)
- Measles, mumps, rubella, and varicella (MMR or MMRV)
- Meningococcal (meningitis)
- Zoster (shingles)
- Rotavirus
- Inactivated polio
- Varicella (chicken-pox)

## Covered Screenings

- Abdominal aortic aneurysm (one-time screening for smokers)
- Asymptomatic Bacteriuria — Bacterial urinary infection with no symptoms in pregnant women
- Mammography for breast cancer
- Colorectal cancer
- Congenital hypothyroidism
- Lipid disorders, such as cholesterol or cardiovascular screening
- Osteoporosis for postmenopausal women
- Phenylketonuria (PKU) (newborn test)
- Rh (D) incompatibility (pregnancy related blood test)
- Sickle cell disease
- Type 2 diabetes
- Cervical cancer or dysplasia
- Vision
- Hearing
- Newborn metabolic/hemoglobin
- Hematocrit or hemoglobin (blood test)
- Lead
- Tuberculin test (skin test)
- Sexually Transmitted Infections
  - Chlamydia
  - Gonorrhea
  - Syphilis
  - Aids/HIV
  - Hepatitis B
  - Hepatitis C
  - Herpes
  - Human Papillomavirus (HPV)

Blue Cross Blue Shield of Michigan and Blue Care Network follow the recommendations of national medical societies on service frequencies, age requirements and gender guidance when such requirements are not specifically outlined in the law. All health plans will be updated if the federal regulator issues further guidance that requires the plans to be revised.

*The information in this document is based on BCBSM and BCN's current understanding of the Patient Protection and Affordable Care Act (PPACA) and is not intended to impart legal advice. Interpretations of PPACA vary and the federal government continues to issue guidance on how PPACA should be interpreted and applied. Efforts will be made to revise and update the information in this document as it becomes available. This document is intended as an educational tool only and does not replace a more rigorous review of the law's applicability to individual circumstances and should not be relied upon as legal or compliance advice. Analysis of the law is ongoing and additional guidance is expected from the Department of Health and Human Services. Additionally, some PPACA requirements may differ for particular members enrolled in certain programs, and those members are encouraged to consult with their benefit administrators for specific details.*