Benefits At A Glance

Healthy *Blue* Living℠

This is intended as an easy to read summary and provides only a general overview of your benefits. **It is not a contract.** Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable Blue Care Network 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.**

Healthy *Blue* Living℠ members must complete program requirements within first 90 days of enrollment or re-enrollment. To qualify or maintain enhanced benefits, the subscriber and covered spouse need to complete a health risk appraisal and qualification form during the first 90 days and follow their primary care physician's recommendations for a healthy lifestyle. If a smoker, must enroll in the smoking cessation program, Quit The Nic, within 120 days of enrollment or re-enrollment.

	Enhanced Benefits (BCN5)	**Standard Benefits (BCN10)**
	AS5, DME20%, ER50, WPT, 250HC, MHSA20, CO10, P10204, XSDRX, MOPD2O, PO20%, WAS, UR25	**ER100, WPT, IP10, CO20, 1550PD, XSDRX, MOPD2C, WAS, UR50**

Deductible, Copays and Dollar Maximums

Deductible	None	None
Fixed Dollar Copays	$0 for allergy injections	$5 for allergy injections
	$10 for office visits	$20 for office visits
	$25 for urgent care visits	$50 for urgent care visits
	$50 for emergency room visits	$100 for emergency room visits
		$25 for ambulance service
	$250 for inpatient hospital admission	
	$10 for referral physician visits	$20 for referral physician visits
Percent Copay	50%/20% for selected services as noted below	25% and 50% for selected services as noted below
Copay Dollar Maximums		
Fixed Dollar Copay	$750/individual, $1,000/contract/year for inpatient admission.	None
Percent Copay - Inpatient Mental Health	None	$1,000/individual, $2,000/contract/year
Percent Copay - Medical Services	None	$1,000/member, $2,000/contract/calendar year
Dollar Maximums	None	None except as noted below for individual services

Preventive Services

Health Maintenance Exam	$10 Copay	$20 Copay
Annual Gynecological Exam	$10 Copay	$20 Copay
Pap Smear Screening	Office visit copay may apply per member, per visit	Office visit copay may apply per member, per visit
Well-Baby and Child Care	$10 Copay	$20 Copay
Immunizations - pediatric and adult	Office visit copay may apply per member, per visit	Office visit copay may apply per member, per visit
Prostate Specific Antigen (PSA) Screening	Office visit copay may apply per member, per visit	Office visit copay may apply per member, per visit

Mammography

Mammography Screening	100%	100%

Physician Office Services

Office Visits	$10 Copay	$20 Copay
Consulting Specialist Care - when referred	$10 Copay	$20 Copay

	Enhanced Benefits (BCN5) AS5, DME20%, ER50, WPT, 250HC, MHSA20, CO10, P10204, XSDRX, MOPD2O, PO20%, WAS, UR25	Standard Benefits (BCN10) ER100, WPT, IP10, CO20, 1550PD, XSDRX, MOPD2C, WAS, UR50

Emergency Medical Care

Hospital Emergency Room (copay waived if admitted, if applicable)	$50 Copay	$100 Copay
Urgent Care Center	$25 Copay	$50 Copay
Ambulance Services - medically necessary	100%, ground and air services	$25 Copay ground and air services

Diagnostic Services

Laboratory and Pathology Tests	Office visit copay may apply per member, per visit	Office visit copay may apply per member, per visit
Diagnostic Tests and X-rays	100%	100%
High Technology Radiology Imaging	100%	100%
Radiation Therapy	100%	100%

Maternity Services Provided by a Physician

Pre-Natal and Post-Natal Care	$10 Copay	$20 Copay
Delivery and Nursery Care	100% (for professional services. See Hospital Care for facility charges)	100% (For professional services. See Hospital Care for facility charges)

Hospital Care

General Nursing Care, Hospital Services and Supplies	$250 copay/admission, up to $750/individual/year, $1000/contract/year, unlimited days	75% with a 25% coinsurance/adm, max $1000/ind, $2000/cont/yr; unlimited days
Outpatient Surgery - see member certificate for specific outpatient surgical copays	100%	75% with a 25% coinsurance/adm, max $1000/ind, $2000/cont/yr

Alternatives to Hospital Care

Skilled Nursing Care	100%	100%
	Up to 45 days per member per calendar year	Up to 45 days per member per calendar year
Hospice Care	100%	100%
Home Health Care	$10 Copay	$20 Copay

Surgical Services

Surgery - included all related surgical services and anesthesia - see member certificate for specific surgical copays.	See Hospital Care for inpatient and outpatient copay	See Hospital Care for inpatient and outpatient copay
Voluntary Sterilization	Not Covered	Not Covered
Elective Termination (First Trimester Termination of Pregnancy)	Not Covered	Not Covered
Human Organ Transplants (subject to medical criteria)	$250 copay/admission, up to $750/individual, $1000/contract/year, unlimited days	75% with a 25% coinsurance/adm, max $1000/ind, $2000/cont/yr

Blue Care Network of Michigan
A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

	Enhanced Benefits (BCN5) AS5, DME20%, ER50, WPT, 250HC, MHSA20, CO10, P10204, XSDRX, MOPD2O, PO20%, WAS, UR25	Standard Benefits (BCN10) ER100, WPT, IP10, CO20, 1550PD, XSDRX, MOPD2C, WAS, UR50

Mental Health Care and Substance Abuse Treatment

Inpatient Mental Health Care	100%, up to 30 days per calendar year	75% with a 25% coinsurance/admission, max $1,000 per individual/$2,000 per contract
		Limited to 30 days per calendar year
Inpatient Substance Abuse Care	100%, one program per 12 month period	50% coinsurance, one program of treatment per year, up to state mandated dollar limitation, which is adjusted annually by the state
Outpatient Mental Health Care	$20 copay, 20 visits per calendar year	50% coinsurance, up to 20 visits per calendar year
Outpatient Substance Abuse	$20 copay, 20 visits per calendar year	50% coinsurance, one program of treatment per year, up to state mandated dollar limitation, which is adjusted annually by the state.
		NOTE: A program of treatment may include outpatient or intermediate services or both.

Other Services

Allergy Testing and Therapy	100%; Office visit copay may apply per member per visit	$5 copay for allergy injections; 50% for testing and therapy
Chiropractic Spinal Manipulation - when referred	$10 Copay	$20 Copay
Outpatient Physical, Speech and Occupational Therapy	$10 copay, (60 consecutive days/episode)	$20 copay, (60 consecutive days/episode)
Infertility Counseling and Treatment (excludes In-vitro Fertilization)	50% on all associated costs	50% on all associated costs
Durable Medical Equipment	80% with a 20% coinsurance	50%
Prosthetic and Orthotic Appliances	80% with a 20% coinsurance	50%
Weight Reduction Procedures	100%	50%
Prescription Drugs	Generic - $10 copay, Brand - $20 copay, Non-Formulary - $40 copay; without contraceptives, 34-day supply	Generic - $15 copay, Brand - $50 copay; without contraceptives; 34-day supply
	Sexual Dysfunction drugs not covered	Sexual Dysfunction drugs not covered
Mail Order Prescription Drugs	Two times the applicable copay up to a 90 day supply	Two times the applicable copay up to a 90 day supply
Prescription Drug Deductible	None	None
Hearing Aid	Not Covered	Not Covered

Blue Care Network of Michigan
A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association