Blue Care Network of Michigan

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

Benefits-at-a-Glance for U of M Premier Care Plan 65 Medicare Primary Members 2018

This is intended as an easy-to-read summary. 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, coinsurance and copay amounts required by the plan. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan documents, the plan document will control. 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.

Member's Responsibility: Deductible, Copay's, Coinsurance and Maximums

Deductible Note: Coinsurance and select fixed dollar copays apply once the deductible has been met.	This plan has no deductible.
Fixed dollar copays	$25 PCP office visits $30 specialist visits $25 urgent care $100 emergency room services $25 outpatient mental health/substance use visits $1,000 weight reduction procedures
Coinsurance	None
Out of Pocket Maximum – combined Network 1 and Network 2 – applies to deductibles, copays and coinsurance amounts for all covered services (excludes prescription drug cost sharing)	$3,000 per member $6,000 per contract per calendar year

Preventive Services

Health Maintenance Exam	Covered – 100%
Annual Gynecological Exam	Covered – 100%
Pap Smear Screening – laboratory services only	Covered – 100%
Well baby and child care	Covered – 100%
Immunizations	Covered – 100%
Prostate Specific Antigen (PSA) Screening – laboratory services only	Covered – 100%
Routine Colonoscopy	Covered – 100%
Female Sterilization	Covered – 100%

Mammography

Mammography Screening	Covered – 100%

Physician Office Services

Office Visits	Covered – $25 copay
Consulting Specialist Care – when referred	Covered – $30 copay

Emergency Medical Care

Hospital Emergency Room, waived when admitted	Covered – $100 copay
Urgent Care Center	Covered – $25 copay
Ambulance Services – medically necessary	Covered – 100%, ground and air ambulance service

Diagnostic Services

Laboratory and Pathology Tests	Covered – 100%; Office visit copay may apply, per member per visit
Diagnostic Tests and X-rays	Covered – 100%; Office visit copay may apply, per member per visit
Radiation Therapy	Covered – 100%; Office visit copay may apply, per member per visit

Maternity Services Provided by a Physician

Pre-Natal and Post-Natal Care	Covered – 100%
Delivery and Nursery Care	Covered – 100%

Hospital Care

Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies	Covered – 100%, unlimited days (Coordinated with Medicare)

Alternatives to Hospital Care

Skilled Nursing Care	Covered – 100%; up to 120 days per calendar year
Hospice Care	Covered – 100%
Home Health Care	Covered – 100%

Surgical Services

Surgery– includes all related surgical services and anesthesia	Covered – 100%
Voluntary Sterilization	Covered – 100%
Human Organ Transplants – subject to medical criteria	Covered – 100%

Mental Health Care and Substance Use Treatment

Inpatient/Residential Mental Health Care and Substance Use Care	**Mental Health Care**: Covered – 100% when authorized **Substance Use Care:** Covered – 100% when authorized
Outpatient Mental Health Care	Covered – $25 copay when authorized
Outpatient Substance Use Care	Covered – $25 copay when authorized

Autism Spectrum Disorders, Diagnoses and Treatment

Applied behavioral analyses (ABA) treatment Requires authorization	Covered – $25 copay
Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder through age 18 Physical, speech and occupational therapy for autism spectrum disorder is unlimited.	Covered – $25 copay
Other covered services, including mental health services, for Autism Spectrum Disorder	See your outpatient mental health benefit and medical office visit benefit

Other Services

Allergy Testing and Therapy	Covered – 100%; Office visit copay may apply per member per visit; Injections covered 100%
Chiropractic Services	Not covered
Infertility – In Vitro fertilization Requires preauthorization based on medical criteria – See Benefit Document	Limited to U of M providers only Covered 80% - 20% coinsurance up to $20,000 lifetime limit
Infertility Assessment	Covered – 100%, office visit copay may apply
Outpatient Physical, Speech and Occupational Therapy Major and minor diagnosis as defined by the Group	Covered – $25 copay per visit, Major diagnosis - limited to 60 visits per medical episode per calendar year Minor diagnosis - limited to 15 visits per medical episode per calendar year
Durable Medical Equipment	Covered – 100%
Prosthetic and Orthotic Appliances	Covered – 100%
Hearing Evaluation, Hearing Aid	One hearing exam, basic binaural hearing aids every 36 mos. Office visit copay may apply
Cardiac Rehabilitation	Covered – Covered 100%, limited to 36 sessions/18 week period
Transgender Surgery	Covered – 100%
Elective First Trimester Termination of Pregnancy	Covered – 100%; office visit copay may apply
Weight Reduction Procedures – when approved by BCN	Covered - $1,000 copay or 20% of Medicare allowed amount whichever is less
Male Mastectomy	Not Covered
Routine Vision Care	Covered – One routine vision exam per year (dilation is not covered)

Blue Care Network provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.