Deductible, Copays and Dollar Maximums

Note: The **Deductible** will apply to certain services as defined below.

Deductible	None	$500 individual/$1,000 family per calendar year
Fixed Dollar Copays:		
	$20 for office visits	$20 for office visits
	$50 for urgent care visits	$50 for urgent care visits
	$100 for emergency room visits	$100 for emergency room visits
	$20 for referral physician visits	$20 for referral physician visits
Coinsurance	None	None
Annual Coinsurance Maximum (ACM)	None	None
Out of Pocket Maximum - applies to deductibles, copays and coinsurance amounts for all covered services	$6,600 per individual/$13,200 per family	$6,600 per individual/$13,200 per family

Enhanced Benefits : BCN1LG : ER100, MOPD2O, SNU, OPRH, WR1000, UR50, OMRR, FOCUS, DCCRM, CO20, 6600PM, 6600PM, 5254C, SPRX0C, SDCCR

Standard Benefits : BCN1LG : ER100, MOPD2O, SNU, OPRH, WR1000, UR50, OMRR, WDEDFC, FOCUS, D500, DCCRM, CO20, 6600PM, 6600PM, 5254C, SPRX0C, SDCCR

Preventive Services

Health Maintenance Exam	100%	100%
Annual Gynecological Exam	100%	100%
Pap Smear Screening	100%	100%
Well-Baby and Child Care	100%	100%
Immunizations	100%	100%
Prostate Specific Antigen (PSA) Screening	100%	100%
Routine Colonoscopy	100%	100%
Mammography Screening	100%	100%
Voluntary Female Sterilization	100%	100%
Breast Pumps (DME guidelines apply.)	100%	100%
Maternity Pre-Natal care	100%	100%

Physician Office Services

PCP Office Visits	$20 Copay	$20 Copay
Online Visits	$20 Copay	$20 Copay
Consulting Specialist Care	$20 Copay	$20 Copay

Enhanced Benefits : BCN1LG : ER100, MOPD2O, SNU, OPRH, WR1000, UR50, OMRR, FOCUS, DCCRM, CO20, 6600PM, 6600PM, 5254C, SPRX0C, SDCCR

Standard Benefits : BCN1LG : ER100, MOPD2O, SNU, OPRH, WR1000, UR50, OMRR, WDEDFC, FOCUS, D500, DCCRM, CO20, 6600PM, 6600PM, 5254C, SPRX0C, SDCCR

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Emergency Medical Care

Hospital Emergency Room (Copay waived if admitted)	$100 Copay	$100 Copay
Urgent Care Center	$50 Copay	$50 Copay
Retail Health Clinic	$50 Copay	$50 Copay
Ambulance Services (Ground and air services)	100%	100% after deductible

Diagnostic Services

Laboratory and Pathology Tests	100%	100%
Diagnostic Tests and X-rays	100%	100% after deductible
High Technology Radiology Imaging (MRI, MRA, CAT, PET)	100%	100% after deductible
Radiation Therapy	100%	100% after deductible

Maternity Services Provided by a Physician

Post-Natal and Non-routine Pre-Natal Care (See Preventive Services section for routine Pre-Natal Care)	$20 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) after deductible

Enhanced Benefits : BCN1LG : ER100, MOPD2O, SNU, OPRH, WR1000, UR50, OMRR, FOCUS, DCCRM, CO20, 6600PM, 6600PM, 5254C, SPRX0C, SDCCR

Standard Benefits : BCN1LG : ER100, MOPD2O, SNU, OPRH, WR1000, UR50, OMRR, WDEDFC, FOCUS, D500, DCCRM, CO20, 6600PM, 6600PM, 5254C, SPRX0C, SDCCR

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Hospital Care

General Nursing Care, Hospital Services and Supplies	100%, unlimited days	100%, unlimited days after deductible
Outpatient Surgery - included all related surgical services and anesthesia	100%	100% after deductible

Alternatives to Hospital Care

Skilled Nursing Care	100%	100% after deductible
	Unlimited days	Unlimited days
Hospice Care	100% when authorized	100% when authorized after deductible
Home Health Care	100%	100% after deductible

Enhanced Benefits : BCN1LG : ER100, MOPD2O, SNU, OPRH, WR1000, UR50, OMRR, FOCUS, DCCRM, CO20, 6600PM, 6600PM, 5254C, SPRX0C, SDCCR

Standard Benefits : BCN1LG : ER100, MOPD2O, SNU, OPRH, WR1000, UR50, OMRR, WDEDFC, FOCUS, D500, DCCRM, CO20, 6600PM, 6600PM, 5254C, SPRX0C, SDCCR

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Surgical Services

Surgery - includes all related surgical services and anesthesia	100%	100% after deductible
Voluntary Male Sterilization – See Preventive Services section for voluntary female sterilization	100%	100% after deductible
Elective Abortion (One procedure per two year period of membership)	Not Covered	Not Covered
Human Organ Transplants	100%	100% after deductible
Weight Reduction Procedures (Limited to one procedure per lifetime)	$1,000 copay or 50% of the BCN approved amount, whichever is less, on all associated costs	$1,000 copay or 50% of the BCN approved amount, whichever is less, on all associated costs

Mental Health Care and Substance Use Disorder Treatment

Inpatient Mental Health Care	100% (when authorized by BCN)	100% after deductible (when authorized by BCN)
Inpatient Substance Use Disorder	100% (when authorized by BCN)	100% after deductible (when authorized by BCN)
Outpatient Mental Health Care includes online visits. Note: For diagnostic and therapeutic services, the medical benefit applies.	$20 Copay	$20 Copay
Outpatient Substance Use Disorder	$20 Copay	$20 Copay

Enhanced Benefits : BCN1LG : ER100, MOPD2O, SNU, OPRH, WR1000, UR50, OMRR, FOCUS, DCCRM, CO20, 6600PM, 6600PM, 5254C, SPRX0C, SDCCR

Standard Benefits : BCN1LG : ER100, MOPD2O, SNU, OPRH, WR1000, UR50, OMRR, WDEDFC, FOCUS, D500, DCCRM, CO20, 6600PM, 6600PM, 5254C, SPRX0C, SDCCR

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Autism Spectrum Disorders, Diagnoses and Treatment

Applied behavioral analyses (ABA) treatment	$20 Copay	$20 Copay
Outpatient physical therapy, speech therapy and occupational therapy for autism spectrum disorder through age 18. Unlimited visits for PT/OT/ST with autism spectrum disorder diagnosis.	100%	100% after deductible
Other covered services, including mental health services, for Autism Spectrum Disorder	See your outpatient mental health, medical office visit and preventive benefit.	See your outpatient mental health, medical office visit and preventive benefit.

Enhanced Benefits : BCN1LG : ER100, MOPD2O, SNU, OPRH, WR1000, UR50, OMRR, FOCUS, DCCRM, CO20, 6600PM, 6600PM, 5254C, SPRX0C, SDCCR

Standard Benefits : BCN1LG : ER100, MOPD2O, SNU, OPRH, WR1000, UR50, OMRR, WDEDFC, FOCUS, D500, DCCRM, CO20, 6600PM, 6600PM, 5254C, SPRX0C, SDCCR

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Other Services

Allergy Testing and Therapy	100%	100% after deductible
Allergy Injections	100%	100%
Chiropractic Spinal Manipulation - when referred	$20 Copay	$20 Copay
Outpatient Physical, Speech and Occupational Therapy	100%	100% after deductible
	60 visits per calendar year for any combination of therapies	60 visits per calendar year for any combination of therapies
Infertility Counseling and Treatment	100%	100% after deductible
Durable Medical Equipment (DME)	100%	100%
Prosthetic and Orthotic Appliances (P&O)	100%	100%
Diabetic Supplies	100%	100%
Prescription Drugs	Tier 1 - $5 copay, Tier 2 - $25 copay, Tier 3 - $40 copay; 30 day supply	Tier 1 - $5 copay, Tier 2 - $25 copay, Tier 3 - $40 copay; 30 day supply
	Sexual Dysfunction drugs - 50% coinsurance	Sexual Dysfunction drugs - 50% coinsurance
	Select protom pump inhibitors, non-sedating antihistimines and nasal steroids are covered at the applicable tiered cost share defined in the prescription drug rider.	Select protom pump inhibitors, non-sedating antihistimines and nasal steroids are covered at the applicable tiered cost share defined in the prescription drug rider.
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

Enhanced Benefits : BCN1LG : ER100, MOPD2O, SNU, OPRH, WR1000, UR50, OMRR, FOCUS, DCCRM, CO20, 6600PM, 6600PM, 5254C, SPRX0C, SDCCR

Standard Benefits : BCN1LG : ER100, MOPD2O, SNU, OPRH, WR1000, UR50, OMRR, WDEDFC, FOCUS, D500, DCCRM, CO20, 6600PM, 6600PM, 5254C, SPRX0C, SDCCR

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 the 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.**

Healthy Blue Living subscribers must complete program requirements within the first 90 days of enrollment or reText291: -enrollment. To qualify for or maintain enhanced benefits, the subscriber needs to complete a health assessment and qualification form during the first 90 days and follow their primary care physician's recommendations for a healthy lifestyle. If a tobacco user, must enroll in the BCN-sponsored tobacco cessation program within 120 days of the start of the plan year. If BMI is greater than or equal to 30, must select and begin participating in a weight management program within 120 days of the start of the plan year.

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Standard Benefits : BCN1LG : ER100, MOPD2O, SNU, OPRH, WR1000, UR50, OMRR, WDEDFC, FOCUS, D500, DCCRM, CO20, 6600PM, 6600PM, 5254C, SPRX0C, SDCCR