



**Blue Care
Network
of Michigan**

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

Healthy *Blue* LivingSM

00103623 DPSCD - CORE PLUS PLAN

Enhanced Benefits (BCN1LG)

Standard Benefits (BCN1LG)

Deductible, Copays and Dollar Maximums

Deductible		\$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		
Annual Coinsurance Maximum (ACM)		
Percent Copay Maximum		
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 : SDCCR, ER100, 5254C, MOPD2O, SNU, UR50, OMRR, WR1000, 6600PM, FOCUS, SPRX0C, 6600PM, DCCRM, CO20, OPRH

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

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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 - Note: Applicable cost sharing applies when other services are received in the office	\$20 Copay	\$20 Copay
Online Visits	\$20 Copay	\$20 Copay
Consulting Specialist Care - When referred for other than preventive services. Note: Applicable cost sharing applies when other services are received in the office.	\$20 Copay after deductible	\$20 Copay

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Emergency Medical Care

Hospital Emergency Room - Copay waived if admitted	\$100 Copay after deductible	\$100 Copay
Urgent Care Center	\$50 Copay	\$50 Copay
Retail Health Clinic	\$50 Copay	\$50 Copay
Ambulance Services	100% after deductible	100% after deductible

Diagnostic Services

Laboratory and Pathology Services	100%	100%
Diagnostic Tests and X-rays	100% after deductible	100% after deductible
High Technology Radiology Imaging (MRI, MRA, CAT, PET)	100% after deductible	100% after deductible
Radiation Therapy	100% after deductible	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) after deductible	100% For professional services. (See Hospital Care for facility charges) after deductible

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Hospital Care

General Nursing Care, Hospital Services and Supplies	100% after deductible	100% after deductible
Outpatient Surgery - included all related surgical services and anesthesia - see member certificate for specific surgical copays.	100% after deductible	100% after deductible

Alternatives to Hospital Care

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

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Surgical Services

Surgery - included all related surgical services and anesthesia.	100% after deductible	100% after deductible
Voluntary Male Sterilization – See Preventive Services section for voluntary female sterilization	100% after deductible	100% after deductible
Elective Abortion (One procedure per two year period of membership)	Not Covered	Not Covered
Human Organ Transplants	100% after deductible	100% after deductible
Reduction Mammoplasty	100% after deductible	100% after deductible
Male Mastectomy	100% after deductible	100% after deductible
Temporomandibular Joint Syndrome	100% after deductible	100% after deductible
Orthognathic Surgery	100% after deductible	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 after deductible	\$1,000 copay or 50% of the BCN approved amount, whichever is less, on all associated costs

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Enhanced Benefits (BCN1LG)

Standard Benefits (BCN1LG)

Behavioral Health Services (Mental Health and Substance Use Disorder Treatment)

Inpatient Mental Health Care	100% after deductible	100% after deductible
Inpatient Substance Use Disorder	100% after deductible	100% after deductible
Outpatient Mental Health Care includes online visits Note: For diagnostic and therapeutic services, see the Diagnostic Services section above for applicable cost sharing.	\$20 Copay	\$20 Copay
Outpatient Substance Use Disorder	\$20 Copay	\$20 Copay

Autism Spectrum Disorders, Diagnoses and Treatment

Applied behavioral analyses (ABA)	\$20 Copay after deductible	\$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% after deductible	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.

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Standard Benefits (BCN1LG)

Other Services

Allergy Testing and Therapy	100% after deductible	100% after deductible
Allergy Injections	100%	100%
Chiropractic Spinal Manipulation - when referred	\$20 Copay after deductible	\$20 Copay
Outpatient Physical, Speech and Occupational Therapy	100% after deductible	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% after deductible	100% after deductible
Durable Medical Equipment	100%	100%
Prosthetic and Orthotic Appliances	100%	100%
Diabetic Supplies	100%	100%
Hearing Aid	Not Covered	Not Covered

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Prescription Drugs		
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
	Women's Contraceptives - Tier 1 - 100%, Tier 2 - Tier 2 Copayment/Coinsurance above applies, Tier 3 - Tier 3 Copayment/Coinsurance above applies	Women's Contraceptives - Tier 1 - 100%, Tier 2 - Tier 2 Copayment/Coinsurance above applies, Tier 3 - Tier 3 Copayment/Coinsurance above applies
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	Not covered	Not covered
	Effective 1/1/20 -Specialty drugs are covered only when purchased through the BCN Exclusive Pharmacy Network for Specialty Drugs	Effective 1/1/20 -Specialty drugs are covered only when purchased through the BCN Exclusive Pharmacy Network for Specialty Drugs

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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, 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 for fully insured plans. **Services must be provided or arranged by member's primary care physician or health plan.**

Preauthorization for Select Services – Services listed in this BAAG are covered when provided in accordance with Certificate requirements and, when required, are preauthorized or approved by BCN except in an emergency.

Note: A list of services that require approval before they are provided is available online at bcbsm.com/importantinfo. Select *Approving covered services*.

Healthy Blue Living subscribers must complete program requirements within the first 90 days of enrollment or re-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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Medical	0000F495	F078	MED
Pharmacy	0000F496	0050	

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