READY TO HELP

MICHIGAN

Blue Care Network of Michigan — Member Guide

2024 - 2025

University of Michigan Domestic Student Health Plan

UNIVERSITY OF MICHIGAN

bcbsm.com/umich

Quick reference

IMPORTANT OR FREQUENTLY USED PHONE NUMBERS

Phone numbers, as well as mail and online options, are listed throughout the book as contact information.

Customer Service: 1-800-287-4103, TTY: 711

(8 a.m. to 5:30 p.m. Monday through Friday)
Talk to a representative about your plan or benefits.

Behavioral Health Services: 1-800-482-5982

Talk to a behavioral health manager in an emergency about issues that cause emotional or mental distress, including substance use disorder issues.

Care while you travel:

BlueCard®: 1-800-810-BLUE (2583)

Find a doctor, urgent care facility or hospital that participates in BlueCard, our care program when you're away from Michigan, but still within the U.S.

Register for your Blue Cross member account

It's easy and secure. Register one of these ways:

- Go to **bcbsm.com/register**.
- Download our app at **bcbsm.com/app**.
- Text REGISTER to 222764.*

Your BCN plan information at your fingertips

- Access your virtual ID card from your mobile device
- See your coverage information, such as out-of-pocket and deductible balances, depending on your plan.
- Search for doctors and hospitals in your plan's network

*Message and data rates may apply. Visit **bcbsm.com** for our *Terms and Conditions of Use* and *Privacy Practices*.

Welcome

The University of Michigan offers its students access to a UM-sponsored student health plan, provided through Blue Care Network. Blue Care Network is a nonprofit subsidiary of Blue Cross Blue Shield of Michigan that offers health plans through an extensive network across Michigan.

UNIVERSITY HEALTH SERVICE

All currently enrolled UM students on the Ann Arbor campus who pay the health service fee as part of tuition are eligible for services at University Health Service, and don't pay the Domestic Student Health Plan office visit ccopayment when seen at UHS. When appropriate, UHS can bill your insurance for services not supported by the health service fee, such as medications, certain immunizations, laboratory testing, radiology and eye care.

University Health Service

207 Fletcher Street
Ann Arbor, MI 48109-1050

For hours of operation and services provided:
734-764-8320
uhs.umich.edu

Dearborn campus

To view a listing of providers that participate in the BCN network in the Dearborn area, visit **www.bcbsm.com/individuals/find-care** and search under the *University of Michigan Domestic Student Health Plan*.

Flint campus

To view a listing of providers that participate in the BCN network in the Flint area, visit **www.bcbsm.com/individuals/find-care** and search under the *University of Michigan Domestic Student Health Plan*.

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Enrollment

To enroll or for more information, visit **jcbins.com** or contact Gallagher Student Health at **1-833-468-9570** or **Ggb.jcb.studentservices@ajg.com**.

Coverage periods

Students: Coverage periods are below. Coverage will start at 12:01 a.m. on the coverage start date indicated below and will end at 11:59 p.m. on the coverage end date indicated.

Eligible dependents: Coverage will start at 12:01 a.m. on the coverage start date indicated below and will end at 11:59 p.m. on the coverage end date indicated. Coverage for insured dependents ends in accordance with the Termination Provisions described in the *Certificate of Coverage*. Student must have coverage for their dependents to be eligible.

Coverage period	Coverage start date	Coverage end date	Enrollment deadline
Annual	08/24/2024	08/23/2025	09/30/2024
Winter	01/01/2025	08/23/2025	01/31/2025
Spring/Summer	05/01/2025	08/23/2025	05/31/2025

Rates

The rates below include both premiums for the plan underwritten by Blue Care Network, as well as University of Michigan administrative fee.

	Annual	Winter	Spring/Summer
Student only	$2,986.68	$1,991.12	$995.56
Student +1 dependent	$5,907.36	$3,938.24	$1,969.12
Student + 2 or more dependents	$8,828.04	$5,885.36	$2,942.68

Annual installment option

THE PLAN IS AVAILABLE TO THOSE WHO ENROLL FOR THE ENTIRE POLICY YEAR PRIOR TO SEPT. 30, 2024. You may elect the annual installment option, which consists of three payments throughout the annual enrollment period. An email notification will be sent 14 days prior to the premium being due for Period 2 and Period 3. In the event that your payment is not received by the due date listed, or if your credit card is denied, your coverage will be canceled on the final day of the month it was due.

Premium 1 – due at plan enrollment

Premium 2 – due on or before Jan. 15, 2025

Premium 3 – due on or before May 15, 2025

Gallagher Student Health & Special Risk is an independent company providing third-party administration of student health plans to eligible Blue Cross Blue Shield of Michigan and Blue Care Network members.

Once the annual installment option has been elected, there are no cancellations, early termination or refunds other than those described in the "Student coverage" section of this document. In order to be eligible for the annual installment option, your first payment must be received by midnight on or prior to Sept. 30, 2024.

	Annual installment option Period 1 08/24/24 - 01/31/25 Enrollment/Payment Deadline: 09/30/24	Annual installment option Period 2 02/01/25 - 05/31/25 Payment date: 01/15/25	Annual installment option Period 3 06/01/25 - 08/23/25 Payment date: 05/15/25
Student only	$1,238.95	$995.56	$752.17
Student +1 dependent	$2,455.90	$1,969.12	$1,482.34
Student + 2 or more dependents	$3,672.85	$2,942.68	$2,212.51

Student coverage

Eligibility

Any UM student enrolled in classes or a student not enrolled but between semesters (for example, Spring/Summer Session). This includes the following:

- Undergraduate students, graduate students, currently enrolled students, (also called registered students or students taking regular classes)
- All graduate students or doctoral candidates who may not be taking credit hours but are completing requirements necessary to graduate (writing thesis, preparing dissertation, studying for prelims, studying abroad, on detached study, predoctoral candidates, etc.) are eligible to purchase the current policy year Student Health Plan.
- Visiting scholars and students with dual citizenship who are not eligible for international health coverage
- All international students and visiting scholars attending the Ann Arbor, Dearborn and Flint campuses are eligible to enroll in this plan.
- A University of Michigan student who is on an approved medical leave of absence but has purchased the health plan prior to the event causing leave (coverage for leave cannot extend beyond one policy year passed the current year enrolled for classes).
- Non-University of Michigan sponsored J1 visa students or scholars
- Greencard holders who meet the above qualifications
- Spouses, unmarried domestic partners of any gender, and children younger than 26 of students who are enrolled in the plan.

Eligibility is subject to verification by Blue Care Network through the University to ensure student registration. Students enrolled in this plan who do not meet the eligibility requirements listed above will be contacted and removed from the plan. If it is discovered that this eligibility requirement has not been met, our only obligation is to refund premium, less any claims paid.

Students not eligible to participate in the plan include those who do not meet any of the eligibility requirements listed above, as well as those who graduated during the 2023-24 academic year and those who are not taking classes in the fall of 2024.

A pro-rata refund of unearned premium will be available only upon our receipt of written notification that the following has occurred: (a) the insured has entered full-time active duty military service; (b) the insured has become covered by another UM-sponsored domestic health plan; (c) the insured who is a nonimmigrant foreign national has left the North American continent; or (d) a covered dependent obtains eligible student status at the University, or (e) a UM grad is offered insurance through their employer.

Once you choose to purchase the plan, the premium paid is nonrefundable for any reason other than those listed above. Refunds/termination of coverage will not be provided under the following (but not limited to) scenarios: (a) graduation, if such graduation occurs during the policy year (i.e., December, May, etc.); (b) eligibility under another individual health plan nor group health plan (except a UM-sponsored domestic health plan, as stated above); (c) loss of student status due to academic disqualification.

Enrollment

To enroll online for this voluntary coverage, visit **bcbsm.com/umich**. Follow the instructions to complete the online enrollment application. You must have a UM student ID to enroll.

After the enrollment deadlines listed in the "Coverage periods" section of this document, only those students who have involuntarily lost health coverage through a qualifying life event, such as (1) removal from a parent's health plan after achieving a landmark birthday that disqualifies them from a parent's health plan, or (2) losing private health coverage through loss of employment or divorce, may apply for late enrollment in the University of Michigan Student Health Plan. These students must provide proof that they have lost health coverage through another group (certificate and letter of ineligibility) within 31 days of the qualifying event. Any application or request beyond 31 days from the qualifying event will not be accepted. Premiums are prorated and the student will be responsible for paying full premium for the term in which he or she enrolls from the day of enrollment to the end of the coverage period. Coverage under the University Student Health Plan will be effective the day after the prior coverage terminates. For more information regarding qualifying events, or to enroll dependents due to a qualifying event, visit **bcbsm.com/umich**.

Dependent coverage

Eligibility

Covered students may also enroll their lawful spouse, domestic partner (same-sex, opposite sex), and dependent children up to the age of 26.

Enrollment

To enroll the dependents of a covered student online, visit **jcbins.com**. Please refer to the "Coverage periods" section of this document for coverage and deadline dates. Dependent enrollment applications will not be accepted after the enrollment deadline, unless there is a significant life change that directly affects insurance coverage (an example would be loss of health coverage under another health plan).

To add a dependent (including spouse/domestic partners) due to a birth, death, adoption or a change in marital status, the dependent must be enrolled within 31 days of the qualifying event. For more information regarding qualifying events, or to enroll dependents because of a qualifying event, contact Gallagher Student Health at **1-833-468-9570** or email **Ggb.jcb.studentservices@ajg.com**.

Medicare eligibility notice

You are not eligible for health coverage under this student policy if you have Medicare at the time of enrollment in this student plan.

If you obtain Medicare after you enrolled in this student plan, your health coverage under this plan will not end.

As used here, "have Medicare" means that you are entitled to benefits under Part A (receiving free Part A) or enrolled in Part B or Premium Part A.

Your primary care provider

YOUR CONNECTION TO CARE

Primary care

When you enroll in the University of Michigan Domestic Student Health plan and are a student on the Ann Arbor campus, Blue Care Network will assign you a University Health Service primary care provider, who's based on the Ann Arbor campus. If you're a student on the Dearborn and Flint campuses, you'll be assigned a Blue Care Network contracted provider in your area. You can change your primary care provider at any time by logging in to your account at **bcbsm.com**.

Students are not required to get a referral prior to receiving services, but may be required to get an authorization from their primary care provider for select services. To see a list of services that require an authorization, visit **bcbsm.com/importantinfo** and click *Services that need prior authorization*.

What you pay

KEY TERMS

Balance billing

Occurs when a provider bills you for the difference between their charge and the BCN approved amount, also known as the allowed amount. You're responsible for amounts charged by out-of-network providers that exceed the approved or allowed amount. Balance billed charges do not apply towards your out-of-pocket maximum.

Covered services

Health care services, prescription drugs and equipment or supplies that are medically necessary, meet requirements and are paid in full or in part by your plan.

Copayment (or copay)

A fixed dollar amount you pay each time you get certain types of care (for example, $20 for a visit to your primary care provider).

Coinsurance

Your share of the costs of a covered service, calculated as a percentage (for example, you pay 10% of the BCN-approved amount, and BCN pays 90%).

Deductible

The amount you must pay for most health care services before BCN begins to pay. The deductible may not apply to all services.

Out-of-pocket maximum

The most you may have to pay for covered health care services during the year. The out-of-pocket maximum includes your medical and pharmacy deductible, copays and coinsurance.

Medical supplies and lab services

SPECIAL MEDICAL ITEMS

Sometimes, when you're recovering from an operation or an illness, you may need special equipment, such as a wheelchair or oxygen tank, to maintain your quality of life. These types of items are called **durable medical equipment**.

Your doctor will tell you what you need and write a prescription. BCN only pays for basic equipment that you can use at home. If the equipment you want has special features that aren't medically necessary or are considered a luxury, you can choose to pay the cost difference between the basic item and the one with special features.

Northwood Inc. works with BCN to provide durable medical equipment as well as prosthetic and orthotic appliances for members.

To locate a Northwood provider near you, call Northwood at **1-800-667-8496**. Representatives are available from 8:30 a.m. to 5:30 p.m. Monday through Friday. On-call associates are available after business hours.

Diabetes supplies

Northwood, Inc. works with BCN to provide diabetes materials, including insulin pumps and blood glucose meters.

For more information, call Northwood at **1-800-667-8496**.

Note: If you use J&B for your diabetes supplies, you can continue to use them as a supplier in the Northwood provider network. If you get these items through someone else, you'll be responsible for the cost.

Northwood is an independent company that provides durable medical equipment and diabetes supplies for Blue Care Network of Michigan members.

LAB SERVICES

BCN contracts with Joint Venture Hospital Laboratories, also known as JVHL, to provide clinical laboratory services throughout Michigan. This gives you access to more than 80 hospitals and 200 service centers that provide 24-hour access and a full range of laboratory services.

The laboratory at the University Health Service is a JVHL-approved lab.

For information about lab services near you, call **1-800-445-4979**.

JVHL is an independent company that provides lab services for Blue Care Network of Michigan members.

Behavioral health coverage

CARE FOR YOUR MIND AND YOUR BODY

All Blue Care Network members have coverage for behavioral health services, including mental health or substance use disorder care. Also included are other types of conditions that cause emotional or mental distress, such as life adjustment issues, depression and alcoholism.

Call on a care manager

For routine care issues, you can reach a care manager from 8 a.m. to 5 p.m. Monday through Friday at **1-800-482-5982**. TTY users, call **711**.

The care manager will evaluate your needs and arrange for the appropriate services. Rest assured that your personal health information, including discussions you have with the care manager, are confidential.

In case of an emergency

Care managers are available 24 hours a day, seven days a week for behavioral health emergencies at **1-800-482-5982**.

Getting care out of network

If you're receiving treatment from a behavioral health professional located in the state of Michigan who's not contracted with BCN, you or your health care provider must request authorization from Behavioral Health Services (**1-800-482-5982**). BCN must approve the request for BCN to pay its share.

Outpatient treatment received from behavioral health professionals located outside of Michigan does not require BCN authorization for BCN to pay for its share of care.

Care management

CARE TO IMPROVE YOUR QUALITY OF LIFE

We have a free health management program that's designed to help you stay healthy, get better or improve your quality of life while living with an illness. This program gives you information, tools and assistance to help you make good health care choices while making the most of the benefits you're paying for.

Coordinating your care

Managing your care can sometimes be difficult and overwhelming. Our case managers can help you stay on track by coordinating all of your care and working closely with you and your doctor. He or she will also:

- Remind you of needed screenings, lab tests and other services
- Review care instructions provided by your doctor
- Remind you of upcoming appointments
- Answer questions about your benefits
- Identify benefits to get appropriate care
- Arrange for durable medical equipment, if needed
- Help find specialists and other providers
- Provide support after surgery and hospitalization

Specialized support for you

Know that you're not alone. Many of our case managers are specialists who can assist you with:

- Complex conditions
- High-risk pregnancy
- Neonatal care
- Oncology

To contact care management, call **1-800-775-2583**. Please note, care management may reach out to you directly if your recent services signify you may benefit from assistance.

Your drug benefit

PRESCRIPTION DRUG COVERAGE

For information about what you pay when you fill a prescription, log in to your account at **bcbsm.com**. Then click on *Coverage,* then *Prescription*, then *Find & price medications*. See also Page 18 in this booklet for your drug benefit copayment information.

Providing better value

Our list of drugs is grouped into categories, or tiers, with the safest and least expensive drugs in the lower tiers. Your copayment, or out-of-pocket cost, is defined by one of these tiers.

- **Preferred and nonpreferred generic – Lowest copayment**
  Preferred generics = $6 copay
  Nonpreferred generics = $25 copay
  These drugs are your most cost-effective option for treatment.
- **Tier 2 preferred brand – Higher copayment**
  Preferred brand = $50 copay
  These brand-name drugs cost more because there's no generic equivalent.
- **Tier 3 nonpreferred brand – Covered with copayment**
  Nonpreferred brand = $80 copay
  These drugs aren't on our list of approved drugs. You may pay the entire cost of these drugs.
- **Preferred and nonpreferred specialty – Covered with coinsurance**
  Preferred specialty = 20% coinsurance of the BCN approved amount (max $200)
  Nonpreferred specialty = 20% coinsurance of the BCN approved amount (max $300)
  These drugs treat complex and chronic conditions, and require special handling.

Go generic

Generic drugs are made with the same active ingredients as their brand-name equivalents, making them safe and effective treatment options. Because they cost much less than brand-name drugs, your prescription will automatically be filled with a generic drug when medically appropriate.

Drug management ensures safety

We review certain drugs to ensure that your prescriptions are safe, affordable and appropriate.

Here are some ways we ensure safety:

- Our authorization program includes step therapy, which requires you to try one or more cost-effective drugs before using a more expensive brand-name product.
- Our quantity limits review ensures that the dose prescribed for you is safe.
- Our pharmacy claims system is programmed to identify harmful drug interactions.

Virtual care

You and your dependents can get fast, convenient, affordable medical and behavioral health care virtually with a doctor when your primary care provider isn't available.*

Convenient virtual care for body and mind

When you or someone in your plan has a minor illness, such as a cold, bladder infection, sprain or other similar condition, simply use your smartphone, tablet or computer to log in and meet face to face with a U.S. board-certified doctor online — 24 hours a day, seven days a week.

Virtual visits also give you more choices for behavioral health care. Schedule an appointment and talk to therapists and psychiatrists about anxiety, grief and other life challenges from the comfort of home.

Virtual care is most convenient when:

- Your primary care provider isn't available.
- You can't leave home or your workplace.
- You're on vacation or traveling for work.
- You're looking for affordable after-hours care.

Sign up

Mobile – Get the Teladoc Health® app

Web – Go to **bcbsm.com/virtualcare**

Phone – Call **1-855-636-1578**

Note: Add your Blue Care Network health plan information during sign up. You may be charged incorrectly if you don't enter your plan information.

*U.S. only.

Teladoc Health® is an independent company contracted by Blue Cross Blue Shield of Michigan to provide behavioral health virtual care services to Blue Cross and BCN members.

Coverage that travels

As a Blue Care Network member, you can receive benefits when you're outside of Michigan, but still in the U.S. So can your dependents. Your coverage includes BlueCard®, a program of the Blue Cross and Blue Shield Association. With this program, you have nationwide access to Blue plan physicians and hospitals. For more information, call BlueCard at **1-800-810-BLUE (2583)**.

Always carry your BCN ID card for access to service. You may have to pay your usual out-of-pocket expenses (deductible, copays and coinsurance) for services. But you shouldn't have any other up-front health care expenses if you use a Blue provider.

Benefits at a glance for UM Student Health Plan 2024-2025

This is intended as an easy-to-read summary and provides only a general overview of your benefits. **It's not a contract.** Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable *Certificate of Coverage and Riders*. Payment amounts are based on the BCN-approved amount, less any applicable deductible, coinsurance and copayment amounts required by the plan. If there's a discrepancy between these 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.

Note:

- When you enroll in the University of Michigan Domestic Student Health plan and are a student on the Ann Arbor campus, Blue Care Network will assign you a University Health Service primary care provider, who's based on the Ann Arbor campus. If you're a student on the Dearborn and Flint campuses, you'll be assigned a Blue Care Network contracted provider in your area. You can change your primary care provider at any time by logging in to your account at **bcbsm.com**.
- All currently enrolled UM students on the Ann Arbor campus who pay the health service fee as part of tuition are eligible for services at UHS, and do not pay the Domestic Student Health Plan office visit copay when seen at UHS. When appropriate, UHS can bill your insurance for services not supported by the health service fee, such as medications, certain immunizations, laboratory testing, radiology and eye care.
- Balance billing occurs when a provider bills you for the difference between their charge and the BCN approved amount, also known as the allowed amount. You're responsible for amounts charged by out-of-network providers that exceed the approved or allowed amount. Balance billed charges do not apply towards your out-of-pocket maximum.

Member's responsibility: deductible, copays, coinsurance and dollar maximums

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

Benefit description	BCN network	Out of network
Deductible **Note:** Coinsurance and select fixed dollar copays apply once the deductible has been met.	$100 per individual/$200 per family per benefit year	$100 per individual/$200 per family per benefit year
	If you use in-network and out-of-network services, separate deductible amounts apply. The deductible for in network and the deductible for out of network are not combined to satisfy the deductible limit.	
Fixed dollar copays	$20 for primary care provider office visits, $20 for specialist visits, $75 per emergency room visit, $20 for urgent care visits	Not applicable for primary care visits; coinsurance applies for specialist visits, $75 for emergency room visits, $20 for urgent care visits
Coinsurance	10% and 20% for select services as noted below	10% and 20% for select services as noted below
Annual out-of-pocket maximum – applies to deductibles, copays and coinsurance amounts for all covered services – including prescription drug copays. Not included in the out-of-pocket maximum: • Balance billed charges • Health care this plan doesn't cover • Nonauthorized service • Pediatric dental and vision	$3,500 per member/$7,000 per family per benefit year	$3,500 per member/$7,000 per family per benefit year
	If you use in-network and out-of-network services, separate out-of-pocket maximum amounts apply. The out-of-pocket maximum for in network and the out-of-pocket maximum out of network are not combined to satisfy the out-of-pocket maximum limit.	

Member's responsibility: deductible, copays, coinsurance and dollar maximums

Benefit description	BCN network	Out of network
Preventive services – as defined by the Affordable Care Act and included in your *Certificate of Coverage*. Additional preventive and early detection services, such as tobacco and depression screenings, are included in your *Certificate of Coverage*.		
Health maintenance exam	Covered – 100%	Covered – 20% coinsurance of the approved amount after deductible
Annual gynecological exam	Covered – 100%	Covered – 20% coinsurance of the approved amount after deductible
Pap smear screening – laboratory services only	Covered – 100%	Covered – 20% coinsurance of the approved amount after deductible
Well-baby and well-child visits	Covered – 100%	Covered – 20% coinsurance of the approved amount after deductible
Immunizations-pediatric and adult	Covered – 100%	Covered – 20% coinsurance of the approved amount after deductible
Prostate specific antigen (PSA) screening – laboratory services only	Covered – 100%	Covered – 20% coinsurance of the approved amount after deductible
Routine colonoscopy	Covered – 100%	Covered – 20% coinsurance of the approved amount after deductible
Mammography screening	Covered – 100%	Covered – 20% coinsurance of the approved amount after deductible
Voluntary female sterilization	Covered – 100%	Covered – 20% coinsurance of the approved amount after deductible
Breast pumps (DME guidelines apply.)	Covered – 100%	Not covered
Routine prenatal and postnatal care	Covered – 100%	Covered – 20% coinsurance of the approved amount after deductible
Physician office services		
Primary care provider office visits	Covered – $20 copay	Not applicable
Virtual care through the BCN designated vendor	Covered – $20 copay	Covered – 20% coinsurance of the approved amount after deductible
Consulting specialist care	Covered – $20 copay after deductible	Covered – 20% coinsurance of the approved amount after deductible
Emergency medical care		
Hospital emergency room – copay waived when admitted as an inpatient	Covered – $75 copay	Covered – $75 copay
Urgent care services	Covered – $20 copay after deductible	Covered – $20 copay after deductible
Ambulance services – medically necessary ground and air service	Covered – 100% after deductible	Covered – 100% after deductible

Member's responsibility: deductible, copays, coinsurance and dollar maximums

Benefit description	BCN network	Out of network
Diagnostic services		
Laboratory and pathology tests	Paid in full	Paid in full
Diagnostic tests and X-rays	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
Radiation therapy	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
High technology scans – CAT, MRI, PET; require preauthorization	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
Maternity services provided by a physician		
Routine prenatal and postnatal care	Covered – 100%	Covered – 20% coinsurance of the approved amount after deductible
Delivery and nursery care	Covered – 10% coinsurance after deductible for professional services; see "Hospital care" for facility charges. Well newborn nursery care covered at 100%	Covered – 20% coinsurance of the approved amount after deductible for professional services (See "Hospital care" for facility charges.)
Hospital care		
Inpatient hospital – facility	Covered – $150 copay after deductible per admission; unlimited days	Covered – 20% coinsurance of the approved amount after deductible; unlimited days
Inpatient hospital – professional	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
Outpatient surgery – facility and professional	Covered –10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
Alternatives to hospital care		
Skilled nursing care – facility; unlimited days **Note:** Must meet medical necessity guidelines for skilled care.	Covered – $150 copay after deductible per admission	Covered – 20% coinsurance of the approved amount after deductible
Hospice care – inpatient facility; unlimited days	Covered – $150 copay after deductible per admission	Covered – 20% coinsurance of the approved amount after deductible
Home health care	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
Surgical services		
Surgery – includes all related surgical services and anesthesia	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
Voluntary male sterilization (See "Preventive services" section for voluntary female sterilization.)	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
Abortion	Covered – 10% coinsurance	Covered – 10% coinsurance
Human organ transplants and related services – subject to medical criteria with preauthorization	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible

Member's responsibility: deductible, copays, coinsurance and dollar maximums

Benefit description	BCN network	Out of network
Surgical services, continued		
Reduction mammoplasty (subject to medical criteria)	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
Male mastectomy (subject to medical criteria)	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
Temporomandibular joint syndrome	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
Orthognathic surgery	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
Weight reduction procedures (subject to medical criteria) – one procedure per lifetime	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
Behavioral health		
Inpatient mental health care **Note:** Services require preauthorization from BCN Behavioral Health Management.	Covered – $150 copay after deductible per admission	Covered – 20% coinsurance of the approved amount after deductible
Inpatient substance use disorder care **Note:** Services require preauthorization from BCN Behavioral Health Management.	Covered – $150 copay after deductible per admission	Covered – 20% coinsurance of the approved amount after deductible
Outpatient mental health care **Note:** Out-of-network mental health services received by Michigan providers must be preauthorized by BCN Behavioral Health Management.	Covered – $20 copay	Covered – 20% coinsurance of the approved amount after deductible
Outpatient substance use disorder care **Note:** Out-of-network substance use disorder care received by Michigan providers must be preauthorized by BCN Behavioral Health Management.	Covered – $20 copay	Covered – 20% coinsurance of the approved amount after deductible
Autism spectrum disorders, diagnoses and treatment		
Applied behavioral analyses (ABA) treatment **Note:** Services require preauthorization from BCN Behavioral Health Management.	Covered – $20 copay	Covered – 20% coinsurance of the approved amount after deductible
Outpatient physical therapy, speech therapy, occupational therapy	Covered – $20 copay after deductible	Covered – 20% coinsurance of the approved amount after deductible
Other covered services, including mental health services for autism spectrum disorder	See your outpatient mental health benefit and medical office visit benefit.	See your outpatient mental health benefit and medical office visit benefit.

Member's responsibility: deductible, copays, coinsurance and dollar maximums

Benefit description	BCN network	Out of network
Other services		
Allergy testing, therapy and injections	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
Chiropractic spinal manipulation	Covered – $20 copay after deductible; unlimited visits	Covered – 20% coinsurance of the approved amount after deductible; unlimited visits
Outpatient physical, speech and occupational therapy including habilitative services	Covered – $20 copay after deductible; unlimited visits	Covered – 20% coinsurance of the approved amount after deductible; unlimited visits
Durable medical equipment – with preauthorization through Northwood **1-800-667-8496**	Covered – 10% coinsurance of the approved amount after deductible through BCN vendor	
Prosthetic and orthotic appliances – with preauthorization through Northwood **1-800-667-8496**	Covered – 10% coinsurance of the approved amount after deductible	
Diabetes supplies – through Northwood **1-800-667-8496**	Covered – 10% coinsurance of the approved amount after deductible	
Infertility – counseling and treatment (excluding in-vitro fertilization)	Covered – 10% coinsurance after deductible on all associated costs	Covered – 20% coinsurance of the approved amount after deductible on all associated costs
Adult routine vision exam (age 19 and older) Note: BCN administers the adult routine vision exam. In Michigan: BCN-contracted vision providers are considered in-network. Outside Michigan: Vision providers that participate with BlueCard are considered in network.	Covered – $20 copay	Covered – 20% coinsurance of the approved amount
	Limited to: Two vision exams per member per benefit year and one office visit for the fitting of prescription contact lenses per member per benefit year	
Hearing aid	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
	Limited to one hearing aid per ear every six-to-24-month consecutive period per benefit year	
Transplant services – eligible travel and lodging for initial transplant surgery (Member must submit receipts for reimbursement.)	$10,000 limit Max payable $50 per night for lodging for recipient Max payable $50 per night for lodging per companion	
Injuries due to intercollegiate sports	Not covered	
Injuries due to intramural and club sports	Covered – applicable out-of-pocket costs apply based on the service and location of the service	
Acupuncture in lieu of anesthesia	Not covered	

Member's responsibility: deductible, copays, coinsurance and dollar maximums

Benefit description	BCN network	Out of network
Pediatric vision (age 18 and younger)		
To find a pediatric vision provider near you, visit **vsp.com** or call **1-800-877-7195**.		
Eye exam – limited to one per calendar year through the last day of the year in which an individual turns age 19 Prescription glasses – frames (chosen from a select collection) and lenses are covered once a calendar year through the last day of the year in which an individual turns age 19	Covered – 100%	Covered – 100% of the approved amount
Adult dental (age 19 and older)	The **annual benefit maximum** is $3,000 per nonpediatric member. The annual maximum is the most we will pay each benefit year for covered services to a nonpediatric member. The maximum applies separately to each nonpediatric member on your contract.	
	Balance billing occurs when a provider bills you for the difference between their charge and the BCN allowed amount. You're responsible for amounts charged by out-of-network providers that exceed the allowed amount.	
Administered by Blue Cross Blue Shield of Michigan. If you have benefit questions, call the dental customer service number on the back of your member ID card.	Blue Dental℠ PPO dentists	Blue Par Select℠ and nonparticipating dentists
	Prior to receiving services, have your dentist contact Blue Cross Blue Shield of Michigan at the number on the back of your member ID card to verify what's included in your benefits. To find a PPO dentist near you, please visit **mibluedentist.com** or call **1-888-826-8152**.	
Dental deductible	N/A	N/A
• Routine oral evaluations (exams) and prophylaxes (cleanings) – twice every benefit year	Covered – 100% of allowed amount	Covered – 100% of allowed amount
• Emergency palliative treatment — for temporary pain relief • Amalgam and resin-based composite fillings and fillings of similar materials — once per tooth and surface every 48 months for permanent teeth and once per tooth and surface every 24 months for primary teeth • Extractions of wisdom teeth – Full mouth, panoramic and periapical X-rays associated with the removal of wisdom teeth (third molars) – once every 60 months – General anesthesia or IV sedation — for the removal of wisdom teeth	Covered – 90% of allowed amount	Covered – 90% of allowed amount

Member's responsibility: deductible, copays, coinsurance and dollar maximums

Benefit description	BCN network	Out of network
Pediatric dental (age 18 and younger)	**Balance billing** occurs when a provider bills you for the difference between their charge and the BCN allowed amount. You're responsible for amounts charged by out-of-network providers that exceed the allowed amount. Balance billed charges do not apply towards your out-of-pocket maximum.	
Pediatric dental – Administered by Blue Cross Blue Shield of Michigan. If you have benefit questions, call the dental customer service number on the back of your member ID card.	**Blue Dental PPO dentists**	**Blue Par Select and nonparticipating dentists**
	Prior to receiving services, have your dentist contact Blue Cross Blue Shield of Michigan at the number on the back of your member ID card to verify what's included in your benefits. To find a PPO dentist near you, visit **mibluedentist.com** or call **1-888-826-8152**.	
Dental deductible	$25 per member/$75 per contract Deductible per benefit year	$25 per member/$75 per contract Deductible per benefit year
Dental out-of-pocket maximum – Applies to deductible and coinsurance amounts for covered dental services provided by Blue Dental PPO dentists. It doesn't apply to charges that exceed our approved PPO fee, services provided by non-PPO dentists or orthodontic services.	$350 per member/ $700 per contract per benefit year	Not applicable
Diagnostic and preventive services, such as oral exams, cleanings, fluoride, bitewing X-rays and sealants	Covered – 100% of allowed amount	Covered – 100% of allowed amount
Basic services, such as fillings, full-mouth X-rays, non-surgical endodontic and periodontic treatments and extractions of nonimpacted teeth	Covered – 80% of allowed amount after dental deductible	Covered – 80% of allowed amount after dental deductible
Major services, such as crowns, surgical endodontic and periodontic treatments, oral surgery and dentures	Covered – 50% of allowed amount after dental deductible	Covered – 50% of allowed amount after dental deductible
Orthodontic services	Covered – 50% of allowed amount	Covered – 50% of allowed amount
	Lifetime maximum limit of $1,000	
Prescription drugs		
Prescription drugs – 30-day supply; a 90-day retail supply is available for two times the copay	**Custom Select Drug List** Preferred generic – $6 copay Nonpreferred generic – $25 copay Preferred brand – $50 copay Nonpreferred brand – $80 copay Preferred specialty – 20% coinsurance (max $200) Nonpreferred specialty – 20% coinsurance (max $300)	**Custom Select Drug List** Preferred generic – $6 copay Nonpreferred generic – $25 copay Preferred brand –$50 copay Nonpreferred brand – $80 copay
	Drugs for the treatment of sexual dysfunction, cough & cold and prenatal vitamins – covered at the applicable tiered copay.	
	Preventive drugs including female contraceptives are covered in full for generic and single-source brand names on the Custom Select Drug List. Multi-source brands are not covered. Drugs for weight loss and compounds are not covered. Specialty drugs are covered only when obtained from a pharmacy in the BCN Exclusive Pharmacy Network for Specialty Drugs.	
Mail order prescription drugs	Not covered	

We speak your language

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta, o 877-469-2583, TTY: 711 si usted todavía no es un miembro.

إذا كنت أنت أو شخص آخر تساعده بحاجة لمساعدة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك، أو برقم 877-469-2583 TTY:711، إذا لم تكن مشتركا بالفعل.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話；如果您還不是會員，請撥電話 877-469-2583, TTY: 711。

ئەگەر تۆ، یان کەسێک کە ئێستا یارمەتی دەدەیت، پێویستی بە یارمەتی هەیە، مافی ئەوەت هەیە بە بێ هیچ تێچوونێک یارمەتی و زانیاری پێویست بە زمانەکەت وەربگریت. بۆ قسەکردن لەگەڵ وەرگێڕ، پەیوەندی بە ژمارەی خزمەتگوزاری بەکارهێنەران بکە کە لەسەر کارتەکەتە، یان 877-469-2583 TTY: 711 بکە ئەگەر ئێستا ئەندام نیت.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị, hoặc 877-469-2583, TTY: 711 nếu quý vị chưa phải là một thành viên.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj, ose 877-469-2583, TTY: 711 nëse nuk jeni ende një anëtar.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하거나, 이미 회원이 아닌 경우 877-469-2583, TTY: 711로 전화하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। কোনো একজন দোভাষীর সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া গ্রাহক সহায়তা নম্বরে কল করুন বা 877-469-2583, TTY: 711 যদি ইতোমধ্যে আপনি সদস্য না হয়ে থাকেন।

Jeśli Ty lub osoba, której pomagasz, potrzebujecie pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty lub pod numer 877-469-2583, TTY: 711, jeżeli jeszcze nie masz członkostwa.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an oder 877-469-2583, TTY: 711, wenn Sie noch kein Mitglied sind.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda o chiama il 877-469-2583, TTY: 711 se non sei ancora membro.

ご本人様、またはお客様の身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号 (メンバーでない方は877-469-2583, TTY: 711) までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по номеру телефона отдела обслуживания клиентов, указанному на обратной стороне вашей карты, или по номеру 877-469-2583, TTY: 711, если у вас нет членства.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na svom jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice ili 877-469-2583, TTY: 711 ako već niste član.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta, o 877-469-2583, TTY: 711 kung ikaw ay hindi pa isang miyembro.

Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: CivilRights@bcbsm.com. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: OCRComplaint@hhs.gov. Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

Valuable member resources

Manage your plan online

At **bcbsm.com**, managing your plan online has never been easier. With a secure member account, you'll be able to:

- Check your plan information, deductible and coinsurance levels, claims status, history and more
- Find doctors and hospitals in your plan's network, view doctor reviews from other patients and compare quality for hundreds of services
- Access your virtual ID card from your mobile device

Get connected to health and well-being

Blue Cross Well-Being℠ gives you access to many online programs that can help you stay healthy, get better or improve your quality of life while living with a chronic illness.

Blue365®

As a member, you get exclusive savings on national and Michigan-based products and services for a healthy and well-balanced lifestyle, including:

- Gym memberships, fitness gear and health magazines
- Weight-loss programs, cooking classes and cookbooks
- Travel and recreation
- LASIK and eye care services, dental care and hearing aids

Cash in by showing your member ID card at participating local retailers or use an offer code online through your member account.

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Blue Care Network of Michigan

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