



Blue Care
Network
of Michigan

MiBCN.com

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.

Deductible, Copays and Dollar Maximums

Deductible	None
Copays	
• Fixed Dollar Copay	None
• Percent Copay (Coinsurance)	None
Copay Dollar Maximums	
• Fixed Dollar Copay	None
• Percent Dollar Copay (Coinsurance) – Medical Services; excludes services with a 50% copay	None
Dollar Maximums	None

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 – pediatric and adult	Covered – 100%
Prostate Specific Antigen (PSA) Screening – laboratory services only	Covered – 100%

Mammography

Mammography Screening	Covered – 100%
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Physician Office Services

Office Visits	Covered – 100%
Consulting Specialist Care – when referred	Covered – 100%

Emergency Medical Care

Hospital Emergency Room – copay waived if admitted, inpatient hospital benefits apply	Covered – 100%
Urgent Care Center	Covered – 100%
Ambulance Services – medically necessary	Covered – 100%, ground and air service

Diagnostic Services

Laboratory and Pathology Tests	Covered – 100%
Diagnostic Tests and X-rays	Covered – 100%
Radiation Therapy	Covered – 100%

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)
Outpatient Surgery	Covered – 100%



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Alternatives to Hospital Care

Skilled Nursing Care	Covered – 100%, up to 100 days per benefit period
Hospice Care	Covered – 100%
Home Health Care	Covered – 100%

Surgical Services

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

Mental Health Care and Substance Abuse Treatment

Inpatient Mental Health Care and Substance Abuse Care	Mental Health Care: Covered – 100% when authorized Substance Abuse Care: Covered – 100% when authorized
Outpatient Mental Health Care	Covered – 100%, (Based on Medicare Guidelines)
Outpatient Substance Abuse Care	Covered – 100%, (Based on Medicare Guidelines)

Other Services

Allergy Testing and Therapy	Covered – 100%
Allergy Injections	Covered – 100%
Chiropractic Spinal Manipulation – when referred	Covered – 100%
Outpatient Physical, Speech and Occupational Therapy – subject to significant improvement within 60 days	Covered – 100%
Durable Medical Equipment	Covered – 100%
Prosthetic and Orthotic Appliances	Covered – 100%
Hearing Aid	Covered – Binaural hearing aids and exam every 36 months
Prescription Drugs	Covered - Generic - \$15 copay, Brand - \$50 copay; 34-day supply; Two times the applicable copay up to a 90 day supply

BCN65, WAS, WPT, MMHSAP, HA2, 1550PD, XSDRX, MOPD2C

EFF: 7/1/10