



HEALTHY BLUE LIVING Effective 7/1/10

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 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.

Healthy Blue LivingSM members must complete program requirements within first 90 days of enrollment or re-enrollment. To qualify or maintain enhanced benefits, the subscriber and covered spouse need to complete a health risk appraisal and qualification form during the first 90 days and follow their primary care physician's recommendations for a healthy lifestyle. If a smoker, must enroll in the smoking cessation program, Quit The Nic, within 120 days of enrollment or re-enrollment.

Enhanced Benefits
5MCC, CO20, UR35, ER75, 250HC, MHSAP, AS5,
HA2, 1530PD, MOPD2C

Standard Benefits
BCN10, CO20, UR50, 1500CM, 20%CR, 500DED,
ER100, MHSAP, WAS, WPT, WIT, 2060P, MOPD2C

Deductible, Copays and Dollar Maximums

Note: The **Deductible** is applicable to all covered services except (1) **preventive services** provided by the member's PCP; (2) **preventive services** obtained as a result of referral from the PCP; (3) routine maternity care; and (4) services paid by a provider or vendor under the delegation of a claim payment arrangement

Deductible	None	\$500 per member/\$1,000 per contract per calendar year
Copays	\$20 for office visits, \$35 for urgent care visits, \$75 for emergency room visits and \$250 for inpatient admission	\$5 for allergy injections, \$20 for office visits, \$50 for urgent care visits and \$100 for emergency room visits
• Fixed Dollar Copay		
• Percent Copay (Coinsurance)	50% for selected services as noted below	20% and 50% of approved amount for select services
Copay Dollar Maximums	\$750 per individual per calendar year, \$1000 per contract per calendar year for inpatient admission.	None
• Fixed Dollar Copay		
• Percent Copay (Coinsurance)		
– Medical Services – excludes services with a flat dollar and 50% copay	None	\$1,500 per member, \$3,000 per contract per calendar year

Preventive Services

Health Maintenance Exam	Covered – \$20 copay	Covered – \$20 copay
Annual Gynecological Exam	Covered – \$20 copay	Covered – \$20 copay
Pap Smear Screening – laboratory services only	Covered – Office visit copay may apply per member, per visit	Covered – Office visit copay may apply per member, per visit
Well-Baby and Child Care	Covered – \$20 copay	Covered – \$20 copay
Immunizations – pediatric and adult	Covered – Office visit copay may apply per member, per visit	Covered – Office visit copay may apply per member per visit
Prostate Specific Antigen (PSA) Screening – laboratory services only	Covered – Office visit copay may apply per member, per visit	Covered – Office visit copay may apply per member per visit

Mammography

Mammography Screening	Covered – 100%	Covered – 100%
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Physician Office Services

PCP Office Visits	Covered – \$20 copay	Covered – \$20 copay
Consulting Specialist Care – when referred	Covered – \$20 copay	Covered – \$20 copay after deductible

Benefits-at-a-Glance for Michigan Catholic Conference



MIBCN.com

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Emergency Medical Care

Hospital Emergency Room – copay waived if admitted, inpatient hospital copays apply	Covered - \$75 copay	Covered - \$100 copay, after deductible
Urgent Care Center	Covered - \$35 copay	Covered - \$50 copay
Ambulance Services – medically necessary	Covered – 100%, ground and air services	Covered – 80% with a 20% coinsurance after deductible; ground and air services

Diagnostic Services

Laboratory and Pathology Tests	Covered – Office visit copay may apply per member, per visit	Covered – Office visit copay may apply per member, per visit
Diagnostic Tests and X-rays	Covered – Office visit copay may apply per member, per visit	Covered – 80% with a 20% coinsurance after deductible
Radiation Therapy	Covered – Office visit copay may apply per member, per visit	Covered – 80% with a 20% coinsurance after deductible

Maternity Services Provided by a Physician

Pre-Natal and Post-Natal Care	Covered – \$20 copay	Covered – \$20 copay
Delivery and Nursery Care	Covered – 100% for professional services; see hospital care below for facility charges.	Covered – 100% after deductible for professional services; see hospital care below for facility charges.

Hospital Care

General Nursing Care, Hospital Services and Supplies	Covered - \$250 copay/admission, up to \$750 per individual per calendar year, \$1000 per contract per calendar year; unlimited days	Covered – 80% with a 20% coinsurance after deductible; unlimited days
Outpatient Surgery	Covered – 100%	Covered – 80% with a 20% coinsurance after deductible

Alternatives to Hospital Care

Skilled Nursing Care	Covered – 100%, up to 45 days per calendar year	Covered – 80% with a 20% coinsurance after deductible; up to 45 days per calendar year
Hospice Care	Covered – 100%	Covered – 100% after deductible
Home Health Care	Covered – \$20 copay	Covered – \$20 copay after deductible

Surgical Services

Surgery – includes all related surgical services and anesthesia	See Hospital Care for inpatient and outpatient copays	See Hospital Care for inpatient and outpatient copays
Voluntary Sterilization	Not covered	Not covered
First Trimester Termination	Not covered	Not covered
Human Organ Transplants	Covered – \$250 copay/admission, up to \$750 per individual per calendar year, \$1,000 per contract per calendar year ; subject to medical criteria	Covered – 80% with a 20% coinsurance after deductible; subject to medical criteria

Benefits-at-a-Glance for Michigan Catholic Conference



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Enhanced Benefits

Standard Benefits

Mental Health Care and Substance Abuse Treatment

Inpatient Mental Health Care and Substance Abuse Care	Mental Health Care: Covered – \$250 copay/admission, up to \$750 per individual per calendar year, \$1000 per contract per calendar year when authorized	Mental Health Care: Covered – 80% with a 20% coinsurance after deductible
	Substance Abuse Care: Covered – \$250 copay/admission, up to \$750 per individual per calendar year, \$1000 per contract per calendar year when authorized	Substance Abuse Care: Covered – 80% with a 20% coinsurance after deductible
Outpatient Mental Health Care	Covered - \$20 copay	Covered – \$20 copay after deductible
Outpatient Substance Abuse Care	Covered - \$20 copay	Covered – \$20 copay after deductible
Other Services		
Allergy Testing and Therapy	Covered – 100%, allergy injections covered 100%	Covered – 50%, \$5 copay for allergy injections after deductible
Chiropractic Spinal Manipulation (when referred)	Covered - \$20 copay	Covered – \$20 copay after deductible
Outpatient Physical, Speech and Occupational Therapy (subject to significant improvement within 60 days)	Covered – \$20 copay, limited to 60 consecutive days per episode for a combination of therapies	Covered – \$20 copay after deductible, limited to 60 consecutive days per episode for a combination of therapies after deductible
Infertility Counseling and Treatment (excluding In-vitro fertilization)	Not Covered	Not Covered
Durable Medical Equipment	Covered – 50%	Covered – 50%
Prosthetic and Orthotic Appliances	Covered – 50%	Covered – 50%
Weight Reduction Procedures	Covered – 100%	Covered – 50% after deductible
Hearing Aid	Covered - binaural hearing aids and exam every 36 months	Not Covered
Prescription Drugs	Covered - Generic - \$15 copay, Brand - \$30 copay, Drugs for the treatment of sexual dysfunction – 50%, 34 day supply without contraceptives; 34 day supply Two times applicable copay for 90 day mail order supply	Covered - Generic - \$20 copay, Brand - \$60 copay, Drugs for the treatment of sexual dysfunction – 50%, 34 day supply without contraceptives; 34 day supply Two times applicable copay for 90 day mail order supply