



## Michigan Catholic Conference – 11930-900 Retiree Lay with Rx – Plan E

Effective date of coverage: July 1, 2010

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 Cross Blue Shield of Michigan certificates and riders. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and/or copay amounts required by your plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and will be construed under the jurisdiction of and according to the laws of the state of Michigan.

### Comprehensive Major Medical (CMM) Medical - Surgical Coverage

#### Member's responsibility (deductibles, copays and dollar maximums)

**Note:** If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between the BCBSM approved amount and the provider's charge.

<b>Deductibles</b>	\$250 for one member, \$500 for the family each calendar year
<b>Copays</b>	<ul style="list-style-type: none"> <li>• 50% of approved amount for private duty nursing</li> <li>• 20% of approved amount for most other covered services</li> </ul>
<b>Copay dollar maximums – excludes private duty nursing copays</b>	\$1,000 for one member, \$2,000 for the family each calendar year
<b>Lifetime dollar maximums (per member)</b>	\$1 million per covered specified human organ transplant type and a <b>separate</b> \$5 million for all other covered services

#### Preventive care services

• Health maintenance exam • Gynecological exam	Not covered
Pap smear screening – laboratory and pathology services, one every 12 months (from the date of any previous pap smear)	80% after deductible
• Well-baby & child care • Childhood immunizations	Not covered
• Fecal occult blood screening • Flexible sigmoidoscopy exam	Not covered
Prostate specific antigen (PSA) screening	Not covered

#### Physician office services

Office visits	80% after deductible
Outpatient & home medical care visits	80% after deductible
Office consultations	80% after deductible
Urgent care visits	80% after deductible

#### Emergency medical care

Hospital emergency room	80% after deductible
Ambulance services – must be medically necessary	80% after deductible

#### Diagnostic services

Laboratory & pathology services	80% after deductible
Diagnostic tests & x-rays	80% after deductible
Therapeutic radiology	80% after deductible
Routine mammograms – one per calendar year	80% after deductible

#### Maternity services provided by a physician or certified nurse midwife

Prenatal & postnatal care	80% after deductible
Delivery & nursery care	80% after deductible

#### Hospital care

Semiprivate room, inpatient physician care, general nursing care, hospital services & supplies – unlimited days	80% after deductible
• Inpatient consultations • Chemotherapy	80% after deductible

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

[bcbsm.com](http://bcbsm.com)



### Alternatives to hospital care

Skilled nursing care	Not covered
Hospice care (includes coverage for nursing home care with hospice support) – limited to dollar maximum adjusted periodically	100%
Home health care – must be medically necessary	80% after deductible
Home infusion therapy – must be medically necessary	80% after deductible

### Surgical services

Surgery – includes related surgical services	80% after deductible
Presurgical consultations	80% after deductible (Covered at 100% when obtained from a participating physician)
Colonoscopy	80% after deductible
• Voluntary sterilization • Voluntary abortions	Not covered

### Human organ transplants

Specified human organ transplants – in designated facilities <b>only</b> , when coordinated through the BCBSM Human Organ Transplant Program (800-242-3504), limited to \$1 million <b>lifetime</b> maximum per transplant type	100%
Bone marrow transplants – when coordinated through the BCBSM Human Organ Transplant Program (800-242-3504)	80% after deductible
Specified oncology clinical trials	80% after deductible
Kidney, cornea & skin transplants	80% after deductible

### Mental health care and substance abuse treatment

Inpatient mental health care & substance abuse treatment – unlimited days	80% after deductible
Outpatient mental health care	80% after deductible
Outpatient substance abuse treatment – in approved facilities <b>only</b>	80% after deductible

### Other covered services

Outpatient Diabetes Management Program (ODMP)	80% after deductible
Allergy testing & therapy	80% after deductible
Chiropractic spinal manipulation	80% after deductible
Outpatient physical, speech & occupational therapy – up to 38 visits per calendar year	80% after deductible
• Durable medical equipment • Prosthetic & orthotic appliances	80% after deductible
Private duty nursing	80% after deductible

### Blue Preferred<sup>®</sup> Rx Prescription Drug Coverage

	Network pharmacy	Non-network pharmacy
Copays	<ul style="list-style-type: none"> <li>• \$7 for Tier 1 (generic) drugs</li> <li>• \$30 for Tier 2 (formulary brand) drugs</li> <li>• \$50 for Tier 3 (nonformulary brand) drugs</li> <li>• <b>Mail order:</b> 90 day supply – two times one month copay</li> </ul>	<ul style="list-style-type: none"> <li>• \$7 for Tier 1 (generic) drugs <b>plus</b> an additional 25% of BCBSM approved amount</li> <li>• \$30 for Tier 2 (formulary brand) drugs <b>plus</b> an additional 25% of BCBSM approved amount</li> <li>• \$50 for Tier 3 (nonformulary brand) drugs <b>plus</b> an additional 25% of BCBSM approved amount</li> </ul>

### Hearing Care Coverage

	Participating provider	Nonparticipating provider
Audiometric exam – one every 36 months	100%	Not covered
Hearing aid evaluation – one every 36 months	100%	Not covered
Hearing aid, including binaural hearing aids – one every 36 months	100%	Not covered
Hearing aid conformity test – one every 36 months	100%	Not covered