



Michigan Catholic Conference – 11930-901 Retiree Lay without Rx – Plan E

Effective date of coverage: January 1, 2011

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. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits, please see the applicable BCBSM certificates and riders if your group is underwritten or your summary plan description if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

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 our approved amount and the provider's charge.

Deductibles	\$250 for one member, \$500 for the family each calendar year
Copays	<ul style="list-style-type: none"> • 50% of approved amount for private duty nursing • 20% of approved amount for most other covered services
Copay dollar maximums – excludes private duty nursing copays	\$1,000 for one member, \$2,000 for the family each calendar year
Lifetime dollar maximums	None

Preventive care services

Health maintenance exam	100%, one per calendar year
Routine gynecological exam	100%, one per calendar year
Pap smear screening	100%, one per calendar year
Well-baby & child care visits	100% <ul style="list-style-type: none"> • 6 visits, birth through 12 months • 6 visits, 13 months through 23 months • 6 visits, 24 months through 35 months • 2 visits, 36 months through 47 months • Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit
Adult and childhood preventive services and immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100%
• Fecal occult blood screening • Flexible sigmoidoscopy exam	100%, one each per calendar year
Prostate specific antigen (PSA) screening	100%, one per calendar year
Routine mammograms	100%, one per calendar year
Routine screening colonoscopy	100%, one per calendar year

Physician office services

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

Maternity services provided by a physician or certified nurse midwife

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

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



Hospital care

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

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)
• Voluntary sterilization • Voluntary abortions	Not covered

Human organ transplants

Specified human organ transplants – in designated facilities only , when coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	100%
Bone marrow transplants – when coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	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 only	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	80% after deductible
Prosthetic & orthotic appliances	80% after deductible
Private duty nursing	80% after deductible
Prescription drugs	Not covered

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