Blue Care Network of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

CLSSLG with Deductibles

Milan Area Schools

Deductible, Copays and Dollar Maximums

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

Deductible	$1,500 individual/$3,000 family per calendar year
Fixed Dollar Copays	$5 for allergy injections
	$30 for office visits
	$50 for urgent care visits
	$150 for emergency room visits
	No fixed dollar copay for ambulance services. See below for applicable coinsurance
	$45 for referral physician visits
Coinsurance	50% for select services as noted below
	20% for select services as noted below
Annual Coinsurance Maximum (ACM)	None
Out of Pocket Maximum - applies to deductibles, copays and coinsurance amounts for all covered services	$5,000 per individual/$10,000 per family

Preventive Services

Health Maintenance Exam	100%
Annual Gynecological Exam	100%
Pap Smear Screening	100%
Well-Baby and Child Care	100%
Immunizations	100%
Prostate Specific Antigen (PSA) Screening	100%
Routine Colonoscopy	100%
Mammography Screening	100%
Voluntary Female Sterilization	100%
Breast Pumps (DME guidelines apply. Limited to no more than one per 24 month period.)	100%
Maternity Pre-Natal care	100%

Physician Office Services

Office Visits	$30 Copay
Consulting Specialist Care	$45 Copay

Emergency Medical Care

Hospital Emergency Room - Copay waived if admitted	$150 Copay after deductible
Urgent Care Center	$50 Copay
Ambulance Services	80% after deductible

Benefits Selected - CI20%,D1500,DSR20%,IMG150,VACR50,ER150,CO30,5000PM,PDPMR,45RP,UR50,WDRPOV

Blue Care Network of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

CLSSLG with Deductibles

Milan Area Schools

Diagnostic Services

Laboratory and Pathology Tests	100%
Diagnostic Tests and X-rays	80% after deductible
High Technology Radiology Imaging (MRI, MRA, CAT, PET)	$150 copay after deductible
Radiation Therapy	80% after deductible

Maternity Services Provided by a Physician

Post-Natal and Non-routine Pre-Natal Care (See Preventive Services section for routine Pre-Natal Care)	$30 Copay
Delivery and Nursery Care	100% (For professional services. See Hospital Care for facility charges) after deductible

Hospital Care

General Nursing Care, Hospital Services and Supplies	80% after deductible
Outpatient Surgery - included all related surgical services and anesthesia - see member certificate for specific surgical copays.	80% after deductible

Alternatives to Hospital Care

Skilled Nursing Care	80% after deductible
	Up to 45 days per member per calendar year
Hospice Care	100% (When authorized) after deductible
Home Health Care	$45 copay after deductible

Surgical Services

Surgery - includes all related surgical services and anesthesia - see member certificate for specific surgical copays.	80% after deductible
Voluntary Male Sterilization – See Preventive Services section for voluntary female sterilization	50% after deductible
Elective Abortion (One procedure per two year period of membership)	50% after deductible
Human Organ Transplants	80% after deductible
Reduction Mammoplasty	50% after deductible
Male Mastectomy	50% after deductible
Temporomandibular Joint Syndrome	50% after deductible
Orthognathic Surgery	50% after deductible
Weight Reduction Procedures (Limited to one procedure per lifetime)	50% after deductible

Benefits Selected - CI20%,D1500,DSR20%,IMG150,VACR50,ER150,CO30,5000PM,PDPMR,45RP,UR50,WDRPOV

Blue Care Network of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

CLSSLG with Deductibles

Milan Area Schools

Mental Health Care and Substance Abuse Treatment

Inpatient Mental Health Care	80% after deductible
Inpatient Substance Abuse Care	80% after deductible
Outpatient Mental Health Care	$30 Copay
Outpatient Substance Abuse	$30 Copay

Autism Spectrum Disorders, Diagnoses and Treatment

Applied behavioral analyses (ABA) treatment	$30 Copay
Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder through age 18	$45 copay after deductible
Other covered services, including mental health services, for Autism Spectrum Disorder	See your outpatient mental health benefit and medical office visit benefit

Other Services

Allergy Testing and Therapy	50% after deductible
Allergy Injections	$5 copay
Chiropractic Spinal Manipulation - when referred	$45 Copay
	(up to 30 visits per calendar year)
Outpatient Physical, Speech and Occupational Therapy	$45 Copay after deductible
	One period of treatment for any combination of therapies within 60 consecutive days per calendar year
Infertility Counseling and Treatment (Excludes In-vitro fertilization)	50% after deductible
Durable Medical Equipment (DME)	50%
Prosthetic and Orthotic Appliances (P&O)	50%
Diabetic Supplies	80%
Prescription Drugs	Female Contraceptives - Tier 1A - Covered in full, Tier 1B $40 cpay, Tier 2 - $40 copay, Tier 3 - Not covered
Mail Order Prescription Drugs	Mail Order Prescription Drugs not covered
Prescription Drug Deductible	None
Hearing Aid	Not Covered

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, coinsurance and copay amounts required by the plan. If there is a discrepancy between the 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. **Services must be provided or arranged by member's primary care physician or health plan.**

Benefits Selected - CI20%,D1500,DSR20%,IMG150,VACR50,ER150,CO30,5000PM,PDPMR,45RP,UR50,WDRPOV