



**Blue Care
Network**
of Michigan

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

HDHPLG

Southgate Community Schools Plan 1

Deductible, Copays and Dollar Maximums

| | |
|---|---|
| Deductible - Combined for both medical and drug coverage. | \$1,350 individual/\$2,700 family per calendar year |
| | Deductible - The full family deductible must be met under a two-person or family contract before benefits are paid for any person on the contract |
| Fixed Dollar Copays | None |
| Coinsurance | 50% for select services as noted below |
| Out of Pocket Maximum | \$2,350 per member, \$4,700 per contract per calendar year |
| | Out of Pocket Maximum - applies to deductibles, copays and coinsurance amounts for all covered services - including prescription drug copays |

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.) | 100% |
| Maternity Pre-Natal care | 100% |

Physician Office Services

| | |
|----------------------------|--|
| PCP Office Visits | 100% after deductible. Deductible does not apply to preventive services and routine maternity care |
| Online Visits | 100% after deductible. Deductible does not apply to preventive services and routine maternity care |
| Consulting Specialist Care | 100% after deductible. Deductible does not apply to preventive services and routine maternity care |

Emergency Medical Care

| | |
|-------------------------|-----------------------|
| Hospital Emergency Room | 100% after deductible |
| Urgent Care Center | 100% after deductible |
| Ambulance Services | 100% after deductible |

Benefits Selected - VACR50,1350HD,2350OM,OMRR,P136HD,90D3X

bcbsm.com

08/31/2017 12:28:28 pm



**Blue Care
Network
of Michigan**

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

HDHPLG

Southgate Community Schools Plan 1

Diagnostic Services

| | |
|--|-----------------------|
| Laboratory and Pathology Tests | 100% after deductible |
| Diagnostic Tests and X-rays | 100% after deductible |
| High Technology Radiology Imaging (MRI, MRA, CAT, PET) | 100% after deductible |
| Radiation Therapy | 100% 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) | 100% (Deductible applies for non-routine maternity care) |
| Delivery and Nursery Care | 100% after deductible |

Hospital Care

| | |
|--|-----------------------|
| General Nursing Care, Hospital Services and Supplies | 100% after deductible |
| Outpatient Surgery | 100% after deductible |

Alternatives to Hospital Care

| | |
|----------------------|---------------------------------|
| Skilled Nursing Care | 100% after deductible |
| | Up to 45 days per calendar year |
| Hospice Care | 100% after deductible |
| Home Health Care | 100% after deductible |

Surgical Services

| | |
|--|-----------------------------|
| Surgery - includes all related surgical services and anesthesia - see member certificate for specific surgical copays. | 100% after deductible |
| Voluntary Sterilization | Male - 50% after deductible |
| Elective Abortion (One procedure per two year period of membership) | 50% after deductible |
| Human Organ Transplants | 100% 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 | 50% after deductible |

Benefits Selected - VACR50,1350HD,2350OM,OMRR,P136HD,90D3X

bcbsm.com

08/31/2017 12:28:29 pm



**Blue Care
Network
of Michigan**

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

HDHPLG

Southgate Community Schools Plan 1

Mental Health Care and Substance Abuse Treatment

| | |
|---|-----------------------|
| Inpatient Mental Health Care | 100% after deductible |
| Inpatient Substance Abuse Care | 100% after deductible |
| Outpatient Mental Health Care includes online visits Note: For diagnostic and therapeutic services, the medical benefit applies. | 100% after deductible |
| Outpatient Substance Abuse | 100% after deductible |

Autism Spectrum Disorders, Diagnoses and Treatment

| | |
|--|---|
| Applied Behavioral analysis (ABA) treatment | 100% after deductible |
| Outpatient physical therapy, speech therapy and occupational therapy for autism spectrum disorder through age 18. Unlimited visits for PT/OT/ST with autism spectrum disorder diagnosis. | 100% after deductible |
| Other covered services, including mental health services, for Autism Spectrum Disorder | See your outpatient mental health, medical office visit and preventive benefit. |

Other Services

| | |
|--|--|
| Allergy Testing and Therapy | 100% after deductible |
| Allergy Injections | 100% after deductible |
| Chiropractic Spinal Manipulation - when referred | 100% after deductible (up to 30 visits per calendar year) |
| Outpatient Physical, Speech and Occupational Therapy | 100% after deductible 60 visits per calendar year for any combination of therapies |
| Infertility Counseling and Treatment (Excludes In-vitro fertilization) | 50% after deductible |
| Durable Medical Equipment | 50% after deductible |
| Prosthetic and Orthotic Appliances | 50% after deductible |
| Diabetic Supplies | 50% after deductible |
| Prescription Drugs | Tier 1A - \$10 after deductible, Tier 1B - \$30 after deductible, T2- \$60 after deductible, T3- \$80 after deductible, T4- 20% coinsurance after deductible (max \$200), T5- 20% coinsurance after deductible (max \$300); 30 day supply Sexual Dysfunction drugs - 50% coinsurance after deductible Contraceptives – T1A- 100% (deductible does not apply), Tier 1B - \$30 after deductible, T2 - \$60 after deductible, T3-\$80 after deductible; 30 day supply |
| Mail Order Prescription Drugs | 30 day supply or less - applicable tiered copay/coinsurance, 31-90 day supply - 3x's the 30 day copay/coinsurance minus \$10 after deductible |
| Prescription Drug Deductible | Prescription drug deductible integrated with the medical deductible |
| Hearing Aid | Not covered |

Benefits Selected - VACR50,1350HD,2350OM,OMRR,P136HD,90D3X

bcbsm.com

08/31/2017 12:28:29 pm



**Blue Care
Network
of Michigan**

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

HDHPLG

Southgate Community Schools Plan 1

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, 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 - VACR50,1350HD,2350OM,OMRR,P136HD,90D3X

bcbsm.com

08/31/2017 12:28:30 pm
