



BCN HSASM HMO \$1,350 High Deductible Health Plan for Medical and Prescription Drug Coverage

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 certificate and riders. Payment amounts are based on the Blue Care Network approved amount, less any applicable deductible, coinsurance and/or copay amounts required by the plan. If there is a discrepancy between this 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.

Member's Responsibility: Deductible, Copays, Coinsurance and Dollar Maximums

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

Deductible Note: deductible is combined for both medical and prescription drug coverage. The full family deductible must be met under a two-person or family contract before benefits are paid for any person on the contract	\$1,350 per member, \$2,700 per contract per calendar year
Fixed Dollar Copay Note: Copay amounts apply once the deductible has been met	None
Coinsurance Note: Coinsurance amounts apply once the deductible has been met	0% and 50% for select services as noted below
Out of Pocket Maximum – total amount paid toward medical and pharmacy services including deductible, copays and coinsurance.	\$2,350 per member, \$4,700 per contract per calendar year
Lifetime dollar maximum	None

Preventive Services

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

Physician Office Services

PCP Office Visits	Covered – 100% after deductible
Consulting Specialist Care – when referred	Covered – 100% after deductible

Emergency Medical Care

Hospital Emergency Room	Covered – 100% after deductible
Urgent Care Center	Covered – 100% after deductible
Ambulance Services – medically necessary	Covered – 100% after deductible



Diagnostic Services

Laboratory and Pathology Tests	Covered - 100% after deductible
Diagnostic Tests and X-rays	Covered - 100% after deductible
Radiation Therapy	Covered - 100% after deductible

Maternity Services Provided by a Physician

Post-Natal Care. See Preventive Services section for Pre-Natal Care	Covered - 100%
Delivery and Nursery Care	Covered - 100% after deductible

Hospital Care

General Nursing Care, Hospital Services and Supplies	Covered - 100% after deductible
Outpatient Surgery - see member certificate for specific surgical coinsurance	Covered - 100% after deductible

Alternatives to Hospital Care

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

Surgical Services

Surgery - includes all related surgical services and anesthesia.	Covered - 100% after deductible
Voluntary Male Sterilization - See Preventive Services section for voluntary female sterilization	Covered - Male - 50% after deductible
Elective Abortion (One procedure per two year period of membership)	Covered - 50% after deductible
Human Organ Transplants (subject to medical criteria)	Covered - 100% after deductible
Reduction Mammoplasty (subject to medical criteria)	Covered - 50% after deductible
Male Mastectomy (subject to medical criteria)	Covered - 50% after deductible
Temporomandibular Joint Syndrome (subject to medical criteria)	Covered - 50% after deductible
Orthognathic Surgery (subject to medical criteria)	Covered - 50% after deductible
Weight Reduction Procedures (subject to medical criteria) - Limited to one procedure per lifetime	Covered - 50% after deductible

Mental Health Care and Substance Abuse Treatment

Inpatient Mental Health Care	Covered - 100% after deductible
Inpatient Substance Abuse Care	Covered - 100% after deductible
Outpatient Mental Health Care	Covered - 100% after deductible
Outpatient Substance Abuse Care	Covered - 100% after deductible

Autism Spectrum Disorders, Diagnoses and Treatment

Applied behavioral analyses (ABA) treatment	Covered - 100% after deductible
Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder through age 18 Physical, speech and occupational therapy for autism spectrum disorder is unlimited.	Covered - 100% 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	Covered – 100% after deductible
Allergy office visits	Covered – 100% after deductible
Allergy Injections	Covered – 100% after deductible
Chiropractic Spinal Manipulation – when referred	Covered – 100% after deductible; up to 30 visits per calendar year
Outpatient Therapy/Rehabilitation – subject to meaningful improvement within 60 days	Covered – 100% after deductible; limited to a benefit maximum of 60 consecutive days per calendar year
Infertility Counseling and Treatment (excluding In-vitro fertilization)	Covered – 50% after deductible
Durable Medical Equipment	Covered – 50% after deductible
Prosthetic and Orthotic Appliances	Covered – 50% after deductible
Diabetic Supplies	Covered – 100% after deductible

HDHPLG, 1350HD, 2350OM, VACR50

Optional Rider:

- FOCUS – PCP Focus