

# Benefits At A Glance

BCN5

00406762 Van Buren Public School - Class 1

## Deductible, Copays and Dollar Maximums

Deductible	None
Fixed Copay:	\$5 for allergy injections
	\$30 for office visits
	\$50 for urgent care visits
	\$100 for emergency room visits
	\$30 for referral physician visits
Coinsurance	50% for selected services as noted below
Copay Dollar Maximums	
Fixed Dollar Copay Maximum	None
Coinsurance Maximum - Excludes services with a 50% coinsurance	None
Dollar Maximums	\$50,000 for autism treatment only

## Preventive Services

Health Maintenance Exam	100%
Annual Gynecological Exam	100%
Pap Smear Screening	100%
Well-Baby and Child Care	100%
munizations - pediatric and adult	100%
Prostate Specific Antigen (PSA) Screening	100%

## Mammography

Mammography Screening	100%
-----------------------	------

## Physician Office Services

Office Visits	\$30 Copay
Consulting Specialist Care - when referred	\$30 Copay

## Emergency Medical Care

Hospital Emergency Room (copay waived if admitted, if applicable)	\$100 Copay
Urgent Care Center	\$50 Copay
Ambulance Services - medically necessary	100%, ground and air services

## Diagnostic Services

Laboratory and Pathology Tests	Office visit copay may apply per member, per visit
Diagnostic Tests and X-rays	Office visit copay may apply per member, per visit
High Technology Radiology Imaging (MRI, MRA, CAT, PET)	Office visit copay may apply per member, per visit
Radiation Therapy	Office visit copay may apply per member, per visit

Benefits Selected - ER100,IOMHP,CO30,UR50,1555%C,MOPD20

mibcn.com

05/14/2013 09:30:36 am

# Benefits At A Glance

BCN5

00406762 Van Buren Public School - Class 1

## Maternity Services Provided by a Physician

Pre-Natal and Post-Natal Care	\$30 Copay
Delivery and Nursery Care	100% (for professional services. See Hospital Care for facility charges)

## Hospital Care

General Nursing Care, Hospital Services and Supplies	100%; unlimited days
Outpatient Surgery	100%

## Alternatives to Hospital Care

Skilled Nursing Care	100%
	Up to 45 days per member per calendar year
Hospice Care	100% when authorized
Home Health Care	\$30 Copay

## Surgical Services

Surgery - included all related surgical services and anesthesia.	See Hospital Care for inpatient and outpatient copay
Voluntary Sterilization	Male - 50%
	Female - 100% (Deductible does not apply)
Human Organ Transplants (subject to medical criteria)	100%
Reduction Mammoplasty (subject to medical criteria)	50%
Male Mastectomy (subject to medical criteria)	50%
Temporomandibular Joint Syndrome (subject to medical criteria)	50%
Orthognathic Surgery (subject to medical criteria)	50%

## Mental Health Care and Substance Abuse Treatment

Inpatient Mental Health Care	100% when authorized
Inpatient Substance Abuse	100% when authorized
Outpatient Mental Health Care	\$30 Copay
Autism spectrum disorders, diagnoses and treatment -- effective October 15, 2012	
Applied behavioral analyses (ABA) treatment - Limited to an annual maximum of \$50,000 per member, through age 18 (limits may be waived on an individual consideration basis)	\$30 Copay
Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder	\$30 Copay
Other covered services, including mental health services, for Autism Spectrum Disorder	See your outpatient mental health benefit and medical office visit benefit
Outpatient Substance Abuse	\$30 Copay

Benefits Selected - ER100,IOMHP,CO30,UR50,1555%C,MOPD20

mibcn.com

05/14/2013 09:30:37 am



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

# Benefits At A Glance

BCN5

00406762 Van Buren Public School - Class 1

## Other Services

Allergy Care	50%
Allergy Injections	\$5 Copay
Chiropractic Spinal Manipulation - when referred	\$30 Copay
Outpatient Physical, Speech and Occupational Therapy (60 consecutive days/episode)	\$30 Copay
Infertility Counseling and Treatment (excludes In-vitro Fertilization)	50% on all associated costs
Durable Medical Equipment	50%
Breast Pumps (DME guidelines apply. Limited to no more than one per 24 month period)	100%
Prosthetic and Orthotic Appliances	50%
Weight Reduction Procedures	100%
Prescription Drugs	Tier 1 - \$15 copay, Tier 2 - \$50 copay, Tier 3 - 50% (min \$70/max \$100); 30 day supply with contraceptives
	Sexual Dysfunction Drugs - 50% coinsurance
	Women's Contraceptives - Tier 1 - 100%, Tier 2 - Tier 2 Copayment/Coinsurance above applies, Tier 3 - Tier 3 Copayment/Coinsurance above applies
Mail Order Prescription Drugs	Two times the applicable copay up to a 90 day supply
Prescription Drug Deductible	None
aring 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 and/or copay amounts required by the plan. 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 - ER100,IOMHP,CO30,UR50,1555%C,MOPD20

**mibcn.com**

05/14/2013 09:30:39 am

