



Blue Managed Traditional First Dollar (Basic) Plan with Master Medical (MM) Option 4 w/ \$2 Flat Rx card Benefits-at-a-Glance for Saginaw Valley State University #68859-003

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 Cross Blue Shield of Michigan certificates and riders. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and/or copay amounts required by your plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and will be construed under the jurisdiction of and according to the laws of the state of Michigan.

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	Basic: None Master Medical: \$50 for one member, \$100 for the family (when two or more members are covered under your contract) each calendar year
Copays	Basic: None Master Medical: 10% for general services except as noted
Copay dollar maximums	Basic: None Master Medical: \$1,000 contract each calendar year (excludes mental health care and private duty nursing copays)
Lifetime Dollar maximums	None

Preventive care services – *Payment for preventive services is unlimited

Health maintenance exam – includes chest x-ray, EKG and select lab procedures	Health maintenance exam – includes chest x-ray, EKG and select lab procedures
Gynecological exam	Gynecological exam
Pap smear screening – laboratory and pathology services	Pap smear screening – laboratory and pathology services
Well-baby and child care	Well-baby and child care
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 PPACA.	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 PPACA.
Fecal occult blood screening	Fecal occult blood screening
Flexible sigmoidoscopy exam	Flexible sigmoidoscopy exam

Mammography

Mammography screening	Covered – 100%, 1 per calendar year per member Covered – 100% (no deductible or co pay) Note: Subsequent medically necessary mammograms performed during the same calendar year are subject to your deductible and percent co pay
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Physician Office Services

Office visits	Covered under MM – 90% after deductible
Outpatient and home medical care visits	Covered under MM – 90% after deductible
Office consultations	Covered under MM – 90% after deductible
Urgent care visits	Covered under MM – 90% after deductible

Emergency medical care

Hospital emergency room	Covered – 100%
Emergency ambulance services	Covered – 100%

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Ambulance services, including air – must be medically necessary	Covered – 100%
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Diagnostic services

Laboratory and pathology services	Covered – 100% for outpatient and office services
Diagnostic tests and x-rays	Covered – 100%
Therapeutic radiology	Covered – 100%

Maternity services provided by a physician

Prenatal and postnatal care	Covered – 100%, includes care provided by a certified nurse midwife
Delivery and nursery care	Covered – 100%, includes delivery provided by a certified nurse midwife

Hospital care

Semiprivate room, inpatient physician care, general nursing care, hospital services and supplies Note: Nonemergency services must be rendered in a participating hospital.	Covered – 100%, up to 365 inpatient care days, 60-day renewal Note: Additional days under MM at 100% (no deductible or copay).
Inpatient consultations	Covered – 100%
Chemotherapy	Covered – 100%

Alternatives to hospital care

Skilled nursing care	Covered – 100%, in approved facilities
Hospice care	Covered – 100%, up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods – provided through a participating hospice program only ; limited to dollar maximum that is reviewed and adjusted periodically
Home health care – must be medically necessary	Covered – 100%
Home infusion therapy – must be medically necessary	Covered – 100%

Surgical services

Surgery – includes related surgical services and medically necessary facility services by a participating ambulatory surgery facility	Covered – 100%
Presurgical consultations	Covered – 100%
Colonoscopy- routine or medically necessary	Covered – 100% Covered – 100% for routine colonoscopy (no deductible or copay) Note: Subsequent medically necessary colonoscopies performed during the same calendar year are subject to your deductible and percent copay
Voluntary sterilization	Covered – 100%

Human organ transplants

Specified human organ transplants – in designated facilities only, when coordinated through the BCBSM Human Organ Transplant Program (800-242-3504)	Covered – 100%, limited to \$1 million lifetime maximum per member per transplant type for transplant procedure(s) and related professional, hospital and pharmacy services
Bone marrow transplants – when coordinated through the BCBSM Human Organ Transplant Program (800-242-3504)	Covered – 100%
Specified oncology clinical trials	Covered – 100%
Kidney, cornea and skin transplants	Covered – 100%

Mental health care and substance abuse treatment



Inpatient mental health care and substance abuse treatment	Covered – 100%, up to 45 days of the 365 inpatient care days, 60-day renewal Note: Additional mental health care days under MM at 25% after deductible (no MM benefits for substance abuse treatment).
Outpatient mental health care	Covered under MM – 50% after deductible
Outpatient substance abuse treatment – in approved facilities only	Covered – 100%, up to the state-dollar amount that is adjusted annually (no MM benefits).

Other covered services

Outpatient Diabetes Management Program (ODMP)	Covered – 100%
Allergy testing and therapy	Covered under MM – 90% after deductible
Chiropractic spinal manipulation	Covered under MM – 90% after deductible, up to 20 visits first 90 consecutive days, then 2 visits per month
Outpatient physical, speech and occupational therapy	Covered – 100%, up to a combined maximum a 60 consecutive days of treatment per condition Note: Additional benefits under MM at 90% after deductible.
Durable medical equipment	Covered under MM – 90% after deductible
Prosthetic and orthotic appliances	Covered under MM – 90% after deductible
Private duty nursing	Covered under MM – 50% after deductible

Additional riders

Rider CC , convalescent and long term illness care	Adds facility benefits for convalescent care in Blue Cross Blue Shield approved skilled nursing care facilities. Coverage is limited to 730 days of care for the treatment of general conditions and 90 days for mental health care. Each two days of care takes away one day of available inpatient care days.
Rider AS-1 , ambulance services	Adds benefits for medically necessary ground or air ambulance services provided by a licensed ambulance operator. Services must be provided for the purpose of transporting the patient to a hospital or transferring from a hospital to another treatment location.
Rider ML , waiver of member liability	Eliminates the \$5 or 10% copay for diagnostic services and x-rays.
Rider PPNV-1 , prenatal and postnatal visits	Adds physician benefits for prenatal and postnatal care visits.
Rider VST , voluntary sterilization	Adds benefits for voluntary sterilization, regardless of medical necessity.

Note: The mail order pharmacy for **specialty drugs** is Option Care, an independent company. Specialty prescription drugs (such as Enbrel[®] and Humira[®]) are used to treat complex conditions such as rheumatoid arthritis. These drugs require special handling, administration or monitoring. Option Care will handle mail order prescriptions only for specialty drugs while many retail pharmacies will continue to dispense specialty drugs (check with your local pharmacy for availability). Other mail order prescription medications can continue to be sent to Medco. (Medco is an independent company providing pharmacy benefit services for Blue members.) A list of specialty drugs is available on our Web site at bcbsm.com. Log in under “I am a Member.” If you have any questions, please call Option Care customer service at 866-515-1355.

Network pharmacy

Non-network pharmacy

Member’s responsibility (copays)

Fixed dollar copay	\$2 for each prescription	\$2 for each prescription plus 25% of the BCBSM approved amount for the drug
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Covered services

“Rx only” drugs	Covered – 100% less plan copay	Covered – 75% less plan copay
Prescribed over-the-counter drugs – when covered by BCBSM	Covered – 100% less plan copay	Covered – 75% less plan copay
State-controlled drugs	Covered – 100% less plan copay	Covered – 75% less plan copay
Disposable needles and syringes – when dispensed with insulin or other covered injectable legend drugs Note: Needles and syringes have no copay.	Covered – 100% less plan copay for the insulin or other covered injectable legend drug	Covered – 75% less plan copay for the insulin or other covered injectable legend drug

Note: Over-the-counter (OTC) drugs are drugs that do not require a prescription under federal law.



Note: A **network** pharmacy is a Preferred Rx pharmacy in Michigan or a MedImpact pharmacy outside Michigan. MedImpact is an independent company providing pharmacy benefit services for Blue members. A **non-network** pharmacy is a pharmacy NOT in the Preferred Rx or MedImpact networks.

Features of your plan

Drug interchange and generic copay waiver	Certain drugs may not be covered for a second prescription if a suitable alternate drug is identified by BCBSM, unless the prescribing physician demonstrates that the drug is medically necessary. A list of drugs that may require authorization is available at bcbsm.com . If your physician rewrites your prescription for the recommended generic or OTC alternate drug, you will only have to pay a generic copay. If your physician rewrites your prescription for the recommended brand-name alternate drug, you will have to pay a brand-name copay. In select cases BCBSM may waive the initial copay after your prescription has been rewritten. BCBSM will notify you if you are eligible for a waiver.
Quantity limits	Select drugs may have limitations related to quantity and doses allowed per prescription unless the prescribing physician obtains preauthorization from BCBSM. A list of these drugs is available at bcbsm.com .