



## Blue Care Network of Michigan — Member Guide

### University of Michigan International Student /Scholar Health Plan

**M** UNIVERSITY OF MICHIGAN  
[bcbsm.com/umichglobal](http://bcbsm.com/umichglobal)

# Quick Reference

## IMPORTANT OR FREQUENTLY USED PHONE NUMBERS

Phone numbers, as well as mail and online options, are listed throughout the book as contact information.

**Customer Service: 1-800-287-4103, TTY: 711**  
(8 a.m. to 5:30 p.m. Monday through Friday)  
Talk to a representative about your plan or benefits.

**Behavioral Health Services: 1-800-482-5982**  
Talk to a behavioral health manager in an emergency about issues that cause emotional or mental distress, including substance use disorder issues.

**Care while you travel:**

**BlueCard®: 1-800-810-BLUE (2583)**  
Find a doctor, urgent care facility or hospital that participates in BlueCard, our care program when you're away from Michigan, but still within the U.S.

**Global Core: 1-800-810-2583 or collect at 1-804-673-1177**  
Your plan provides full medical coverage while traveling abroad through the Blue Cross Blue Shield Global Core program.

**GeoBlue: 1-800-257-4823 inside the U.S. or collect at 1-610-254-8771**  
You also have GeoBlue, which provides worldwide travel assistance

### Register for your Blue Cross member account

It's easy and secure. Register one of these ways:



Go to [bcbsm.com/register](https://bcbsm.com/register).



Download our app at [bcbsm.com/app](https://bcbsm.com/app).



Text REGISTER to 222764.\*

### Your BCN plan information at your fingertips

- Access your virtual ID card from your mobile device
- See your coverage information, such as out-of-pocket and deductible balances, depending on your plan.
- Search for doctors, hospitals and pharmacies in your plan's network

\*Message and data rates may apply. Visit [bcbsm.com](https://bcbsm.com) for our *Terms and Conditions of Use* and *Privacy Practices*.

# Welcome

This is a brief description of the University of Michigan International Student/Scholar Health Plan. The Plan is available for University of Michigan F-1 and J-1 students and scholars and their eligible dependents. The Plan is underwritten by Blue Care Network of Michigan. The exact provisions governing this health plan, including definitions, are contained in the *certificate of coverage* issued to the University of Michigan and may be viewed online at [bcbsm.com/umichglobal](https://bcbsm.com/umichglobal). If any discrepancy exists between this Member Guide and the *Certificate of Coverage*, the *Certificate of Coverage* will govern and control the payment of benefits.

## THE UNIVERSITY OF MICHIGAN INTERNATIONAL STUDENT/SCHOLAR HEALTH PLAN

The University of Michigan International Student/Scholar Health Plan has been developed especially for University of Michigan F-1 and J-1 International Students or Scholars and their accompanying dependents. The Plan provides coverage for illnesses and injuries that occur on and off campus (worldwide), and includes special cost-saving features to keep the coverage as affordable as possible.

### University of Michigan Information:

- A listing of the Regents of the University of Michigan can be found at: [regents.umich.edu](https://regents.umich.edu)
- A copy of the Non-Discrimination Policy Notice can be found at: [oie.umich.edu/nondiscrimination-policy-notice/](https://oie.umich.edu/nondiscrimination-policy-notice/)

U.S. Government requirements for J1/J2 Visa Policyholders are satisfied under the University of Michigan International Student/Scholar Health Plan.

**If you have a life-threatening emergency, call 911 or go directly to the nearest hospital emergency room.**



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Care options for the immediate area of your campus include, but are not limited to, the following providers:

## ANN ARBOR CAMPUS

**University Health Service** (students\*, scholars, spouses or same sex domestic partners, children age 10 or above)

207 Fletcher Street, Ann Arbor, MI 48109

For hours of operation, appointments, or nurse advice call **734-764-8320**. Nurse advice by phone is always available (24 hours/day, seven days a week). **uhs.umich.edu**

\*Students enrolled in classes will usually save money by going to University Health Service for non-emergency health care. See **uhs.umich.edu/costs-students**.

**University Health Service Eye Care Clinic:** Students, scholars and dependents who are at least three years old can receive eye care at the University Health Service Eye Care Clinic (see **uhs.umich.edu/eyecare**). The UHS Eye Care Clinic will bill your international student/scholar health plan for services you receive that are covered by your plan. Students or dependents younger than age 19 will save money by choosing a pediatric vision provider. Visit **vsp.com**, or call **1-800-877-7195**.

## DEARBORN CAMPUS

Henry Ford Medical Center-Fairlane  
19401 Hubbard Dr. Dearborn, MI 48126

**313-982-8100**

**henryford.com/locations/fairlane**

Beaumont Hospital – Dearborn  
18101 Oakwood Blvd. Dearborn, MI 48124

**313-593-7000**

**beaumont.org/locations/beaumont-hospital-dearborn**

## FLINT CAMPUS

Center for Global Engagement  
303 E. Kearsley St.  
Flint, MI 48502

For hours of operation and services provided:

**810-762-3300**

**www.umflint.edu/cge/**

To view a listing of providers that participate in the BCN network, visit **bcbsm.com/find-a-doctor** and enter *University of Michigan International Student/Scholar Health Plan* in the search box. Then, scroll down to your campus to select a provider by specialty or name. For more information call the Customer Service number listed on the back of your BCN member ID card.

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# Enrollment

## Coverage Periods

**1. Students and Scholars:** Coverage becomes effective on 12:01 a.m. on September 1, 2022, or, for new international students and scholars, on your I-20 or DS-2019 start date, whichever is later each policy year. Your coverage is effective through the end date of your I-20 or DS-2019 form, or for F-1 students on post-completion Optional Practical Training, including the STEM extension of OPT, through the end of the OPT period.

**Note:** International students and scholars on the Dearborn and Flint campuses should refer to the information in this guide that specifically applies to their campuses.

**2. Insured Dependents:** Coverage will become effective on the same date the insured student or scholar's coverage becomes effective. If the dependent(s) arrive in the United States after the covered student, then the coverage effective date can be adjusted to be the date of the dependents' arrival. Coverage for insured dependents terminates in accordance with the termination provisions described in the *Certificate of Coverage*. Examples include, but are not limited to, the date the dependent no longer meets the definition of a dependent.

## Rates

Students and Scholars will be billed once each month. Note: Dearborn students and scholars will be assessed each term for the current term (Fall 2022, Winter 2023, and/or Summer 2023) for coverage up to 4 months.

Note: Students and scholars enrolled in the Plan for part or all of a calendar month will be billed for the entire calendar month, since the monthly premium cannot be prorated.

	Monthly Rate
Student/Scholar Only	\$190.69
Student/Scholar +1 Dependent	\$375.88
Student/Scholar + 2 or more Dependents	\$561.07



## Student/Scholar Coverage

Eligibility for this Plan is limited to University of Michigan F-1 International Students or J-1 International Students or Scholars whose Forms I-20 or DS-2019 were issued by the University of Michigan. The accompanying dependents of these students and scholars are also eligible for this Plan.

### University of Michigan – Ann Arbor Insurance Requirement

All University of Michigan (Ann Arbor) F-1 International Students whose Forms I-20 were issued by the University of Michigan (Ann Arbor) and their accompanying F-2 dependents are eligible for this Plan and must remain enrolled in the Plan throughout their stay as U-M F-1 students or F-2 dependents; unless, in the judgment of the University, comparable coverage is in effect under another insurance policy. The specific criteria used to determine comparability are posted on the International Center's website at [internationalcenter.umich.edu/resources/healthins/waiver#standards](https://internationalcenter.umich.edu/resources/healthins/waiver#standards).

All University of Michigan (Ann Arbor) J-1 International Students and Scholars whose Forms DS-2019 were issued by the University of Michigan (Ann Arbor) and their accompanying J-2 dependents are eligible for this Plan and must remain enrolled in the Plan throughout their stay as U-M J-1 students or scholars or J-2 dependents; unless, in the judgment of the University, comparable coverage is in effect under another insurance policy. The specific criteria used to determine comparability are posted on the International Center's website at [internationalcenter.umich.edu/resources/healthins/waiver#standards](https://internationalcenter.umich.edu/resources/healthins/waiver#standards).

### University of Michigan – Dearborn Insurance Requirement

All University of Michigan (Dearborn) F-1 International Students whose Forms I-20 were issued by the University of Michigan (Dearborn) and their accompanying F-2 dependents are eligible for this Plan and must remain enrolled in the Plan throughout their stay as U-M Dearborn F-1 students or F-2 dependents; unless, in the judgment of the University, comparable coverage is in effect under another insurance policy.

All University of Michigan (Dearborn) J-1 International Students and Scholars whose Forms DS-2019 were issued by the University of Michigan (Dearborn) and their accompanying J-2 dependents are eligible for this Plan and must remain enrolled in the Plan throughout their stay as U-M J-1 students or scholars or J-2 dependents; unless, in the judgment of the University, comparable coverage is in effect under another insurance policy.

Information regarding the enrollment, billing or waiver procedures is contained within the University of Michigan Dearborn International Student/Scholar Health Plan Notice. A copy of this Notice can be obtained from the Office of International Affairs at The Union, 780 Town Center Dr., Suite 108. For more information, visit [umdearborn.edu/students/current-international-students/health-insurance](https://umdearborn.edu/students/current-international-students/health-insurance).

### University of Michigan – Flint Insurance Requirement

All University of Michigan-Flint F-1 International Students whose Forms I-20 were issued by the University of Michigan Flint, and their accompanying F-2 dependents are eligible for this Plan and must remain enrolled in the Plan throughout their stay as UM-Flint F-1 students or F-2 dependents; unless, in the judgment of the University, comparable coverage is in effect under another insurance policy.

All University of Michigan-Flint J-1 International Students and Scholars whose Forms DS-2019 were issued by the University of Michigan-Flint and their accompanying J-2 dependents are eligible for this Plan and must remain enrolled in the Plan throughout their stay as UM-Flint J-1 students or scholars or J-2 dependents; unless, in the judgment of the University, comparable coverage is in effect under another insurance policy.

Information regarding the enrollment, billing or waiver procedures is contained within the University of Michigan-Flint International Student/Scholar Health Insurance Plan Notice. The Notice can be obtained on the Center for Global Engagement website: [umflint.edu/cge/student-resources/health-insurance/](https://umflint.edu/cge/student-resources/health-insurance/).

## Enrollment

All new University of Michigan F-1 International Students or J-1 International Students or Scholars whose Forms I-20 or DS-2019 were issued by the University of Michigan and their accompanying F-2 and J-2 dependents will be enrolled in the University of Michigan International Student/Scholar Health Plan as soon as the student or scholar has completed the mandatory check-in process. Coverage will become effective on the student or scholar's Form I-20 or DS-2019 start date (Form I-20, program start date in the program of study box, or Form DS-2019, Item 3).

## Waivers

### University of Michigan – Ann Arbor Campus

If you're eligible for health insurance benefits administered by the University of Michigan Benefits office because you are or will be a University of Michigan employee or a U-M fellowship-holder whose fellowship includes GradCare, please enroll yourself and any eligible dependents in that coverage as soon as possible. Be sure to review [hr.umich.edu/benefits-wellness/benefits-enrollment/benefits-enrollment-eligibility/new-employee-benefits-information](https://hr.umich.edu/benefits-wellness/benefits-enrollment/benefits-enrollment-eligibility/new-employee-benefits-information) for an explanation of enrollment procedures and deadlines.

Once you and any accompanying F-2 or J-2 **dependents** are enrolled in these benefits, your International Student/Scholar Health Plan coverage will be cancelled and any needed adjustments (credits) will be made to your insurance account. The cancellation date will depend on the effective date of your University of Michigan benefits. No waiver request form is required; this is an automated process.

International Students and J-1 Exchange Visitors who would like to substitute private insurance or insurance provided by a sponsor for the International Student/Scholar Insurance Plan should fill out and submit the International Health Insurance Waiver Request Form, available on the International Center website, to request approval of an insurance waiver and cancellation of International Student/Scholar Health Plan coverage.

More information about requesting a waiver and about the coverage an insurance plan must have in order for a waiver to be approved is available at [internationalcenter.umich.edu/resources/healthins/waiver](https://internationalcenter.umich.edu/resources/healthins/waiver).

University of Michigan – Dearborn Campus

If you're eligible for health insurance benefits administered by the University of Michigan Benefits office because you are or will be a University of Michigan-Dearborn employee or a U-M fellowship-holder whose fellowship includes GradCare, please enroll yourself and any eligible dependents in that coverage as soon as possible by following the procedures given to you by your hiring department. Once the Office of International Affairs is notified that you and any accompanying F-2 or J-2 dependents are enrolled in these benefits, your International Student/Scholar Health Plan coverage will be cancelled and any needed adjustments (credits) will be made to your insurance account. Since this is not an automatic process, you or your hiring department must inform the Office of International Affairs of your GradCare benefits; otherwise, you may be enrolled in both BCN and GradCare.

Students and scholars who would like to substitute private insurance or insurance provided by a sponsor must request an insurance waiver by filling out the waiver request form and attaching information about the insurance coverage they want to substitute for the BCN Plan. Upon approving a waiver, the Office of International Affairs will update Student Accounts and any necessary adjustments (credits) will be made. More information about requesting a waiver and about the coverage an insurance plan must have in order for a waiver to be approved is available at [umdearborn.edu/students/current-international-students/health-insurance/obtaining-insurance-requirement-waiver](http://umdearborn.edu/students/current-international-students/health-insurance/obtaining-insurance-requirement-waiver).

University of Michigan – Flint Campus

International students and scholars who would like to substitute private insurance or insurance provided by a sponsor for the International Student/Scholar Health Plan should fill out and submit the International Health Insurance Waiver Request Form to request approval of an insurance waiver and cancellation of International Student/Scholar Health Plan coverage. Waiver forms can be obtained by logging in to the International Student/Scholar portal, iService ([sunapsis.umich.edu](http://sunapsis.umich.edu)). Upon approving the waiver, the **Center for Global Engagement** ([umflint.edu/cge/](http://umflint.edu/cge/)) will update student accounts and any necessary adjustments will be made.

More information about requesting a waiver and about the coverage an insurance plan must have in order for a waiver to be approved is available at [sunapsis.umflint.edu](http://sunapsis.umflint.edu).

Coverage End Date

University of Michigan – Ann Arbor Campus

Your coverage under the International Student/Scholar Health Plan will extend through the end date of your I-20 or DS-2019, or through the end of your F-1 post-completion Optional Practical Training, including the STEM extension of OPT, for students who are recommended for post-completion OPT. If those end dates change, the end date of your health insurance coverage will also change.

University of Michigan – Flint Campus

Your coverage under the International Student/Scholar Health Plan will extend through the end date of your I-20 or DS-2019, or through the end of your F-1 post-completion Optional Practical Training, including the STEM extension of OPT, for students who are recommended for post-completion OPT. If the end date of your I-20 or DS-2019 changes, the end date of your health insurance coverage will also change.

University of Michigan – Dearborn Campus

Your coverage under the International Student/Scholar Health Plan will extend through the end date of your I-20 or DS-2019. If those end dates change, the end date of your health insurance coverage will also change. Effective 5/1/2019, F1 students who have graduated on or after April 2019, are no longer eligible for the BCN UM International Student/Scholar Health Plan during their period of Post-Completion OPT.

Alternative health insurance options for these students:

- Enroll in the BCN Continuation Plan – visit [4studenthealth.relationinsurance.com/plan/continuation-student-health-insurance-plan-through-blue-care-network-2022-2023-11820/](http://4studenthealth.relationinsurance.com/plan/continuation-student-health-insurance-plan-through-blue-care-network-2022-2023-11820/) for more information.
- If available, enroll in employer’s health insurance plan.
- If available, enroll in spouse’s health insurance or a private health insurance plan.

Exception:  
F1 students currently participating in OPT prior to April 2019, will be grandfathered into the BCN UM International Student/Scholar Health Insurance Plan for the duration of their OPT/STEM period.

Any F1 student with an active OPT waiver will not be eligible to rejoin BCN.

## Automatic re-enrollment in the International Student/Scholar Health Plan

### University of Michigan – Ann Arbor Campus

If your alternative coverage ends before the end of your stay as an F-1 or J-1 student or scholar, you will be re-enrolled in the International Student/Scholar Health Plan. Also, if a waiver request form has been approved for private insurance or insurance provided by a sponsor, and the time period for which the waiver has been approved has ended, and the waiver is not renewed or is not re-approved, you will be re-enrolled in the International Student/Scholar Health Plan if you have not yet completed your stay as an F-1 student or J-1 student or scholar. If you leave the University permanently before the end date of your I-20 or DS-2019, or leave the United States because you have decided not to complete your post-completion Optional Practical Training (OPT), login into the M-Passport portal, choose *Requests > Departure Form*; then, follow the instructions to submit the form.

**If you do not submit a departure form, the International Center will not know that you have ended your F-1 or J-1 stay, and you may be billed for health insurance**, either because your enrollment in the International Student/Scholar Health Plan will be continued or because you will be automatically re-enrolled in the International Student/Scholar Health Plan if your alternative coverage or your insurance waiver ends before your I-20, DS-2019 or (for F-1 students on Optional Practical Training) your OPT end date.

If your immigration status has changed and you're no longer in F-1 or J-1 immigration status, it's your responsibility to notify the University by following the procedure explained at **internationalcenter.umich.edu/students/faq** under "no longer in F or J status."

You may have the option of continuing your University of Michigan International Student/Scholar Health Plan for a short period of time after your change of status. Contact the U-M International Center's Health Insurance office **internationalcenter.umich.edu/resources/healthins/hours** for more information.

### University of Michigan – Dearborn Campus

If your alternative coverage ends before the end of your stay as an F-1 or J-1 student or scholar, you will be re-enrolled in the International Student/Scholar Health Plan. Also, if a waiver request form has been approved for private insurance or insurance provided by a sponsor, and the time period for which the waiver has been approved has ended, and the waiver is not renewed or re-approved, you will be re-enrolled in the International Student/Scholar Health Plan if you have not yet completed your stay as an F-1 student or J-1 student or scholar. If you leave the University permanently before the end date of your I-20 or DS-2019, notify the Office of International Affairs. The office can be reached by phone at **313-583-6600** or by email at **umdoia-international@umich.edu**.

**If you do not notify the Office of International Affairs, they will not know that you have ended your F-1 or J-1 stay, and you may be billed for health insurance**, either because your enrollment in the International Student/Scholar Health Plan will be continued or because you will be automatically re-enrolled in the International Student Scholar Health Plan if your alternative coverage or your insurance waiver ends before your I-20 or DS- 2019 OPT end date.

If your immigration status has changed and you are no longer in F-1 or J-1 immigration status, it's your responsibility to notify the University by contacting the Office of International Affairs. The office can be reached by phone at **313-583-6600** or by email at **umdoia-international@umich.edu**. You may have the option of continuing your University of Michigan International Student Scholar Health Plan for a short period of time after your change of status. Contact the Office of International Affairs **umdearborn.edu/students/current-international-students/health-insurance** for more information.

### University of Michigan – Flint Campus

If your alternative coverage ends before the end of your stay as an F-1 or J-1 student or scholar, you will be re-enrolled in the International Student/Scholar Health Plan. Also, if a waiver request form has been approved for private insurance or insurance provided by a sponsor, and the time period for which the waiver has been approved has ended, and the waiver is not renewed or re-approved, you will be re-enrolled in the International Student/Scholar Health Plan if you have not yet completed your stay as an F-1 student or J-1 student or scholar. If you leave the University permanently before the end date of your I-20 or DS-2019, or leave the United States because you have decided not to complete your post-completion Optional Practical Training, submit the departure form on iService (**sunapsis.umflint.edu**). Follow the instructions on the form that describe when and how to fill out the form.

**If you don't submit a departure form, the Center for Global Engagement won't know that you have ended your F-1 or J-1 stay, and you may be billed for health insurance**, either because your enrollment in the International Student/Scholar Health Plan will be continued or because you will be automatically re-enrolled in the International Student/Scholar Health Plan if your alternative coverage or your insurance waiver ends before your I-20, DS- 2019 or (for F-1 students on Optional Practical Training) your OPT end date.

If your immigration status has changed and you are no longer in F-1 or J-1 immigration status, it's your responsibility to notify the University by contacting the **Center for Global Engagement (umflint.edu/cge/)**.

Continuation of Coverage

Once an International Student's or International Visiting Scholar's status as a University of Michigan F-1 or J-1 visa holder ends, the International Student or International Visiting Scholar may be eligible to continue coverage in this Plan for a period not to exceed a maximum of three months. The maximum length of the continuation shall be determined by the date your coverage ends under the F-1 or J-1 status with the University (as reported to BCN), and must be purchased in one-, two-, or three- month intervals. The continuation plan may only be purchased once in a Policy Year (September 1 – August 31) and cannot be extended or extend beyond the end of a Policy Year (August 31). To be eligible for continuation, you must have been enrolled under the University of Michigan International Student/Scholar Health Plan prior to the start of the continuation. International Students or International Visiting Scholars may also cover eligible dependents under this provision. Coverage for dependents shall be for the same period as the student, and the dependents must have been covered under the Plan prior to the continuation start date. Enrollment in the Continuation Coverage must be completed by the end of the month in which your eligibility under this provision begins.

Please see the chart below for examples of how this provision may affect you.

F-1/J-1 Coverage End Date	Continuation Option(s)	Maximum Continuation Coverage End Date	Deadline to Enroll
9/30/2022	1, 2 or 3 months	12/31/2022	10/31/2022
10/31/2022	1, 2 or 3 months	1/31/2023	11/30/2022
11/30/2022	1, 2 or 3 months	2/28/2023	12/31/2022
12/31/2022	1, 2 or 3 months	3/31/2023	1/31/2023
1/31/2023	1, 2 or 3 months	4/30/2023	2/28/2023
2/28/2023	1, 2 or 3 months	5/31/2023	3/31/2023
3/31/2023	1, 2 or 3 months	6/30/2023	4/30/2023
4/30/2023	1, 2 or 3 months	7/31/2023	5/31/2023
5/31/2023	1, 2 or 3 months	8/31/2023	6/30/2023
6/30/2023	1 or 2 months	8/31/2023	7/31/2023
7/31/2023	1 month	8/31/2023	8/31/2023

Please Note: Coverage under the continuation provision cannot be carried over from one Policy Year to the next. Coverage under this provision ceases on the date this Plan terminates.

Questions relating to this provision or Continuation enrollment should be directed to BCN at 1-800-287-4103.

Refund Policy

A **covered person** entering the armed forces of any country will not be covered under the Policy as of the date of such entry. In this case, a pro-rata refund of premium will be made for any such person and any **covered dependents** upon written request received by BCN within **90 days** of withdrawal from school.

**Leaving U-M or not enrolling in classes does not automatically cancel your participation in the International Student/Scholar Health Plan.**

University of Michigan – Ann Arbor Campus

U-M F-1 or J-1 students or scholars who leave the University permanently earlier than they anticipated, should complete the appropriate departure form so that the International Center can make appropriate adjustments to their SEVIS (Student and Exchange Visitor Information System) records. Once this form is processed, the end date of your insurance coverage will also be adjusted if necessary. To submit a departure form, login to the M-Passport portal, choose *Requests > Departure Form*, and then follow the instructions to submit the form. There are some situations in which you may need to submit a Change Form instead of or in addition to a departure form in order to change the end date of your insurance coverage. All Change Forms must be approved by the Health Insurance Advisor. For more information, contact the Insurance Advisor at [ihi@umich.edu](mailto:ihi@umich.edu).

University of Michigan – Dearborn Campus

UM-Dearborn F-1 or J-1 students or scholars who leave the University permanently earlier than they anticipated, must notify the Office of International Affairs by phone at **313-583-6600** or by email at [umdoia-international@umich.edu](mailto:umdoia-international@umich.edu) so the appropriate adjustments to their SEVIS (Student and Exchange Visitor Information System) record can be made. Once the Office of International Affairs updates your SEVIS record, the end date of your insurance coverage will be adjusted if necessary. All coverage cancellation requests and/or requests to change the end date of your insurance coverage must be approved by the Health Insurance Coordinator. For more information, contact the Health Insurance Coordinator at **313-583-6600** or at [umdoia-international@umich.edu](mailto:umdoia-international@umich.edu).

University of Michigan – Flint Campus

U-M F-1 or J-1 students or scholars who leave the University permanently earlier than they anticipated, should complete the appropriate departure form and health cancellation form so the International Center can make appropriate adjustments to their SEVIS (Student and Exchange Visitor Information System) records. Once these forms are processed, the end date of your insurance coverage will also be adjusted if necessary. Departure and health insurance cancellation forms are available at [sunapsis.umflint.edu](http://sunapsis.umflint.edu). Follow the instructions on the form. For more information, contact the **Center for Global Engagement** ([umflint.edu/cge/](http://umflint.edu/cge/)).



## Dependent Coverage

### Eligibility

**Covered students** may also enroll their lawful spouse or same-sex domestic partner and **dependent** children to **age 26**. **Dependent** eligibility expires concurrently with that of the insured student.

### Enrollment

Accompanying F-2 and J-2 **dependents** of F-1/J-1 International Students and International Visiting Scholars will be enrolled in the International Student/Scholar Plan as soon as the student or scholar has completed the mandatory check-in process, and coverage will become effective on the student or scholar's Form I-20 or DS-2019 start date (Form I-20, program start date in the program of study box, or Form DS-2019, Item 3).

For information or general questions on **Dependent** enrollment, please contact:

#### Ann Arbor Campus

University of Michigan International Center  
734-647-2303 or [ihl@umich.edu](mailto:ihl@umich.edu)

#### Dearborn Campus

Office of International Affairs  
313-583-6600 or [umdoia-international@umich.edu](mailto:umdoia-international@umich.edu)

#### Flint Campus

Center for Global Engagement (CGE)  
303 E. Kearsley St.  
Flint, MI 48502  
[umflint.edu/cge/](http://umflint.edu/cge/)

For further assistance and premium information, please contact:

#### Ann Arbor Campus

University of Michigan International Center  
734-647-2303 or [ihl@umich.edu](mailto:ihl@umich.edu)

#### Dearborn Campus

Office of International Affairs  
313-583-6600 or [umdoia-international@umich.edu](mailto:umdoia-international@umich.edu)

#### Flint Campus

Center for Global Engagement (CGE)  
[umflint.edu/cge/](http://umflint.edu/cge/)

## Medicare Eligibility Notice

You're not eligible for health coverage under this student policy if you have Medicare at the time of enrollment in this student plan.

If you obtain Medicare after you enrolled in this student plan, your health coverage under this plan will not end.

As used here, "have Medicare" means that you are entitled to benefits under Part A (receiving free Part A) or enrolled in Part B or Premium Part A.

# Your primary care provider

## YOUR CONNECTION TO CARE

### Primary care

When you enroll with Blue Care Network and are a student or scholar on the Ann Arbor campus, we'll assign you a University Health Service primary care provider, who's based on the Ann Arbor campus. Students on the Dearborn and Flint campuses will be assigned a Blue Care Network contracted provider in your area. This is your primary care provider, or PCP.

You are not required to get a referral from your PCP prior to receiving health care, but **may be** required to get authorization from your PCP for **select services**. To see a list of services that require authorization visit [bcbsm.com/importantinfo](http://bcbsm.com/importantinfo) and select *Approving covered services*. You can change your PCP at any time by logging in to your account at [bcbsm.com](http://bcbsm.com).

# What you pay

## KEY TERMS

### Covered services

These are health care services, prescription drugs and equipment or supplies that are medically necessary, meet requirements and are paid in full or in part by your plan.

### Copayment (or copay)

A fixed dollar amount you pay each time you get certain types of care (for example, \$20 for a visit to your PCP).

### Coinsurance

Your share of the costs of a covered service, calculated as a percentage (for example, you pay 10% of the BCN-approved amount, and BCN pays 90%).

### Deductible

The amount you must pay for most health care services before BCN begins to pay. The deductible may not apply to all services.

### Out-of-pocket maximum

The most you may have to pay for covered health care services during the year. The out-of-pocket maximum includes your medical deductible, copays and coinsurance.

# Medical supplies and lab services

## SPECIAL MEDICAL ITEMS

Sometimes, when you’re recovering from an operation or an illness, you may need special equipment, such as a wheelchair or oxygen tank, to maintain your quality of life. These types of items are called **durable medical equipment**.

Your doctor will tell you what you need and write a prescription. BCN only covers basic equipment that you can use at home. If the equipment you want has special features that aren’t medically necessary or are considered a luxury, you can choose to pay the cost difference between the basic item and the one with special features.

Northwood Inc.\* works with BCN to provide durable medical equipment as well as prosthetic and orthotic appliances for members.

To locate a Northwood provider near you, call Northwood at **1-800-667-8496**. Representatives are available from 8:30 a.m. to 5:30 p.m. Monday through Friday. On-call associates are available after business hours.

### Diabetic supplies

J&B Medical Supply Company\*\* partners with BCN to provide diabetic materials, including insulin pumps and blood glucose meters.

For more information, call J&B Customer Service at **1-888-896-6233**.

## LAB SERVICES

BCN contracts with Joint Venture Hospital Laboratories\*\*\*, also known as JVHL, to provide clinical laboratory services throughout Michigan. This gives you access to more than 80 hospitals and 200 service centers that provide 24-hour access and a full range of laboratory services.

The laboratory at the University Health Service is a JVHL approved lab.

For information about lab services near you, call **1-800-445-4979**.

\*Northwood is an independent company that provides durable medical equipment for Blue Care Network of Michigan.

\*\*J&B Medical Supply Company is an independent company that provides diabetic materials for Blue Care Network of Michigan.

\*\*\*JVHL is an independent company that provides lab services for Blue Care Network of Michigan.

# Behavioral health coverage

## CARE FOR YOUR MIND AND YOUR BODY

All Blue Care Network members are covered for behavioral health services, including mental health or substance use disorder care. Also covered are other types of conditions that cause emotional or mental distress, such as life adjustment issues, depression and alcoholism.

### Call on a care manager

For routine care issues, you can reach a care manager from 8 a.m. to 5 p.m. Monday through Friday at **1-800-482-5982**. TTY users call **711**.

The care manager will evaluate your needs and arrange for the appropriate services. Rest assured that your personal health information, including discussions you have with the care manager, are confidential.

### In case of an emergency

Care managers are available 24 hours a day, seven days a week for behavioral health emergencies at **1-800-482-5982**.

### Getting care out of network

If you're receiving treatment from a behavioral health professional located in the state of Michigan who's not contracted with BCN, you or your health care provider must request authorization from Behavioral Health Services (**1-800-482-5982**). BCN must approve the request for care to be covered. Outpatient treatment received from behavioral health professionals located outside of Michigan does not require BCN authorization for care to be covered.

# Care Management

## CARE TO IMPROVE YOUR QUALITY OF LIFE

We have a free health management program that’s designed to help you stay healthy, get better or improve your quality of life while living with an illness. This program gives you information, tools and assistance to help you make good health care choices while making the most of the benefits you’re paying for.

### Coordinating your care

Managing your care can sometimes be difficult and overwhelming. Our case managers can help you stay on track by coordinating all of your care and working closely with you and your doctor. He or she will also:

- Remind you of needed screenings, lab tests and other services
- Review care instructions provided by your doctor
- Remind you of upcoming appointments
- Answer questions about your benefits
- Identify benefits to get appropriate care
- Arrange for durable medical equipment if needed
- Help find specialists and other providers
- Provide support after surgery and hospitalization

### Specialized support for you

Know that you’re not alone. Many of our case managers are specialists who can assist you with:

- Complex conditions
- High-risk pregnancy
- Neonatal care
- Oncology



# Your drug benefit

## PRESCRIPTION DRUG COVERAGE

For information about what you pay when you fill a prescription, log in to your account at [bcbsm.com](https://bcbsm.com). Then click on *Coverage* under *Manage my plan*. See also Page 23 in this booklet for your drug benefit copayment information.

### Providing better value

Our list of drugs is grouped into categories, or tiers, with the safest and least expensive drugs in the lower tiers. Your out-of-pocket cost is defined by one of these tiers.

- **Preferred and Non-Preferred Generics – Covered with 10% coinsurance**  
These drugs are your most cost-effective option for treatment.
- **Preferred Brand – Covered with 10% coinsurance**  
These brand-name drugs cost more because there's no generic equivalent.
- **Non-Preferred Brand – Covered with 10% coinsurance**  
These drugs aren't on our list of approved drugs.
- **Preferred and Non-Preferred Specialty – Covered with 10% coinsurance**  
These drugs treat complex and chronic conditions and require special handling.

### Go generic

Generic drugs are made with the same active ingredients as their brand-name equivalents, making them safe and effective treatment options. Because they cost much less than brand-name drugs, your prescription will automatically be filled with a generic drug when medically appropriate.

### Drug management ensures safety

We review certain drugs to ensure that your prescriptions are safe, affordable and appropriate.

Here are some ways we ensure safety:

- Our quantity limits review ensures that the dose prescribed for you is safe.
- Our pharmacy claims system is programmed to identify harmful drug interactions.

# Blue Cross Online Visits

You and your dependents can get fast, convenient, affordable medical and behavioral health care online with a doctor.

### Convenient online care for body and mind

When you or someone in your plan has a minor illness, such as a cold, bladder infection, sprain or other similar condition, use your smartphone, tablet or computer to log in and meet face to face with a U.S. board-certified doctor online — 24 hours a day, seven days a week.

Online visits also give you more choices for behavioral health care. Schedule an appointment and talk to therapists and psychiatrists about anxiety, grief and other life challenges from the comfort of home.

Online health care is most convenient when:

- You can't leave home or your workplace.
- You're on vacation or traveling for work.
- You're looking for affordable after-hours care.

### Sign up now

**Mobile** – Get the BCBSM Online Visits app.

**Web** – Go to [bcbsmonlinevisits.com](https://bcbsmonlinevisits.com).

**Phone** – Call **1-844-606-1608**.

Add your Blue Care Network health plan information.

**Important:** You may be charged incorrectly if you don't enter your plan information.

# Coverage that travels

As a Blue Care Network member, you can receive benefits when you’re outside of Michigan, but still in the U.S. So can your dependents. Your coverage includes BlueCard, a program of the Blue Cross and Blue Shield Association. With this program, you have nationwide access to Blue plan Traditional physicians and hospitals. For more information, call BlueCard at **1-800-810-BLUE (2583)**.

Always carry your BCN member ID card for access to service. You may have to pay your usual out-of-pocket expenses (deductible, copays and coinsurance) for services. But you shouldn’t have any other up-front health care expenses if you use a Blue Traditional provider.

## Care while traveling outside the U.S.

Your BCN plan provides full medical coverage while traveling abroad through the Blue Cross Blue Shield Global Core program. You also have GeoBlue, which provides worldwide travel assistance.

You may be required to pay out-of-pocket for services and seek reimbursement upon returning to the country. Proof of payment, itemized bills and any relevant documentation, including medical records, are required.

For more information:

- Call Blue Cross Blue Shield Global Core Service Center at **1-800-810-2583** or collect at **1-804-673-1177**; or visit [bcbsglobalcore.com](https://www.bcbsglobalcore.com).
- Call GeoBlue Global Health and Safety Team at **1-800-257-4823** inside the U.S. or collect at **610-254-8771**; or email [globalhealth@geo-blue.com](mailto:globalhealth@geo-blue.com).

GeoBlue is an international health insurance program of Worldwide Insurance Services, which is an independent licensee of the Blue Cross and Blue Shield Association.

Blue Cross, Blue Shield, the Blue Cross and the Blue Shield symbols, BlueCard and Blue Cross Blue Shield Global Core are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

# Benefits-at-a-Glance for UM Student Health Plan 2022-2023

This is intended as an easy-to-read summary and provides only a general overview of your benefits. **It's not a contract.** Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable *Certificate of Coverage* and riders. Payment amounts are based on the BCN-approved amount, less any applicable deductible, coinsurance and copayment amounts required by the plan. If there's 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 your primary care provider or health plan.

## Note:

- When you enroll with Blue Care Network and are a student or scholar on the Ann Arbor campus, we'll assign you a University Health Service primary care provider, who's based on the Ann Arbor campus. Students on the Dearborn and Flint campuses will be assigned a Blue Care Network contracted provider in your area. You can change your primary care provider at any time by logging in to your account at [bcbsm.com](https://bcbsm.com).
- All currently enrolled UM students on the Ann Arbor campus who pay the health service fee as part of tuition are eligible for services at UHS, and do not pay the International Student/Scholar Health Plan office visit copay when seen at UHS. When appropriate, UHS can bill your insurance for services not supported by the health service fee, such as for medications, certain immunizations, laboratory testing, radiology and eye care. Students and Scholars who do not pay the health service fee are still eligible for services at UHS but on a fee-for-service basis.

## Member’s responsibility: deductible, copays, coinsurance and dollar maximums

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

Benefit description	BCN network	Out of network
<b>Deductible</b> <b>Note:</b> Coinsurance and select fixed dollar copays apply once the deductible has been met.	\$100 per individual/\$200 per family per benefit year  If you use in-network and out-of-network services, separate deductible amounts apply. The deductible for in-network and the deductible for out-of-network are not combined to satisfy the deductible limit.	\$100 per individual/\$200 per family per benefit year
<b>Fixed dollar copays</b>	\$20 for primary care provider office visits, \$20 for specialist visits, \$75 per emergency room visit, \$20 per urgent care visit	Not applicable for primary care provider office visits; coinsurance applies for specialist visits: \$75 for emergency room visits, \$20 for urgent care visits
<b>Coinsurance</b>	10% for select services as noted below	10% and 20% for select services as noted below
<b>Annual out-of-pocket maximum</b> – applies to deductibles, copays and coinsurance amounts for all covered services – including prescription drug copays.  Not included in the out-of-pocket maximum: <ul style="list-style-type: none"><li>• Balance billed charges</li><li>• Health care this plan doesn’t cover</li><li>• Nonreferred or nonauthorized service</li><li>• Pediatric dental and vision</li></ul>	\$3,500 per member/\$7,000 per family per benefit year  If you use in-network and out-of-network services, separate out-of-pocket maximum amounts apply. The out-of-pocket maximum for in-network and the out-of-pocket maximum for out-of-network are not combined to satisfy the OOPM limit.	



Member’s responsibility: deductible, copays, coinsurance and dollar maximums

Benefit description	BCN network	Out of network
<b>Preventive services</b> – as defined by the Affordable Care Act and included in your <i>Certificate of Coverage</i> . Additional preventive and early detection services such as tobacco and depression screenings are included in your <i>Certificate of Coverage</i> .		
Health maintenance exam	Covered – 100%	Covered – 20% coinsurance of the approved amount after deductible
Annual gynecological exam	Covered – 100%	Covered – 20% coinsurance of the approved amount after deductible
Pap smear screening – laboratory services only	Covered – 100%	Covered – 20% coinsurance of the approved amount after deductible
Well-baby and child care	Covered – 100%	Covered – 20% coinsurance of the approved amount after deductible
Immunizations-pediatric and adult	Covered – 100%	Covered – 20% coinsurance of the approved amount after deductible
Prostate specific antigen (PSA) screening – laboratory services only	Covered – 100%	Covered – 20% coinsurance of the approved amount after deductible
Routine colonoscopy	Covered – 100%	Covered – 20% coinsurance of the approved amount after deductible
Mammography screening	Covered – 100%	Covered – 20% coinsurance of the approved amount after deductible
Voluntary female sterilization	Covered – 100%	Covered – 20% coinsurance of the approved amount after deductible
Breast pumps (DME guidelines apply.)	Covered – 100%	Not applicable
Maternity prenatal care	Covered – 100%	Covered – 20% coinsurance of the approved amount after deductible
<b>Physician office services</b>		
PCP office visits	Covered – \$20 copay	Not applicable
Online visits	Covered – \$20 copay	Covered – 20% coinsurance of the approved amount after deductible
Consulting specialist care	Covered – \$20 copay after deductible	Covered – 20% coinsurance of the approved amount after deductible
<b>Emergency medical care</b>		
Hospital emergency room – copay waived when admitted as an inpatient	Covered – \$75 copay	Covered – \$75 copay
Urgent care services	Covered – \$20 copay after deductible	Covered – \$20 copay after deductible
Ambulance services – medically necessary ground and air service	Covered – 100% after deductible	Covered – 100% after deductible

Member’s responsibility: deductible, copays, coinsurance and dollar maximums

Benefit description	BCN network	Out of network
<b>Diagnostic services</b>		
Laboratory and pathology tests	Paid in full	Paid in full
Diagnostic tests and X-rays	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
Radiation therapy	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
High technology scans – CAT, MRI, PET; require preauthorization	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
<b>Maternity services provided by a physician</b>		
Postnatal care (See Preventive Services section for routine prenatal care.)	Covered – \$20 copay	Covered – 20% coinsurance of the approved amount after deductible
Delivery and nursery care	Covered – 10% coinsurance after deductible for professional services (See Hospital Care for facility charges.) Well newborn nursery care covered at 100%	Covered – 20% coinsurance of the approved amount after deductible for professional services (See Hospital Care for facility charges.)
<b>Hospital care</b>		
Inpatient hospital – facility	Covered – \$150 copay after deductible per admission; unlimited days	Covered – 20% coinsurance of the approved amount after deductible; unlimited days
Inpatient hospital – professional	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
Outpatient surgery – facility and professional	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
<b>Alternatives to hospital care</b>		
Skilled nursing care – facility; unlimited days <b>Note:</b> Must meet medical necessity guidelines for skilled care.	Covered – \$150 copay after deductible per admission	Covered – 20% coinsurance of the approved amount after deductible
Hospice care – inpatient facility; unlimited days	Covered – \$150 copay after deductible per admission	Covered – 20% coinsurance of the approved amount after deductible
Home health care	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
<b>Surgical services</b>		
Surgery – includes all related surgical services and anesthesia	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
Voluntary male sterilization (See Preventive Services for voluntary female sterilization.)	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
Elective abortion	Covered – 10% coinsurance	Covered – 10% coinsurance
Human organ transplants and related services – subject to medical criteria; require preauthorization	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible

Member’s responsibility: deductible, copays, coinsurance and dollar maximums

Benefit description	BCN network	Out of network
<b>Surgical services, continued</b>		
Reduction mammoplasty (subject to medical criteria)	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
Male mastectomy (subject to medical criteria)	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
Temporomandibular joint syndrome – includes physician’s charges for treatment of TMJ including occlusal splint	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
Orthognathic surgery	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
Weight reduction procedures (subject to medical criteria) – one procedure per lifetime	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount after deductible
<b>Behavioral Health</b>		
Inpatient mental health care <b>Note:</b> Services require preauthorization from BCN Behavioral Health Management.	Covered – \$150 copay after deductible per admission	Covered – 20% coinsurance of the approved amount after deductible
Inpatient substance use disorder care <b>Note:</b> Services require preauthorization from BCN Behavioral Health Management.	Covered – \$150 copay after deductible per admission	Covered – 20% coinsurance of the approved amount after deductible
Outpatient mental health care <b>Note:</b> Out-of-network mental health services received from Michigan providers must be preauthorized by BCN Behavioral Health Management.	Covered – \$20 copay	Covered – 20% coinsurance of the approved amount after deductible
Outpatient substance use disorder care Outpatient substance use disorder care received from Michigan providers must be preauthorized by BCN Behavioral Health Management.	Covered – \$20 copay	Covered – 20% coinsurance of the approved amount after deductible
<b>Autism spectrum disorders, diagnoses and treatment</b>		
Applied behavioral analyses (ABA) treatment <b>Note:</b> Services require preauthorization from BCN Behavioral Health Management.	Covered – \$20 copay	Covered – 20% coinsurance of the allowed amount after deductible
Outpatient physical therapy, speech therapy, occupational therapy.	Covered – \$20 copay after deductible	Covered – 20% coinsurance of the allowed amount after deductible
Other covered services, including mental health services for autism spectrum disorder	See your outpatient mental health benefit and medical office visit benefit.	See your outpatient mental health benefit and medical office visit benefit.

Member’s responsibility: deductible, copays, coinsurance and dollar maximums

Benefit description	BCN network	Out of network
<b>Other services</b>		
Allergy testing, therapy and injections	Covered – 10% coinsurance after deductible.	Covered – 20% coinsurance of the approved amount after deductible
Chiropractic spinal manipulation	Covered – \$20 copay after deductible; unlimited visits	Covered – 20% coinsurance of the approved amount after deductible; unlimited visits
Outpatient physical, speech and occupational therapy including habilitative services (Requires authorization by BCN.)	Covered – \$20 copay after deductible; unlimited visits	Covered – 20% coinsurance of the approved amount after deductible; unlimited visits
Durable medical equipment (Requires preauthorization through Northwood.)	Covered – 10% coinsurance of the approved amount after deductible through BCN vendor	
Prosthetic and orthotic appliances	Covered – 10% coinsurance of the approved amount after deductible through BCN vendor	
Diabetic supplies	Covered – 10% coinsurance of the approved amount after deductible through BCN vendor	
Infertility – Counseling and Treatment (excluding In-vitro fertilization)	Covered – 10% coinsurance after deductible on all associated costs	Covered – 20% coinsurance of the approved amount after deductible on all associated costs
Adult routine vision exam (age 19 and older) Note: BCN administers the adult routine vision exam.  In Michigan: BCN contracted vision providers are considered in-network. Outside Michigan: Vision providers that participate with BlueCard are considered in-network.	Covered – \$20 copay	Covered – 20% coinsurance of the approved amount
	Limited to: 2 vision exams per member per benefit year and one office visit for the fitting of prescription contact lenses per member per benefit year	
Hearing aid	Covered – 10% coinsurance after deductible	Covered – 20% coinsurance of the approved amount
	Limited to one hearing aid per ear every 6-24 month consecutive period per benefit year	
Transplant Services – eligible travel and lodging for initial transplant surgery (Member must submit receipts for reimbursement.)	\$10,000 limit Max payable \$50 per night for lodging for recipient Max payable \$50 per night for lodging for each companion	
Injuries due to intercollegiate sports	Not covered	
Intramural and club sports	Covered Applicable cost share applies based on the service and location of the service	
Acupuncture in lieu of anesthesia	Not covered	
Out-of-country services	Covered whether or not the country has socialized medicine. Applicable in-network cost sharing applies.	



Member’s responsibility: deductible, copays, coinsurance and dollar maximums

Benefit description	BCN network	Out of network
<b>Pediatric vision</b>		
Eye exam – limited to one per calendar year through the last day of the year in which an individual turns age 19. To find a pediatric vision provider near you, please visit <b>vsp.com</b> or call <b>1-800-877-7195</b> .  Prescription glasses – frames (chosen from a select collection) and lenses are covered once a calendar year through the last day of the year in which an individual turns age 19	Covered – 100%	Covered – 100% of the approved amount
<b>Adult dental</b>	The annual benefit maximum is \$3,000 per non-pediatric member. The annual maximum is the most we will pay each benefit year for covered services to a non-pediatric member. The maximum applies separately to each non-pediatric member on your contract.	
Administered by Blue Cross Blue Shield of Michigan. For benefit questions call the dental customer service number on the back of your card.	Blue Dental PPO dentists	Blue Par Select and nonparticipating dentists
	To find a PPO dentist near you, please visit <a href="http://mibluedentist.com">mibluedentist.com</a> or call <b>1-888-826-8152</b> .	
<b>Dental deductible</b>	N/A	N/A
<b>Class I –</b> <ul style="list-style-type: none"><li>Routine oral evaluations (exams) and prophylaxes (cleanings) – twice every benefit year. Prior to receiving services, have your dentist contact Blue Cross Blue Shield of Michigan at the number on the back of your member ID card to verify which exams are covered.</li></ul>	Covered – 100% of approved amount	Covered – 100% of approved amount
<b>Class II –</b> <ul style="list-style-type: none"><li>Emergency palliative treatment – for temporary pain relief.</li><li>Full mouth, panoramic and periapical X-rays associated with the removal of wisdom teeth (third molars) – Once every 60 months.</li><li>General anesthesia or IV sedation – for the removal of wisdom teeth.</li><li>Amalgam and resin-based composite fillings and fillings of similar materials – once per tooth and surface every 48 months for permanent teeth and once per tooth and surface every 24 months for primary teeth</li></ul>	Covered – 90% of approved amount	Covered – 90% of approved amount
<b>Class III –</b> Extractions of wisdom teeth	Covered – 90% of approved amount	Covered –90% of approved amount

Member’s responsibility: deductible, copays, coinsurance and dollar maximums

Benefit description	BCN network	Out of network
Pediatric dental		
Pediatric dental – Administered by Blue Cross Blue Shield of Michigan. For benefit questions call the dental customer service number on the back of your member ID card.	Blue Dental PPO dentists	Blue Par Select and nonparticipating dentists
	To find a PPO dentist near you, visit <b>mibluedentist.com</b> or call <b>1-888-826-8152</b> .	
Dental deductible	\$25 per member/\$75 per contract Deductible per calendar year	\$25 per member/\$75 per contract Deductible per calendar year
Dental out-of-pocket maximum – Applies to deductible and coinsurance amounts for covered dental services provided by Blue Dental PPO dentists. It doesn't apply to charges that exceed our approved PPO fee, services provided by non-PPO dentists or orthodontic services.	\$350 per member/ \$700 per contract per calendar year	Not applicable
Class I – Diagnostic and preventive services like oral exams, cleanings, fluoride, bitewing X-rays and sealants	Covered – 100% of approved amount	Covered – 100% of approved
Class II – Basic services like fillings, full-mouth X-rays, non-surgical endodontic and periodontic treatments and extractions of non-impacted teeth	Covered – 80% of approved amount after dental deductible	Covered – 80% of approved amount after dental deductible
Class III – Major services like crowns, surgical endodontic and periodontic treatments, oral surgery and dentures	Covered – 50% of approved amount after dental deductible	Covered – 50% of approved amount after dental deductible
Orthodontic Services	Covered – 50% of approved amount	Covered – 50% of approved amount
	Lifetime maximum limit of \$1,000	
Prescription drugs		
Prescription drugs – 30-day supply	<b>Custom Select Drug List</b> Preferred Generic – 10% coinsurance Non-Preferred Generic – 10% coinsurance Preferred Brand – 10% coinsurance Non-Preferred Brand – 10% coinsurance Preferred Specialty – 10% coinsurance Non-Preferred Specialty – 10% coinsurance	<b>Custom Select Drug List</b> Preferred Generic – 10% coinsurance Non-Preferred Generic – 10% coinsurance Preferred Brand – 10% coinsurance Non-Preferred Brand – 10% coinsurance
	Drugs for the treatment of sexual dysfunction, cough & cold and prenatal vitamins – 10% coinsurance	
	Preventive drugs including female contraceptives are covered in full for generic and single source brand names on the Custom Select Drug List. Multi-source brands are not covered.	
	Drugs for weight loss and compounds are not covered. Specialty drugs are covered only when obtained from a pharmacy in the BCN Exclusive Pharmacy Network for Specialty Drugs.	
90-day retail and mail order prescription drugs	Not covered	







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**Blue Care  
Network**  
of Michigan

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