



Benefits at a glance

January 1 through December 31, 2022

Out-of-pocket costs	
Out-of-pocket maximums	\$2,000 per individual/\$4,000 per family
Deductibles	\$125 per member/\$250 per family
Coinsurance	None
Copays	\$20 for office visits \$20 for urgent care visits \$20 for referral physician visits \$200 for emergency room (waived if admitted)
<p>The out-of-pocket maximums apply to in-network deductibles, fixed dollar and prescription drug copays. The deductible amounts renew annually with the start of the new plan year.</p>	
Preventive services	
Health maintenance exam	Covered 100%
Annual gynecological exam	Covered 100%
Pap smear screening – laboratory services only ¹	Covered 100%
Well-baby and child care	Covered 100%
Immunizations, annual flu shot & Hepatitis C screening for those at risk	Covered 100%
Childhood Immunizations	Covered 100%
Fecal occult blood screening ¹	Covered 100%
Flexible sigmoidoscopy ¹	Covered 100%
Prostate specific antigen screening ¹	Covered 100%
Mammography, annual standard film or digital mammography screening ¹	Covered 100%
Colonoscopy ¹	Covered 100%
Physician office services	
Office visits, consultations and urgent care visits	Covered, \$20 copay
Outpatient and home visits	
Online visits (Amwell - medical)	Covered, \$10 copay ²
Emergency medical care	
Hospital emergency room for medical emergency or accidental injury	Covered, \$200 copay (waived if admitted)
Ambulance services – medically necessary	Covered 100% after deductible

¹Patient Protection and Affordable Care Act (PPACA) guidelines apply.

²\$10 copay for online applies to medical and behavioral health visits through Amwell. \$20 copay for online applies to medical visits through Amwell for MSPTA, bargaining unit T01

Diagnostic services	
Laboratory and pathology tests	Covered 100%
Diagnostic tests and x-rays	Covered 100% after deductible
Radiation therapy	Covered 100% after deductible
Maternity services provided by a physician	
Pre-natal care	Covered 100%
Post-natal care	Covered, \$20 copay
Delivery and nursery care	Covered 100% after deductible
Hospital care	
Semi-private room, intensive care, inpatient physician care, general nursing care, hospital services and supplies. <i>Including plastic, cosmetic and reconstructive surgery to restore bodily function or to correct a deformity from disease, trauma, birth or growth defects, or prior therapeutic processes.</i>	Covered 100% after deductible (unlimited days)
Inpatient consultations	Covered 100% after deductible
Chemotherapy	
Alternatives to hospital care	
Home health care	Covered 100% after deductible, \$20 copay
Hospice care	Covered 100% after deductible when authorized
Private duty nursing	Covered 100% after deductible when authorized
Skilled nursing care	Covered 100% after deductible. 120 days per confinement. The confinement period renews after 90 consecutive days without skilled nursing facility care.
Surgical services	
Surgery – includes related surgical services	Covered 100% after deductible
Male Voluntary sterilization	
Female Voluntary sterilization	Covered 100%
Human Organ Transplants	
Liver, heart, lung, pancreas, and other specified organ transplants	Covered 100% after deductible in designated facilities
Bone marrow (specific criteria apply)	
Kidney, cornea, and skin	Covered 100% after deductible; Subject to medical criteria
Autism spectrum disorders, diagnoses and treatment	
Applied behavioral analysis treatment <i>Limited to 25 hours per week for line therapy for children through age 18</i>	Covered 100% after deductible
Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for Autism Spectrum Disorder through age 18	Covered, \$20 copay
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 (non-injection)	Covered 100% after deductible	
Allergy injections	Covered 100%	
Chiropractic/spinal manipulation (when referred)	Covered 100% after deductible; \$20 copay	
Durable medical equipment	Covered 100%	
Hearing aids		
Hearing care exam (every 36 months)		
Online tobacco cessation counseling		
Private duty nursing	Covered 100% after deductible when authorized	
Prosthetic and orthotic appliances	Covered 100% for prosthetic, orthotic and corrective appliances for unattached shoe inserts when medically necessary	
Rabies treatment after initial emergency room visit	Office visit: \$20 copay. Injections: Covered 100%	
Wig, wig stand, adhesives	100% coverage for hair prosthesis (wig or hair piece) for hair loss due to a medical condition or the treatment of a medical condition. One per calendar year; max benefit \$225 per year	
Behavioral health services (Mental health and substance use disorder)		
Inpatient mental health	Covered 100% after deductible when authorized by BCN	
Inpatient substance use disorder		
Outpatient mental health	Covered 100% when authorized by BCN	
Outpatient substance use disorder		
Prescription drugs		
Prescription drug deductible	None	
Retail (30-day supply)	Tier 1: Generic	\$10 copay
	Tier 2: Preferred brand	\$30 copay
	Tier 3: Non-preferred brand	\$60 copay
Mail order (90-day supply)	Tier 1: Generic	\$20 copay
	Tier 2: Preferred brand	\$60 copay
	Tier 3: Non-preferred brand	\$120 copay

Questions?

Contact BCN's Customer Service Center toll-free at 1-800-662-6667



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These benefit charts are intended as easy-to-read summaries. They are not contracts. Additional limitations and exclusions may apply to covered services. Every effort has been made to ensure the accuracy of this information. However, if statements in this description differ from the applicable coverage documents, then the terms and conditions of those documents will prevail. This coverage is provided pursuant to a contract entered into with the State of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan.