Blue Care Network

Benefits at a glance

January 1 through December 31, 2025

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 as inpatient)
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.	
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 (Blue Cross online tool - medical)	Covered, $10 copay
Online visits (Blue Cross online tool - behavioral health/substance use)	Covered 100%
Online visits (Provider tool - medical)	Covered, $20 copay
Online visits (Provider tool - behavioral health/substance use)	Covered 100%
Emergency medical care	
Hospital emergency room for medical emergency or accidental injury	Covered, $200 copay (waived if admitted as inpatient)
Ambulance services – medically necessary	Covered 100% after deductible

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

Diagnostic services	
Laboratory and pathology tests	Covered 100%
Diagnostic tests and x-rays	Covered 100% after deductible
Radiation therapy	
Maternity services provided by a physician	
Prenatal care	Covered 100%
Delivery and nursery care	Covered 100% after deductible
Postnatal care	Covered 100%
Hospital care	
Semi-private room, intensive care, inpatient physician care, general nursing care, hospital services and supplies. *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.*	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	
Skilled nursing care	Covered 100% after deductible. (Up to 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
Voluntary male sterilization	
Voluntary female 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 (ABA) treatment	Covered 100%
Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for Autism Spectrum Disorder	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)	Covered100% after deductible	
Allergy injections	Covered 100%	
Cardiac and Pulmonary Rehabilitation	$20 copay (limited to 36 visits per plan year)	
Chiropractic/spinal manipulation (when referred)	Covered 100% after deductible; $20 copay	
Durable medical equipment	Covered 100%	
Hearing aids (limited to one every 36 months)	Covered for conventional standard hearing aids (Limited to one monaural with a max benefit of $654, or one binaural with a max benefit of $1,177)	
Hearing care exam	Covered 100% (performed in physician's office, $20 copay may apply)	
Online tobacco cessation counseling	Covered 100%	
Outpatient Physical, Speech and Occupational Therapy (90 visits per calendar year for any combination of mechanical traction and PT/OT/ST.	$20 copay	
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	Covered 100% (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

Blue Cross Blue Shield Blue Care Network of Michigan

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