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Blue Cross® Premier PPO Gold

2022 plan year

About this plan

Cheaper plans might have lower monthly premiums. But those savings can vanish fast paying toward a high deductible. With this plan, your family will spend much less at the doctor's office or pharmacy before your plan shares up to 80 percent of the cost.

Key Benefits

This plan includes benefits that help you and your family at no extra cost.

- Free annual visit
- Free wellness visits for kids
- Free vaccinations
- Free online visits
- Free diabetes test strips, lancets and monitors through diabetes management program
- Free app - access to cost and transparency tools
- Free app myStrength by Livongo® for Behavioral Health
- Urgent care with a copay before deductible
- Discounts at gyms (\$29 per month fee for access to over 10,000 gyms)
- Blue 365 discounts on vitamins, food, retailers, etc.
- Access to virtual visits and retail health clinics

Availability

You can buy this plan if you live in any Michigan county. [Look for doctors and hospitals that take this plan.](#)

Plan Type

PPO. You choose the doctors you want to see. No referrals needed. [What's the difference between HMO and PPO plans?](#)

[Find a doctor](#)

Health Savings Account

This plan is not eligible to be paired with a Health Savings Account.

Related Documents

For this plan's most-used benefits, see the [Summary of Benefits \(PDF\)](#)

For even more details about this plan, see the [Certificate of Coverage \(PDF\)](#) Certificates are legal documents that describe the benefits of a health insurance plan. Your plan might have different benefits and limitations than those listed in this document.

Agent Compensation

Members can find information about [agent commissions](#).

Ready to choose a plan?

Check out your coverage options to find a plan that's right for you.

Overview

Monthly Premiums

To give you an accurate price, we'll need some information. [Find a plan](#) to get a quote.

Deductible

If you have a family plan, and one member meets the individual deductible, Blue Cross will start paying covered benefits for that member only. The remainder of the family deductible has to be met by the remaining family members before Blue Cross will start paying covered benefits for the rest of the members on the plan. Any coupon, rebate or other credits received directly or indirectly from the drug manufacturer may not be applied to a consumer's deductible, cost-sharing or out-of-pocket maximum.

In network

Individual: \$750

Family: \$1,500

Out of network

Individual: \$1,500

Family: \$3,000

Coinsurance

In network

You pay 20% after deductible for most services.

You pay 50% after deductible for bariatric, temporomandibular joint, infertility, prosthetic and orthotic, and durable medical equipment services.

Out of network

You pay 40% after deductible for most services.

You pay 70% after deductible for bariatric, temporomandibular joint, infertility, prosthetic and orthotic, and durable medical equipment services.

Out-of-pocket maximum

If you have a family plan, and one member meets the individual out-of-pocket maximum, Blue Cross will start paying 100% of the approved amount for covered benefits for that member only. The remainder of the family out-of-pocket maximum has to be met by the remaining family members before Blue Cross will start paying 100% of the approved amount for covered benefits for the rest of the members on the plan. Any coupon, rebate or other credits received directly or indirectly from the drug manufacturer may not be applied to a consumer's deductible, cost-sharing or out-of-pocket maximum.

In network

Individual: \$7,500

Family: \$15,000

Out of network

Individual: \$15,000

Family: \$30,000

Office Visits

Primary Care

You pay \$30 after deductible including retail health and post-natal visit.

Specialist

You pay \$50 after deductible.

Urgent care center

You pay \$75.

Emergency Room

You pay \$250 after in-network deductible, then 20%. Copay waived if you're admitted to the hospital.

Prescriptions

Copays start at \$15 after deductible. See the prescription tab for more details.

Dental

This plan doesn't include dental coverage. [To view our Dental plans please click.](#)

Vision

This plan only includes vision coverage for children. [To view our Vision plans please click.](#)

Medical

In-network benefits

When you go to a doctor or hospital that accepts this plan, that's called getting your care in network. [Look for doctors and hospitals that take this plan.](#)

Because this plan is a PPO, you're covered when you go to a doctor or hospital that doesn't take this plan, but you'll pay more. That's called getting your care out of network.

If you have an emergency or accidental injury outside of Michigan, your care is covered with in-network cost sharing. Any scheduled services you receive outside of Michigan have out-of-network cost sharing as long as you see a participating out-of-state provider. To find a participating out-of-state provider, call the number on the back of your Blue Cross ID card.

Online visits and prescription drugs have nationwide coverage with in-network cost-sharing.

Preventive care

Medical exams, prescription drugs and immunizations

Preventive medical care includes but is not limited to certain prescription drugs, immunizations, health maintenance exams, certain laboratory services, pre-natal visits, gynecologic exams, pap smear screening, mammogram screening, certain female contraceptives, female voluntary sterilization, screening colonoscopy, well baby and well-child visits and pediatric vision.

In network

You pay \$0.

Out of network

You pay 40% after deductible.

Office visits

This plan's deductible and coinsurance apply to allergy testing, diagnostic and laboratory services you get during the office visit. Some diagnostic services require prior authorization.

In network

Primary care: You pay \$30 after deductible including virtual, retail health and post-natal.

Specialist: You pay \$50 after deductible.

Out of network

You pay 40% after deductible.

Online visits

In network

You pay \$0 for Blue Cross medical online visits.

You pay \$30 after deductible for Blue Cross behavioral health online visits.

Out of network

You pay 40% after deductible.

Emergency Services

Emergency room visit

You pay \$250 after in-network deductible, then 20%. Copay waived if you're admitted to the hospital.

Transportation by ambulance

You pay 20% after in-network deductible.

Urgent care center visits

Emergency services and accidental injuries have in-network cost-sharing. Copay applies to urgent care visit only. This plan's deductible and coinsurance apply to additional services you get during the visit.

In network

You pay \$75.

Out of network

You pay 40% after deductible.

Hospitalization and other services

Inpatient hospital care, maternity, delivery and newborn care, surgery, chemotherapy

Blue Cross-participating facilities only. Certain services require prior authorization.

In network

You pay 20% after deductible.

Out of network

You pay 40% after deductible.

Rehabilitative services

Outpatient physical and occupational therapy

Physical, occupational, chiropractic and osteopathic manipulative therapy limited to a combined maximum of 30 visits per member per calendar year.

In network

You pay 20% after deductible.

Out of network

You pay 40% after deductible.

Chiropractic spinal manipulation and osteopathic manipulative therapy

Physical, occupational, chiropractic and osteopathic manipulative therapy limited to a combined maximum of 30 visits per member per calendar year.

In network

You pay 20% after deductible.

Out of network

You pay 40% after deductible.

Speech therapy

Limited to a maximum of 30 visits per member each calendar year.

In network

You pay 20% after deductible.

Out of network

You pay 40% after deductible.

Habilitative services

Outpatient physical and occupational therapy

Limited to a maximum of 30 visits per member each calendar year.

In network

You pay 20% after deductible.

Out of network

You pay 40% after deductible.

Speech therapy

Limited to a maximum of 30 visits per member each calendar year.

In network

You pay 20% after deductible.

Out of network

You pay 40% after deductible.

Applied Behavior Analysis for specified autism spectrum disorder

Needs prior authorization.

In network

You pay 20% after deductible.

Out of network

You pay 40% after deductible.

Mental health/substance use

Inpatient and residential mental health

Blue Cross-participating facilities only. Needs prior authorization.

In network

You pay 20% after deductible.

Out of network

You pay 40% after deductible.

Outpatient mental health services

Copay applies to office visit only. Additional services are subject to the plan's deductible and coinsurance. Blue Cross-approved providers and facilities only. Includes Blue Cross behavioral health online visits.

In network

You pay \$30 after deductible.

Out of network

You pay 40% after deductible.

Residential substance use disorder treatment

Blue Cross-participating facilities only. Needs prior authorization.

You pay 20% after deductible.

Outpatient substance use disorder treatment

Copay applies to office visit only. Additional services are subject to the plan's deductible and coinsurance. Blue Cross-approved facilities only. Includes Blue Cross behavioral health online visits.

In network

You pay \$30 after deductible.

Out of network

You pay 40% after deductible.

Prescriptions

In-network benefits

Using an in-network pharmacy will help keep your costs as low as possible. You can get 30- or 90-day prescriptions from retail or mail-order pharmacies. You can get 60-day prescriptions from mail-order pharmacies only. Quantity limits per fill may apply for 30-day retail, 90-day retail and 90-day mail order. Opioid-containing medications are limited to no more than a 30-day supply per fill and first fills of select opioid containing medications will be limited to a 5-day supply. Refer to drug list for quantity limits and other exclusions. Any coupon, rebate or other credits received directly or indirectly from the drug manufacturer may not be applied to a consumer's deductible, cost-sharing or out-of-pocket maximum.

[Find a pharmacy.](#)

Out-of-network benefits

When you use an out-of-network pharmacy, you pay the full cost of the prescription up front. After you meet your deductible and pay the copay, we'll reimburse 80 percent of the Blue Cross-approved amount for that drug. You pay the difference between the Blue Cross-approved amount and what the pharmacy charges. Out-of-network drugs are limited to a 30-day supply. Mail order is not available.

Covered drugs

What you pay for your medication depends on whether your plan covers the drug and which cost tier it falls under. Certain drugs may need prior authorization. [Look on this list to find a drug \(PDF\).](#)

Tier 1 - Generic

30-day supply: You pay \$15 after deductible.

60-day supply (mail order only): You pay \$30 after deductible.

90-day supply: You pay \$45 after deductible.

Commonly prescribed, generic versions of brand-name medications available for the lowest copay.

Tier 2 - Preferred Brand

30-day supply: You pay up to \$100 after deductible.

60-day supply (mail order only): You pay up to \$200 after deductible.

90-day supply: You pay up to \$300 after deductible.

Brand-name drugs not yet available as a generic.

Tier 3 - Nonpreferred Brand

30-day supply: You pay up to \$150 after deductible.

60-day supply (mail order only): You pay up to \$300 after deductible.

90-day supply: You pay up to \$450 after deductible.

Brand-name drugs that have generic or preferred brand alternatives.

Tier 4 - Preferred Specialty

You pay 40% after deductible.

Specialty drugs are limited to a 30-day supply. Some specialty drugs are limited to a 15-day supply.

Generic and brand-name drugs used to treat complex health conditions. They usually need special handling and approval. You'll need to use AllianceRx Walgreens Prime to fill prescriptions within this tier.

Tier 5 - Nonpreferred Specialty

You pay 45% after deductible.

Specialty drugs are limited to a 30-day supply. Some specialty drugs are limited to a 15-day supply.

Because there are less expensive alternatives available for the drugs in this tier, you'll pay more for them at the pharmacy. You'll need to use AllianceRx Walgreens Prime to fill prescriptions within this tier.

Features

Discounts

Through Blue365®, Blue Cross members can save on a variety of products and services, including:

- Weight management programs, organic groceries and fresh produce.
- Yoga classes, workout gear and gym memberships.
- Discounted admission to Michigan attractions.

Online doctor visits

This plan includes online health care.

Health and wellness

As part of your plan, you can:

- Call our 24-Hour Nurse Line and speak to a registered nurse.
- View our weekly Virtual Well-BeingSM webinars. Topics include mindfulness, finances, emotional health and more.
- Use our online well-being tools and resources through Blue Cross Health and Well-Being powered by WebMD®.
- Take part in our Tobacco Coaching program®.

Notes

Depending on the health care services you need, your provider might have to get approval before providing that service. Use our website to find more information and a list of [services that need approval](#).

Estimated pricing information for various procedures by in-network providers can be obtained by calling the Customer Service number listed on the back of your BCBSM ID card and providing the procedure code. Your provider can also provide this information upon request.

Exclusions and limitations

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