



## Blue Care Network HMO (Michigan State Police Troopers Association)

	In-network
<b>Cost share</b>	
Annual out-of-pocket dollar maximum	\$6,350
Annual deductibles	\$0
Coinsurance	None
Fixed dollar copays	\$10 for office visits \$10 for urgent care visits \$50 for emergency room visits \$0 for ambulance \$10 for referral physician visits
Starting in the October 2014 plan year, out-of-pocket limits apply to in-network deductibles, fixed dollar copays, private duty nursing, prescription drug copays and coinsurance.	
<b>Preventive services</b>	
Annual gynecological exam	100%
Annual physical exam	100%
Breast pumps (DME guidelines apply. Limited to no more than one per 24 month period.)	100%
Fecal occult blood screening	100%
Flexible sigmoidoscopy	100%
Immunizations	100%
Mammography screening	100%
Pap smear screening	100%
Prostate Specific Antigen (PSA) screening	100%
Routine colonoscopy	100%
Voluntary female sterilization	100%
Well-baby and child care	100%
<b>Physician office services</b>	
Consulting specialist care	\$10 copay
Office, outpatient and home visits	\$10 copay
<b>Emergency medical care</b>	
Ambulance services (ground and air services)	100%
Hospital emergency room (Copay waived if admitted)	\$50 copay
Urgent care center	\$10 copay



	In-network
<b>Diagnostic services</b>	
Diagnostic tests and x-rays	100%
Laboratory and pathology tests	100%
High technology radiology imaging (MRI, MRA, CAT, PET)	100%
Radiation therapy	100%
<b>Maternity services provided by a physician</b>	
Pre-natal care	100%
Delivery and nursery care	100%
Post-natal care	\$10 copay
<b>Hospital care</b>	
General nursing care, hospital services and supplies	100%, unlimited days
Inpatient consultations	100%
Outpatient surgery – includes all related surgical services and anesthesia	100%
<b>Alternatives to hospital care</b>	
Home health care	\$10 copay
Hospice care	100% when authorized
Private duty nursing	100% when authorized
Skilled nursing care (up to 730 days per lifetime)	100%
<b>Surgical services</b>	
Elective abortion	100%
Human organ transplants	100%
Surgery - includes all related surgical services and anesthesia	100%
Voluntary male sterilization	100%
Weight reduction procedures (Limited to one procedure per lifetime)	100%
<b>Mental health care and substance abuse treatment</b>	
Inpatient mental health care	100% when authorized
Inpatient substance abuse care	100% when authorized
Outpatient mental health care	100% when authorized
Outpatient substance abuse	100% when authorized

		In-network
<b>Autism spectrum disorders, diagnoses and treatment</b>		
Applied behavioral analysis treatment Limited to 25 hours per week for line therapy for children through age 18		\$10 copay
Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder through age 18		\$10 copay
Other covered services, including mental health services for autism spectrum disorder		See your outpatient mental health benefit and medical office visit benefit
<b>Other services</b>		
Allergy testing and therapy		100%
Allergy injections		100%
Chemotherapy		100%
Chiropractic spinal manipulation (when referred)		\$10 copay
Diabetic supplies		100%
Durable medical equipment		100%
Hearing aid Binaural hearing aids and exam every 36 months		100%
Infertility counseling and treatment		100%
Outpatient physical, speech and occupational therapy (60 visits per medical episode per plan year)		\$10 copay
Prosthetic, orthotic and corrective appliances for unattached shoe inserts, when medically necessary		100%
Rabies treatment		100%
<b>Prescription drugs</b>		
Retail (34-day supply)	Tier 1: Generic	\$5 copay
	Tier 2: Preferred brand	\$10 copay
	Tier 3: Non-preferred brand	\$10 copay
Mail order (90-day supply)	Tier 1: Generic	\$5 copay
	Tier 2: Preferred brand	\$10 copay
	Tier 3: Non-preferred brand	\$10 copay

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 Care Network certificates and riders. Payment amounts are based on the Blue Care Network approved amount, less any applicable deductible, coinsurance and copay amounts required by the plan. If there is a discrepancy between the 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 member's primary care physician or health plan.**



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**Learn more.**

**Website:** [bcbsm.com/som](http://bcbsm.com/som)

**Phone:** BCBSM's State of Michigan Customer Service (toll-free): 1-800-843-4876

BCN's Customer Service Center (toll-free): 1-800-662-6667

MedImpact Customer Service Center (toll-free): 1-877-403-6034

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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. Payment amounts are based on the BCBSM-approved amount, less any applicable deductible and/or copay amount required by the State Health Plan Blue Care Network, State Vision Plan and State Prescription Drug Plan. 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.

BCN TROOP HMO – R029459