

Individual Care BlueSM Plan

Deductible	None
Copayment	30% for general services received in-network; 50% out-of-network; 50% for prescription drugs with a minimum copay of \$10 and a maximum copay of \$100 for each drug
Copay dollar maximums*	\$2,500 for hospital/medical-surgical services per contract (Copayments for prescription drugs are not applied to this maximum.)

Preventive Services

Mammography	Covered – 70%; 50% out-of-network
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Hospital Care at Participating Hospitals

Covered - semi-private room, 120 days	Covered – 70%; 50% out-of-network
Chemotherapy	Covered – 70%; 50% out-of-network
Outpatient physical therapy – 60 consecutive days per condition	Covered – 70%; 50% out-of-network

Mental Health and Substance Abuse Care in Approved Facilities

Inpatient facility charges for mental health treatment	Covered – 70%, up to 30 days; must be discharged 60 consecutive days between admissions for renewal of 30-day limit; 50% out-of-network
Residential and outpatient substance abuse care	Covered up to the state-mandated minimum <ul style="list-style-type: none"> ▪ 70% when performed in freestanding substance abuse facility ▪ 70%; 50% out-of-network when performed in a residential setting or in an outpatient hospital setting

Emergency Care

Emergency room – approved criteria	Covered – 70%
Physician’s services – approved diagnosis	Covered – 70%

Diagnostic Services

Laboratory and pathology tests	Covered – 70%; 50% out-of-network
Diagnostic tests and X-rays	Covered – 70%; 50% out-of-network
Radiation therapy	Covered – 70%; 50% out-of-network

Physician’s Services

Home, outpatient and office visits	Not covered
Inpatient medical care, unlimited visits for general conditions	Covered – 70%; 50% out-of-network
Consultations – inpatient	Covered – 100%; 50% out-of-network
Surgery, technical surgical assistance	Covered – 70%; 50% out-of-network
Voluntary sterilization	Covered – 70%; 50% out-of-network
Maternity care – delivery and routine newborn exam only	Covered – 70%; 50% out-of-network

Human Organ Transplants

Specified organ transplants – liver, heart, heart-lung, and pancreas	Covered – 100% in approved facility up to \$1 million lifetime maximum for each specified organ transplant type
Bone marrow transplants	Covered – 70%; 50% out-of-network
Kidney, cornea and skin	Covered – 70%; 50% out-of-network

Other Services

Hemodialysis – outpatient and home	Covered – 70%
Home health care	Covered – 70%
Hospice care	Covered – 100% up to the dollar amount required by the state (changes each year)
Prosthetic appliances	Covered – 70%
Prescription Drugs	Covered – 50% with a minimum copay of \$10 and maximum of \$100 for each drug; \$2,500 annual benefit maximum per member

* Once the copay maximum for the year (Jan. 1 through Dec. 31) has been met, covered services will be paid at 100 percent of the BCBSM-approved amount for the remainder of the year.

This is intended as an easy to read summary. It is not a contract. Additional limitations may apply to covered services. For an official description of benefits, please see the applicable Blue Cross Blue Shield of Michigan certificates and riders. 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.