Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

PPO -Retiree HuskyCare 2
Benefits-at-a-Glance
Michigan Technological University

Deductible, Copays, Coinsurance and Dollar Maximum

	In-Network	Out-of-Network
Deductible - per calendar year	$1,500 per member $3,000 per family	$3,000 per member $6,000 per family
Copays • Fixed Dollar Copays	$50 copay for : • Urgent care services $75 copay for : • Facility medical emergency	$75 copay for : • Facility medical emergency
Coinsurance • Percent Coinsurance	10% unless otherwise noted	30% unless otherwise noted **Note:** Services without a network are covered at the in-network level.
Out-of-Pocket Maximum	$3,000 per member $6,000 per family *Includes Deductible, Coinsurance and Copays*	$6,000 per member $12,000 per family *Includes Deductible and Coinsurance*
Lifetime Maximum	Unlimited	

Preventive Services

Health Maintenance Exam - beginning age 4; one per calendar year	Covered - 100%	Not Covered
Routine Physical Related Test X-Rays, EKG and lab procedures performed as part of the health maintenance exam	Covered - 100%	Not Covered
Annual Gynecological Exam- two per calendar year, in addition to health maintenance exam	Covered - 100%	Not Covered
Pap Smear Screening - one per calendar year	Covered - 100%	Not Covered
Mammography Screening - one per calendar year	Covered - 100%	Not Covered
Contraceptive Methods and Counseling	Covered - 100%	Not Covered
Prostate Specific Antigen (PSA) Screening - one per calendar year	Covered - 100%	Not Covered
Endoscopic Exams - one per calendar year	Covered - 100%	Not Covered
Well Child Care • 8 visits, birth through 12 months • 6 visits, 13 months through 35 months • 2 visits, 36 months through 47 months Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit.	Covered - 100%	Not Covered
Immunizations - pediatric and adult	Covered - 100%	Not Covered

Physician Office Services

Office Visits	Covered - 65%	Covered - 65% after deductible
Office Consultation	Covered - 65%	Covered - 65% after deductible
Pre-Surgical Consultation	Covered - 65%	Covered - 65% after deductible

Emergency Medical Care

Hospital Emergency Room Qualified medical emergency	Covered - 100% after $75 copay; copay waived if admitted	Covered - 100% after $75 copay; copay waived if admitted
Non-Emergency use of the Emergency Room	Covered - 65% after deductible	Covered - 65% after deductible
Urgent Care Services	Covered - 100% after $50 copay	Covered - 70% after deductible
Ambulance Services - Medically Necessary Transport	Covered - 90% after deductible	Covered - 90% after deductible

	In-Network	Out-of-Network
Diagnostic Services		
MRI, MRA, PET and CAT Scans and Nuclear Medicine	Covered - 90%	Covered - 70% after deductible
Diagnostic Tests, X-rays, Laboratory & Pathology	Covered - 90%	Covered - 70% after deductible
Radiation Therapy and Chemotherapy	Covered - 90% after deductible	Covered - 70% after deductible
Maternity Services Provided by a Physician		
Prenatal and Postnatal Care Visits	Covered - 100%	Covered - 65% after deductible
Delivery and Nursery Care	Covered - 90% after deductible	Covered - 70% after deductible
Hospital Care		
Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies	Covered - 90% after deductible	Covered - 70% after deductible
Inpatient Medical Care	Covered - 90% after deductible	Covered - 70% after deductible
Alternatives to Hospital Care		
Hospice Care Limited to lifetime maximum of 30 days	Covered - 90% after deductible	Covered - 70% after deductible
Home Health Care	Covered - 90% after deductible	Covered - 70% after deductible
Skilled Nursing Limited to a maximum of 120 days per calendar year	Covered - 90% after deductible	Covered - 70% after deductible
Surgical Services		
Surgery (includes related surgical services)	Covered - 90% after deductible	Covered - 70% after deductible
Bariatric Surgery	Covered - 90% after deductible	Covered - 70% after deductible
Sterilization - males only; excludes reversal sterilization	Covered - 90% after deductible	Covered - 70% after deductible
Sterilization - females only; excludes reversal sterilization	Covered - 100%	Covered - 70% after deductible
Human Organ Transplants		
Specified Organ Transplants in designated facilities only, when coordinated through BCBSM Human Organ Transplant Program (800-242-3504)	Covered - 100%	Not covered except in designated facilities
Kidney, Cornea, Bone Marrow and Skin	Covered - 90% after deductible	Covered - 70% after deductible
Behavioral Health Care and Substance Abuse Treatment Services		
Inpatient Behavioral Health Care and Substance Abuse Treatment	Covered - 90% after deductible	Covered - 70% after deductible
Outpatient Behavioral Health Care and Substance Abuse Treatment	Covered - 65%	Covered - 65% after deductible
Other Services		
Cardiac Rehabilitation	Covered - 90% after deductible	Covered - 70% after deductible
Chiropractic Spinal Manipulation Limited to a maximum of 24 visits per calendar year	Covered - 65%	Covered - 60% after deductible
Durable Medical Equipment	Covered - 65%	Covered - 65% after deductible
Prosthetic and Orthotic Devices	Covered - 65%	Covered - 65% after deductible
Private Duty Nursing	Covered - 90% after deductible	Covered - 70% after deductible
Allergy Testing and Therapy	Covered - 65%	Covered - 65% after deductible

	In-Network	Out-of-Network
Therapy Services		
Physical, Occupational and Speech Therapy Limited to a combined maximum of 60 visits per calendar year	Covered - 65%	Covered - 60% after deductible
Massage Therapy	Covered - 65%	Covered - 65%

Note: The following services require preapproval: Inpatient Care, select Radiology and Diagnostic Services, Inpatient Behavioral Health Care and Substance Abuse Treatment, and Skilled Nursing

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. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control. BCBSM provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.