

Benefits-at-a-Glance

Classic

00239393 MONTCALM COMMUNITY COLLEGE

0001/0002

Effective Date: 07/01/2024

This is intended as an easy-to-read summary and provides only a general overview of your benefits. Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable Blue Care Network Plan Certificate and documents are based on the Blue Care Network approved amount, less any applicable deductible, coinsurance and/or copay amount. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan documents, the plan document will control. This coverage is provided under a policy issued in the state of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan. Services are provided or arranged by member's primary care physician or health plan.

Preauthorization for Select Services: Services listed in this summary are covered when provided in accordance with Certificate requirements and, where applicable, are preauthorized or approved by BCN except in an emergency.

Note: A list of services that require approval prior to they are provided is available on <https://bcbsm.com/priorauth>

Member's responsibility (deductibles, copays, coinsurance \$6,000 per member, \$6,000 per family per benefit year, apply once the deductible has been met.)

Fixed Dollar Copays

\$5 for allergy injections
\$30 for office visits
\$60 for urgent care visits
\$250 for emergency room visits
\$50 for referral physician visits
\$150 for high tech imaging

Coinsurance

50% for select services as noted below
20% for select services as noted below

Coinsurance Maximum

\$2,500 per member/\$5,000 per family per benefit year
Services that DO NOT apply to the ACM: Deductible, Flat Dollar Copay, Infertility, Male Mastectomy, Reduction Mammoplasty, Male Sterilization

Maternity services provided by a physician

Benefits	
Routine Prenatal and Postnatal Care Visits	100%
Delivery and Nursery Care - professional services (see "Hospital Care" deductible for facility charges)	100% after deductible

Hospital care

Benefits	
General Nursing Care, Hospital Services and Supplies	80% after deductible
Outpatient Surgery	80% after deductible

Alternatives to hospital care

Benefits	
Skilled Nursing Care	80% after deductible Up to 45 days per member per benefit year
Hospice Care	100% after deductible
Home Health Care	\$50 Copay after deductible

Surgical services

Benefits	
Surgery - included all related surgical services and anesthesia.	80% after deductible
Voluntary Sterilization of Male Reproductive Organs - see Plan for details	50% after deductible
Services for Voluntary Sterilization of Female Reproductive Organs	50% after deductible
Elective Abortion (One procedure per two-year period of membership)	Not Covered
Human Organ Transplants (subject to medical criteria)	80% after deductible
Reduction Mammoplasty (subject to medical criteria)	50% after deductible
Male Mastectomy (subject to medical criteria)	50% after deductible
Temporomandibular Joint Syndrome (subject to medical criteria)	50% after deductible
Orthognathic Surgery (subject to medical criteria)	50% after deductible
Weight Reduction Procedures (subject to medical criteria) - one procedure per lifetime	50% after deductible

Behavioral health services (mental health and substance use disorder treatment)

Benefits	
Inpatient Mental Health Care	80% after deductible
Residential Substance Use Disorder	80% after deductible
Outpatient Mental Health Care includes online and telemedicine visits Note: For diagnostic and therapeutic services, see the Diagnostic Services section above for applicable cost sharing.	\$30 Copay
Outpatient Substance Use Disorder	\$30 Copay

Autism spectrum disorders, diagnoses and treatment

Benefits

Applied behavioral analysis (ABA) treatment

Note: Prior to seeking ABA treatment, the member must be evaluated by an interdisciplinary team including, but not limited to, a physician,

