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Benefits-at-a-Glance
BCN Classic HMO for Large Groups
00115485 0001 0001 COUNTY OF OAKLAND
Effective Date: 01/01/2024

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 this 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 for fully insured plans.

Services must be provided or arranged by the member's primary care physician or health plan.

Preauthorization for Select Services – Services listed in this BAAG are covered when provided in accordance with Certificate requirements and, when required, are preauthorized or approved by BCN except in an emergency.

Note: A list of services that require approval before they are provided is available online at bcbsm.com/importantinfo. Select *Approving covered services.*

Member's responsibility (deductibles, copays, coinsurance and dollar maximums)	
Deductible -(Coinsurance and select fixed dollar copays as defined by your plan documents, apply once the deductible has been met.)	None
Fixed Dollar Copays	
	$20 for office visits
	$20 for urgent care visits
	$100 for emergency room visits
	$20 for referral physician visits
Coinsurance	100% for select services as noted below
Medical Annual Coinsurance Maximum (ACM)	None
Out of Pocket Maximum - applies to deductibles, copays and coinsurance amounts for all covered services	$6,600 per individual/$13,200 per family

Benefits Selected - CLSSLG : 50CWR,ER100,HHCSW,ART,CO20,6600PM,6600PM,5254C,MOPD1X,SN730,UR20

Preventive services

Health Maintenance Exam	100%
Annual Gynecological Exam	100%
Pap Smear Screening	100%
Well-Baby and Child Care	100%
Immunizations	100%
Prostate Specific Antigen (PSA) Screening	100%
Routine Colonoscopy	100%
Mammography Screening	100%
Voluntary Female Sterilization	100%
Breast Pumps (DME guidelines apply.)	100%
Maternity Pre-Natal care	100%

Physician office services

PCP Office Visits - Note: Applicable cost sharing applies when other services are received in the office.	$20 Copay
Medical Online Visits	$20 Copay
Consulting Specialist Care - When referred for other than preventive services. Note: Applicable cost sharing applies when other services are received in the office.	$20 Copay

Emergency medical care

Hospital Emergency Room - Copay waived if admitted	$100 Copay
Urgent Care Center	$20 Copay
Retail Health Clinic	$20 Copay
Ambulance Services	100%

Diagnostic services

Laboratory and Pathology Services	100%
Diagnostic Tests and X-rays	100%
High Technology Radiology Imaging (MRI, MRA, CAT, PET)	100%
Radiation Therapy	100%

Maternity services provided by a physician

Routine Prenatal and Postnatal Care visits	100%
Delivery and Nursery Care	100% For professional services. (See Hospital Care for facility charges)

Hospital care

General Nursing Care, Hospital Services and Supplies	100%
Outpatient Surgery - includes all related surgical services and anesthesia - see member certificate for specific surgical copays.	100%

Alternatives to hospital care

Skilled Nursing Care	100%
	Up to 730 days per lifetime
Hospice Care	100%
Home Health Care	100%

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Surgical services

Surgery - includes all related surgical services and anesthesia	100%
Voluntary Male Sterilization – See Preventive Services section for voluntary female sterilization	100%
Elective Abortion (One procedure per two year period of membership)	Not Covered
Human Organ Transplants	100%
Reduction Mammoplasty	100%
Male Mastectomy	100%
Temporomandibular Joint Syndrome	100%
Orthognathic Surgery	100%
Weight Reduction Procedures (Limited to one procedure per lifetime)	100%

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

Inpatient Mental Health Care	100%
Residential Substance Use Disorder	100%
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.	$20 Copay
Outpatient Substance Use Disorder	$20 Copay

Autism spectrum disorders, diagnoses and treatment

Applied behavioral analyses (ABA) treatment	$20 Copay
Outpatient physical therapy, speech therapy and occupational therapy for autism spectrum disorder. Unlimited visits for PT/OT/ST with autism spectrum disorder diagnosis.	$20 Copay
Other covered services, including mental health services, for Autism Spectrum Disorder	See your outpatient mental health, medical office visit and preventive benefit.

Other services

Allergy Testing and Therapy	100%
Allergy Injections	100%
Chiropractic Spinal Manipulation - when referred	$20 Copay
	(up to 30 visits per calendar year)
Outpatient Physical, Speech and Occupational Therapy	$20 Copay
	60 visits per calendar year for any combination of outpatient rehabilitation therapies.
Infertility Counseling and Treatment (See plan benefit documents for exclusions)	100%
	Infertility treatment includes Assisted Reproductive Technology services such as IVF and artificial insemination.
Durable Medical Equipment (DME)	100%
Prosthetic and Orthotic Appliances (P&O)	100%
Diabetic Supplies	100%
Hearing Aid	Not Covered

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Prescription drugs

Prescription Drugs - (Certain diabetic supplies are covered through the pharmacy benefit if you have BCN pharmacy coverage. Applicable pharmacy cost-sharing will apply.)	Tier 1 - $5 copay, Tier 2 - $25 copay, Tier 3 - $40 copay; 30 day supply
	Sexual Dysfunction drugs - 50% coinsurance
	Women's Contraceptives - Tier 1 - 100%, Tier 2 - Tier 2 Copayment/Coinsurance above applies, Tier 3 - Tier 3 Copayment/Coinsurance above applies
Mail Order Prescription Drugs	One time the applicable copay up to a 90 day supply
Prescription Drug Deductible	None
	Specialty drugs are covered only when purchased through the BCN Exclusive Pharmacy Network for Specialty Drugs

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