

Benefits At A Glance

BCN10

00134833 0002 FERNDALE PUBLIC SCHOOLS

Deductible, Copays and Dollar Maximums

Deductible	None
Fixed Dollar Copays	\$5 for allergy injections
	\$15 for office visits
	\$35 for urgent care visits
	\$50 for emergency room visits
	\$25 for ambulance service
	\$15 for referral physician visits
Coinsurance	50% for select services as noted below
	25% for select services as noted below
Copay Dollar Maximums	
Fixed Dollar Copay Maximum	None
Coinsurance Maximums	\$1,000/member, \$2,000/contract/calendar year for services noted below
Dollar Maximums	None

Preventive Services

Health Maintenance Exam	100%
Annual Gynecological Exam	100%
Pap Smear Screening	100%
Well-Baby and Child Care	100%
Immunizations - pediatric and adult	100%
Prostate Specific Antigen (PSA) Screening	100%

Mammography

Mammography Screening	100%
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Physician Office Services

Office Visits	\$15 Copay
Consulting Specialist Care - when referred	\$15 Copay

Emergency Medical Care

Hospital Emergency Room (copay waived if admitted, if applicable)	\$50 Copay
Urgent Care Center	\$35 Copay
Ambulance Services - medically necessary	\$25 Copay ground and air services

Diagnostic Services

Laboratory and Pathology Tests	Office visit copay may apply per member, per visit
Diagnostic Tests and X-rays	Office visit copay may apply per member, per visit
High Technology Radiology Imaging	Office visit copay may apply per member, per visit
Radiation Therapy	Office visit copay may apply per member, per visit

Benefits Selected - ER50,MHSAP,10OV15,UR35,1040DC,MOPD1X

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Maternity Services Provided by a Physician

Pre-Natal and Post-Natal Care	\$15 Copay
Delivery and Nursery Care	100% (For professional services. See Hospital Care for facility charges)

Hospital Care

General Nursing Care, Hospital Services and Supplies (unlimited days)	75% with a 25% coinsurance
Outpatient Surgery	75% with a 25% coinsurance
Outpatient Facility Visits - Non-Surgical	\$10 Copay

Alternatives to Hospital Care

Skilled Nursing Care	100%
	Up to 45 days per member per calendar year
Hospice Care	100% when authorized
Home Health Care	\$15 Copay

Surgical Services

Surgery - Included all related surgical services and anesthesia.	See Hospital Care for Inpatient and outpatient copay
Voluntary Sterilization	50%
Human Organ Transplants (subject to medical criteria)	75% with a 25% coinsurance/adm, max \$1000/ind, \$2000/cont/yr
Reduction Mammoplasty (subject to medical criteria)	50%
Male Mastectomy (subject to medical criteria)	50%
Temporomandibular Joint Syndrome (subject to medical criteria)	50%
Orthognathic Surgery (subject to medical criteria)	50%

Mental Health Care and Substance Abuse Treatment

Inpatient Mental Health Care	75% with a 25% coinsurance
Inpatient Substance Abuse Care	75% with a 25% coinsurance
Outpatient Mental Health Care	\$15 Copay
Outpatient Substance Abuse	\$15 Copay

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Other Services

Allergy Testing and Therapy	50%
Allergy Injections	\$5 Copay
Chiropractic Spinal Manipulation - when referred	\$15 Copay
Outpatient Physical, Speech and Occupational Therapy (60 consecutive days/episode)	\$15 copay, 60 consecutive days/episode
Infertility Counseling and Treatment (excludes In-vitro Fertilization)	50% on all associated costs
Durable Medical Equipment	50%
Prosthetic and Orthotic Appliances	50%
Weight Reduction Procedures	50%
Prescription Drugs	Generic - \$10 copay, Brand - \$40 copay; with contraceptives, 30 day supply Sexual Dysfunction Drugs - 50% coinsurance
Mail Order Prescription Drugs	One time the applicable copay up to a 90 day supply
Prescription Drug Deductible	None
Hearing Aid	Not Covered

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 and/or copay amounts required by the plan. 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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