



Blue Managed Traditional Fist Dollar (Basic) Plan with Master Medical (MM) Jackson Community College 68238/000

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 Cross Blue Shield of Michigan certificates and riders. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and/or copay amounts required by your plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and will be construed under the jurisdiction of and according to the laws of the state of Michigan.

Member's responsibility (deductibles, copays and dollar maximums)

Note: If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Deductibles	Basic: None Master Medical: \$100 for one member, \$200 for the family (when two or more members are covered under your contract) each calendar year
Copays	Basic: \$5 or 10%, whichever is greater, for diagnostic services and x-rays Master Medical: 20% for all covered services, 50% for mental health and private duty nursing.
Copay dollar maximums	Basic: None Master Medical: \$1,000 contract each calendar year (excludes mental health care and private duty nursing copays)
Dollar maximums	Basic: As noted Master Medical: \$1 million lifetime per member

Preventive care services

Health maintenance exam	Not covered
Gynecological exam	Not covered
Pap smear screening – laboratory and pathology services	Covered – \$5 or 10% copay, whichever is greater, one every 12 months (from the date of any previous pap smear)
Well-baby and child care	Not covered
Childhood immunizations	Not covered
Proctoscopic exam	Not covered
Prostate specific antigen (PSA) screening	Not covered

Mammography

Mammography screening	Covered – \$5 or 10% copay, whichever is greater, one per calendar year
Physician Office Services	
Office visits	Covered under MM – 80% after deductible
Outpatient and home medical care visits	Covered under MM – 80% after deductible
Office consultations	Covered under MM – 80% after deductible
Urgent care visits	Covered under MM – 80% after deductible

Emergency medical care

Hospital emergency room	Covered – 100%
Emergency ambulance services	Covered – 100%
Ambulance services, including air – must be medically necessary	Covered under MM – 80% after deductible

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

bcbsm.com



Diagnostic services

Laboratory and pathology services	Covered – \$5 or 10%, whichever is greater for outpatient and office services
Diagnostic tests and x-rays	Covered – \$5 or 10%, whichever is greater
Therapeutic radiology	Covered – \$5 or 10%, whichever is greater

Maternity services provided by a physician

Prenatal and postnatal care	Covered under MM – 80% after deductible, includes care provided by a certified nurse midwife
Delivery and nursery care	Covered – 100%, includes delivery provided by a certified nurse midwife

Hospital care

Semiprivate room, inpatient physician care, general nursing care, hospital services and supplies Note: Nonemergency services must be rendered in a participating hospital.	Covered – 100%, up to 365 days, 60-day renewal; additional days under MM at 100%, no deductible or copay
Inpatient consultations	Covered – 100%
Chemotherapy	Covered – 100%

Alternatives to hospital care

Skilled nursing care	Not covered
Hospice care	Covered – 100%, limited to dollar maximum that is reviewed and adjusted periodically
Home health care – must be medically necessary	Covered – 100%
Home infusion therapy – must be medically necessary	Covered – 100%

Surgical services

Surgery – includes related surgical services and medically necessary facility services by a participating ambulatory surgery facility	Covered – 100%
Presurgical consultations	Covered – 100%
Colonoscopy	Covered – 100%
Voluntary sterilization	Covered – 100%

Human organ transplants

Specified human organ transplants – in designated facilities only, when coordinated through the BCBSM Human Organ Transplant Program (800-242-3504)	Covered – 100%, limited to \$1 million lifetime maximum per member per transplant type for transplant procedure(s) and related professional, hospital and pharmacy services
Bone marrow transplants – when coordinated through the BCBSM Human Organ Transplant Program (800-242-3504)	Covered – 100%
Specified oncology clinical trials	Covered – 100%
Kidney, cornea and skin transplants	Covered – 100%

Mental health care and substance abuse treatment

Inpatient mental health care and substance abuse treatment	Covered – 100%, up to 45 days, 60-day renewal Note: Additional mental health care days under MM at 50% after deductible; no MM benefits for substance abuse treatment
Outpatient mental health care	Covered under MM – 50% after deductible
Outpatient substance abuse treatment – in approved facilities only	Covered – 100%, up to the state-dollar amount that is adjusted annually; no MM benefits



Other covered services

Outpatient Diabetes Management Program (ODMP)	Covered – 100%
Allergy testing and therapy	Covered under MM – 80% after deductible
Chiropractic spinal manipulation	Covered under MM – 80% after deductible, up to 20 visits first 90 consecutive days, then 2 visits per month
Outpatient physical, speech and occupational therapy	Covered – 100%, up to a combined maximum a 60 consecutive days of treatment per condition; additional benefits under MM at 80% after deductible
Durable medical equipment	Covered under MM – 80% after deductible
Prosthetic and orthotic appliances	Covered under MM – 80% after deductible
Private duty nursing	Covered under MM – 50% after deductible
Prescription drugs	\$5/10 MOPD2X with contraceptives

1/1/09



Blue Preferred[®] Rx Prescription Drug Coverage with \$5 Generic / \$10 Brand Name Fixed Dollar Copay Jackson Community College 68238/000

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Note: Effective October 1, 2006, the mail order pharmacy for **specialty drugs** changed to Option Care, an independent company. Specialty prescription drugs (such as Enbrel[®] and Humira[®]) are used to treat complex conditions such as rheumatoid arthritis. These drugs require special handling, administration or monitoring. Option Care will handle mail order prescriptions only for specialty drugs while many retail pharmacies will continue to dispense specialty drugs (check with your local pharmacy for availability). Other mail order prescription medications can continue to be sent to Medco. (Medco is an independent company providing pharmacy benefit services for Blue members.) A list of specialty drugs is available on our Web site at bcbsm.com. Log in under "I am a Member." If you have any questions, please call Option Care customer service at 866-515-1355.

	Network pharmacy	Non-network pharmacy
Member's responsibility (copays)		
Generic prescription drugs	\$5 copay for each drug	\$5 copay for each drug plus 25% of the BCBSM approved amount for the drug
Prescribed over-the-counter drugs – when covered by BCBSM	\$5 copay for each drug	\$5 copay for each drug plus 25% of the BCBSM approved amount for the drug
Brand name prescription drugs	\$10 copay for each drug	\$10 copay for each drug plus 25% of the BCBSM approved amount for the drug
Mail order (home delivery) prescription drugs	Copay for up to a 34 day supply: <ul style="list-style-type: none"> • \$5 copay for each generic drug • \$10 copay for each brand name drug Copay for a 35 to 90 day supply: <ul style="list-style-type: none"> • \$10 copay for each generic drug • \$20 copay for each brand name drug 	No coverage

Note: If your prescription is filled by any type of network pharmacy, and you request the brand-name drug when a generic equivalent is available on the BCBSM MAC list and the prescriber did not write "Dispensed as Written" (DAW) on the prescription, you must pay the difference in cost between the brand-name drug dispensed and the maximum allowable cost for the generic plus the applicable copay.

Covered services

"Rx only" drugs	Covered – 100% less plan copay	Covered – 75% less plan copay
Prescribed over-the-counter drugs – when covered by BCBSM	Covered – 100% less plan copay	Covered – 75% less plan copay
State-controlled drugs	Covered – 100% less plan copay	Covered – 75% less plan copay
Disposable needles and syringes – when dispensed with insulin or other covered injectable legend drugs Note: Needles and syringes have no copay.	Covered – 100% less plan copay for the insulin or other covered injectable legend drug	Covered – 75% less plan copay for the insulin or other covered injectable legend drug
Mail order (home delivery) prescription drugs – up to a 90-day supply of medication by mail from Medco (BCBSM network mail order provider)	Covered – 100% less plan copay	No coverage

Note: Over-the-counter (OTC) drugs are drugs that do not require a prescription under federal law.

Note: A **network** pharmacy is a Preferred Rx pharmacy in Michigan or a MedImpact pharmacy outside Michigan. MedImpact is an independent company providing pharmacy benefit services for Blue members. A **non-network** pharmacy is a pharmacy NOT in the Preferred Rx or MedImpact networks.



Features of your plan

Drug interchange and generic copay waiver	<p>Certain drugs may not be covered for future prescriptions if a suitable alternate drug is identified by BCBSM, unless the prescribing physician demonstrates that the drug is medically necessary. A list of drugs that may require authorization is available at bcbsm.com.</p> <p>If your physician rewrites your prescription for the recommended generic or OTC alternate drug, you will only have to pay a generic copay. If your physician rewrites your prescription for the recommended brand-name alternate drug, you will have to pay a brand-name copay. In select cases BCBSM may waive the initial copay after your prescription has been rewritten. BCBSM will notify you if you are eligible for a waiver.</p>
Quantity limits	<p>Select drugs may have limitations related to quantity and doses allowed per prescription unless the prescribing physician obtains preauthorization from BCBSM. A list of these drugs is available at bcbsm.com.</p>