

**Blue Care Network
Certificate of Coverage
Michigan State University Student Health Plan**

This Certificate of Coverage (Certificate) is part of the contract between you and Blue Care Network of Michigan (BCN).

This Certificate describes the Benefits provided under your Coverage. It includes **General Provisions** and **Your Benefits**.

This Certificate is a student health plan through BCN, an independent corporation operating under a license from the Blue Cross® Blue Shield® Association. This Association is made up of independent Blue Cross® Blue Shield® plans. This Association permits BCN to use the Blue Cross® Blue Shield® Service Marks in Michigan.

BCN is a Health Maintenance Organization (HMO) licensed by the state of Michigan and affiliated with Blue Cross® Blue Shield® of Michigan. This Certificate and any attached Riders are issued by BCN and is a contract between you, as an enrolled Member and BCN.

When you enroll, you understand that:

- BCN is not contracting as the agent of the Association
- You have not entered into the contract with BCN based on representations by any person other than BCN
- No person, entity or organization other than BCN will be held accountable or liable to you for any of BCN's obligations created under the contract
- There are no additional obligations on the part of BCN other than those obligations stated under the provisions of the contract with BCN

This Plan is available for Michigan State University (MSU) students and their eligible Dependents. By choosing to enroll as a BCN Member, you, agree to the rules as stated in the General Provisions and Your Benefits chapters.

If you have questions about this Coverage, contact BCN Customer Service Department.

Blue Care Network
20500 Civic Center Drive
Southfield, MI 48076
800-662-6667
bcbsm.com

Definitions

These definitions will help you understand the terms used in this Certificate. They apply to the entire Certificate. Other terms are defined in subsequent sections as necessary. In addition to these terms, use of terms “we”, “us” and “our” refer to BCN. The terms “you” or “your” refer to the Member that may be enrolled as either a Subscriber or Dependent.

Acute Care or Service is medical care that requires a wide range of medical, surgical, obstetrical and or pediatric Services. It generally requires a Hospital stay of less than 30 days.

Acute Illness or Injury is one that is characterized by sudden onset (e.g. following an injury) or presents an exacerbation of a disease and is expected to last a short period after treatment by medical or surgical intervention.

Approved Amount also known as the Allowed Amount is the lower of the billed charge or the maximum payment level BCN will pay for the Covered Service. Any Cost Sharing that you owe is subtracted from the Approved Amount before we make our payment.

Balance Billing, sometimes called extra billing, occurs when a provider bills you for the difference between their charge and the Approved Amount. A BCN Participating Provider may not Balance Bill you for Covered Services. A non-Participating Provider may Balance Bill you for charges and you will be responsible for those charges.

BCN Network Benefits are Covered Health Services that you receive from a BCN Participating Provider or Facility. Selecting a BCN Network Provider is recommended to minimize your Out-of-Pocket costs.

BCN Network Participating Provider is an individual, Facility or other health care entity that has contracted with BCN to provide you with Covered Health Services and has agreed not to seek payment from you for Covered Services except for applicable Deductible, Copayments, and/or Coinsurance.

Benefit is a Covered Service as described in this Certificate.

BlueCard Program® is a program that, subject to Blue Cross® and Blue Shield® Association policies and the rules set forth in this Certificate. It allows BCN to process claims incurred in other states through the applicable Blue Cross® and Blue Shield® Plan.

Blue Care Network (BCN) is a Michigan health maintenance organization in which you are enrolled.

Certificate or Certificate of Coverage is this legal document that describes the rights and responsibilities of both you and BCN. It includes any Riders attached to this document.

Chronic is a disease or ailment that is not temporary or recurs frequently. Arthritis, heart disease, major depression and schizophrenia are examples of Chronic diseases.

Cognitive Rehabilitation Therapy (“CRT”) is the process of relearning Cognitive Skills that have been lost or altered as a result of damage to brain cells/chemistry. If skills cannot be

relearned, then new ones have to be taught. CRT teaches us how to compensate for these lost cognitive functions.

Cognitive Skills are the core skills we use to think, read, learn, remember, reason, and pay attention. Working together, they take incoming information and move it into the bank of knowledge we use every day at school, at work, and in life.

Coinsurance is your share of the costs of a Covered Service calculated as a percentage of the BCN Approved Amount that you owe after you pay any Deductible. This amount is determined based on the Approved Amount at the time the claims are processed. Your Coinsurance is not altered by an audit, adjustment or recovery. Your Coinsurance is added or amended when a Rider is attached. The Coinsurance applies to the Out-of-Pocket Maximum.

Continuity of Care refers to the Member's right to choose, in certain circumstances, to continue receiving Services from a physician who ends participation with BCN. (See Section 3.6)

Coordination of Benefits (COB) means a process for determining which certificate or policy is responsible for paying first for Covered Services (primary carrier) when a Member has coverage under more than one policy. Benefit payments are coordinated between the two carriers to provide 100% coverage whenever possible for Services covered in whole or in part under either plan, but not to pay in excess of 100% of the total allowable amount to which providers or you are entitled.

Copayment (Copay) is a fixed dollar amount you owe for certain Covered Services. The Copay is due at the time the Service is rendered. Copay amounts might be different for different health care Services. For example, your Emergency room Copay might be higher than your office visit Copay. Copays apply toward the Out-of-Pocket Maximum.

Cost Sharing (Deductible, Copayment and/or Coinsurance) is the portion of health care costs you owe as defined in this Certificate and attached Riders. We pay the rest of the Allowed Amount for Covered Services.

Coverage Period or Benefit Year is the period designated by MSU and BCN. It begins on the date as determined by MSU and BCN. Coverage will become effective at 12:01 AM on each Coverage Period start date and end at 11:59 PM on each Coverage Period end date. The Coverage Period can be Annual, Fall, Spring I, Spring II, Spring III, Quarter 1, Quarter 2, Quarter 3 or Quarter 4. Please check www.hr.msu.edu website for Coverage Period/Benefit Year dates.

Covered Services or Coverage refers to those Medically Necessary Services, drugs, or supplies provided in accordance with and identified as payable under the terms of the Certificate.

Custodial Care is care primarily used to help the Member with activities of daily living or meet personal needs. Such care includes help walking, getting in and out of bed, bathing, cooking, cleaning, dressing and taking medicine. Custodial Care can be provided safely and reasonably by people without professional skills or training. Custodial Care is not a covered benefit.

Deductible is the amount that you owe for health care Services before we pay. Payments made toward your Deductible are based on the Approved Amount at the time the claims are processed. Your Deductible is not altered by an audit, adjustment, or recovery. Your Deductible amount is added or amended when a Rider is attached. The Deductible does not apply to all Services. The Deductible applies to the Out-of-Pocket Maximum.

Dependent Child is an eligible individual under the age of 26 who is the son or daughter in relation to the Subscriber or spouse by birth, legal adoption or for whom the Subscriber or spouse has legal guardianship.

Elective Abortion means the intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to preserve the life or health of the child after live birth, or to remove a fetus that has died as a result of natural causes, accidental trauma, or a criminal assault on the pregnant woman. Elective Abortion does not include any of the following

- The use or prescription of a drug or device intended as a contraceptive
- The intentional use of an instrument, drug or other substance or device by a physician to terminate a woman's pregnancy if the woman's physical condition, in the physician's reasonable medical judgment, necessitates the termination of the woman's pregnancy to avert her death
- Treatment upon a pregnant woman who is experiencing a miscarriage or has been diagnosed with an ectopic pregnancy

Emergency Medical Condition is an illness, injury or symptoms that require immediate medical attention to avoid permanent damage, severe harm or loss of life. (See Section 8.6 for Emergency and Urgent Care)

Enrollment is the process of submitting a completed enrollment form and paying the necessary premium to BCN to receive Coverage.

Facility is a Hospital, clinic, freestanding center, urgent care, dialysis center, etc. that provides specialized treatments devoted primarily to the diagnosis, treatment care and /or Rehabilitation due to illness or injury.

Family Dependent is an eligible family member who is enrolled with BCN for health care Coverage. Family Dependents must meet the requirements stated in Section 1. NOTE: MSU is responsible for determining eligibility. Please contact MSU Human Resources office for eligibility information.

General Provisions is Chapter 1. It describes the rules of your Coverage.

Grievance is a written dispute about Coverage determination or quality of care that you submit to BCN. For a more detailed description of the Grievance process, refer to Section 3.5.

Habilitative Services/Devices are health care Services and devices that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who is not walking or talking at an expected age. These Services may include physical and

occupational therapy, speech-language pathology and other Services for people with disabilities in a variety of Inpatient and/or Outpatient settings.

Hospital is a Participating Acute Care Facility that provides continuous, 24-hour Inpatient medical, surgical or obstetrical care. The term “Hospital” does not include a Facility that is primarily a nursing care Facility, rest home, home for the aged or a Facility to treat substance use disorder, psychiatric disorders or pulmonary tuberculosis.

Inpatient is a Hospital admission where you occupy a Hospital bed while receiving Hospital care including room and board and general nursing care. It may occur after a period of Observation Care.

Medical Director (when used in this document) means BCN’s Chief Medical Officer (“CMO”) or a designated representative.

Medical Necessity or Medically Necessary Services are health care Services provided to the Member for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms that are:

- Rendered in accordance with generally accepted standards of medical practice
- Clinically appropriate in terms of type, frequency, extent, site and duration, and considered effective for the Member’s illness, injury or disease
- Not primarily for the convenience of the Member or health care provider, and not more costly than an alternative Service or sequence of Services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that Member’s illness, injury or disease
- Not regarded as experimental by BCN
- Rendered in accordance with BCN Utilization Management Criteria for Mental Health and Substance Use Disorders

Member (or you) means the individual entitled to Benefits under this Certificate. To participate in this Plan, you must be either an enrolled student at MSU or an eligible Dependent.

Mental Health Provider is duly licensed and qualified to provide Mental Health Services in a Hospital or other Facility in the state where treatment is received. Mental Health Services require Preauthorization.

MSU Health Team is the multi-specialty medical practice comprised of teaching faculty from MSU’s College of Medicine, College of Osteopathic Medicine, and College of Nursing. MSU Health Team offers primary and specialty health care Services to the public. It is comprised of approximately 200 physicians and nurse practitioners from 14 clinical departments as well as many allied health professionals. Olin Health Center Cost Sharing applies to MSU Health Team Services.

Non-Participating or Non-Participating Provider means an individual Provider, Facility or other health care entity not under contract with BCN. Unless the specific Service is Preauthorized as required under this Certificate, the Service will not be payable by BCN. You

may be billed directly by the Non-Participating Provider and will be responsible for the entire cost of the Service.

Observation Care consists of clinically appropriate Services that include testing and/or treatment, assessment, and reassessment provided before a decision can be made whether you will require further Services in the Hospital as an Inpatient admission, or may be safely discharged from the Hospital setting. Your care may be considered Observation Hospital care even if you spend the night in the Hospital.

Out-of-Network Benefits are Covered Services that are provided by a Non-Participating Physician or other Non-Participating provider in an office or Facility. Out-of-Network Benefits are paid at a lower level than BCN Network Benefits. Selecting a BCN Network Provider is recommended to minimize your Out-of-Pocket costs.

Out-of-Pocket Maximum is the most you have to pay for Covered Services during a Benefit Year. The Out-of-Pocket Maximum includes your medical and pharmacy Deductible, Copayment and Coinsurance. This limit never includes your Premium, Balance Billed charges, pediatric dental, pediatric vision or health care that we do not cover. Out-of-Pocket Maximum amount may be amended when a Rider is attached.

Patient Protection Affordable Care Act (“PPACA”) also known as the Affordable Care Act, is the landmark health reform legislation passed by the 111th Congress and signed into law by President Barack Obama in March 2010.

Pediatric Member is a child ranging from date of birth up to 17 years of age. Pediatric Members are not eligible to be seen at SHS at Olin Health Center. Pediatric Members will be assigned a BCN Network pediatrician within a 45 mile radius of SHS at Olin Health Center.

Preauthorization, Prior Authorization or Preauthorized Service is Coverage that is authorized or approved by your Primary Care Physician and/or BCN prior to obtaining the care or Service. Emergency Services do not require Preauthorization. Preauthorization is not a guarantee of payment. Services and supplies requiring Preauthorization may change as new technology and standards of care emerge. Current information regarding Services that require Preauthorization is available by calling Customer Service.

Premium is the amount prepaid monthly for Coverage.

Preventive Care is care designed to maintain health and prevent disease. Examples of Preventive Care include immunizations, health screenings, mammograms and colonoscopies.

Primary Care Physician (PCP) is your assigned provider at the Student Health Services (SHS) at Olin Health Center. You will be assigned an Olin Health Center physician who will provide and coordinate your medical health care including specialty Referrals and Hospital care. (See Pediatric Member definition)

Professional Services are Services performed by a licensed practitioner including but not limited to practitioners with the following licenses:

- Doctor of Medicine (M.D.)
- Doctor of Osteopathic Medicine (D.O.)
- Doctor of Podiatric Medicine (D.P.M.)
- Licensed Psychologist (L.P.)
- Certified Nurse Midwife (C.N.M.)
- Board Certified Behavior Analyst (B.C.B.A.)
- Doctor of Chiropractic (D.C.)
- Physician Assistant (P.A.)
- Nurse Practitioner (N.P.)
- Licensed Professional Counselor (L.P.C.)
- Licensed Master Social Worker (L.M.S.W.)

Referral is required from MSU Student Health Services at Olin Health Center if you seek care from a BCN Network provider that is located *within a 45 mile radius of Olin Health Center*. Benefits will not be paid for care received from a BCN Network provider located within 45 miles of Olin Health Center without a Referral.

You must begin treatment at Olin Health Center for Benefits to be paid. A Referral is required for each separate medical condition. A new Referral is needed each Benefit Year for continuing treatment. NOTE: Visiting Scholars, Optional Practical Training (OPT) students, College of Law students, College of Osteopathic Medicine students and College of Veterinary Medicine students are not considered enrolled MSU students and are not required to obtain Referrals if within 45 miles.

NOTE: Additional information regarding Referrals and Preauthorizations can be found in Section 8 Your Benefits-Important Information.

Rehabilitation Services are health care Services that help a person keep, get back or improve skills and functions for daily living that have been lost or impaired because a person was sick, hurt or disabled.

Rescission is the retroactive termination of a contract due to fraud or intentional misrepresentation of material fact.

Respite Care is temporary care provided in a nursing home, hospice Inpatient Facility, or Hospital so that a family member, friend or caregiver can rest or take some time off from caring for you.

Rider is an amendment to this Certificate that describes any changes (addition, modifications, deletion or revision) to Coverage. A Rider applies a Copayment, Deductible and/or Coinsurance and Out-of-Pocket Maximum to select Covered Services. When there is a conflict between the Certificate and a Rider, the Rider shall control over the Certificate.

Routine means non-urgent, non-emergent, non-symptomatic medical care provided for the purpose of disease prevention.

Service is any surgery, care, treatment, supplies, devices, drugs or equipment given by a healthcare provider to diagnose or treat disease, injury, condition or pregnancy.

Service Area is the geographic area made up of counties or parts of counties, where we are authorized by the state of Michigan to market and sell our health plans. The majority of our Participating Providers are located in the Service Area.

Skilled Care means Services that

- Require the skills of qualified technical or professional health personnel such as registered nurses, physical therapists, occupational therapists and speech pathologists, and/or must be provided directly by or under the general supervision of these skilled nursing or Skilled Rehabilitation personnel to assure the safety of the Member and to achieve medically desired result
 - Are ordered by the attending physician
 - Are Medically Necessary according to generally accepted medical standards
- Examples include but are not limited to intravenous medication (including administration); complex wound care and rehabilitation Services. Skilled care does not include private duty or hourly nursing, respite care, or other supportive or personal care Services such as administration or routine medications, eye drops and ointments.

Skilled Nursing Facility is a state-licensed and certified nursing home that provides continuous Skilled Nursing and other health care Services by or under the supervision of a physician and a registered nurse.

Student Health Services (SHS) at Olin Health Center is the MSU's primary on-campus health Facility for MSU students and their spouses/partners. Medical Services are provided by board-certified physicians and other certified medical professionals.

Subscriber is the eligible MSU student who has enrolled with Blue Care Network. This person is responsible for payment of Coverage premiums. This person is also referred to as the "Member". NOTE: See Section 1 for eligibility requirements or contact the MSU Benefits office.

Urgent Care Center is a Facility that provides Covered Services that are a result of an unforeseen sickness, illness or injury, or the onset of Acute or severe symptoms. An Urgent Care Center is not the same as a Hospital Emergency department or doctors' offices.

Your Benefits is Chapter 2. It has a detailed description of health care Coverage including exclusions and limitations.

Table of Contents

Topic	Page
CHAPTER 1 – GENERAL PROVISIONS	1
SECTION 1: Eligibility, Enrollment, and Effective Date of Coverage	1
1.1 Subscribers.....	1
1.2 Family Dependents.....	2
1.3 Dependent under a Qualified Medical Child Support Order.....	3
1.4 Additional Eligibility Guidelines.....	4
SECTION 2: Other Party Liability	4
2.1 Non-duplication.....	5
2.2 Auto Policy and Workers' Compensation Claims.....	5
2.3 Coordination of Benefits.....	6
2.4 Subrogation and Reimbursement.....	6
SECTION 3: Member Rights and Responsibilities	8
3.1 Confidentiality of Health Care Records.....	8
3.2 Inspection of Medical Records.....	9
3.3 Primary Care Physician (PCP).....	9
3.4 Refusal to Accept Treatment.....	9
3.5 Grievance Procedure.....	10
3.6 Continuity of Care for Professional Services.....	12
3.7 Additional Member Responsibilities.....	14
3.8 Preauthorization Process.....	14
SECTION 4: Forms, Identification Cards, Records and Claims	16
4.1 Forms and Applications.....	16
4.2 Identification Card.....	16
4.3 Misuse of Identification Card.....	17
4.4 Membership Records.....	17
4.5 Authorization to Receive Information.....	17
4.6 Member Reimbursement.....	17
SECTION 5: Termination of Coverage	18
5.1 Termination of Coverage.....	18
5.2 Termination for Nonpayment.....	18
5.3 Termination of a Member's Coverage.....	19
5.4 Extension of Benefits.....	19
SECTION 6: Continuation Coverage	20
6.1 Loss of Coverage by Dependent.....	20
SECTION 7: Additional Provisions	20
7.1 Notice.....	20

7.2	Change of Address	20
7.3	Headings	20
7.4	Governing Law	21
7.5	Execution of Contract of Coverage	21
7.6	Assignment	21
7.7	Policies and Member Handbook	21
7.8	Time Limit for Legal Action	21
7.9	Your Contract	21
7.10	Reliance on Verbal Communication and Waiver by Agents	22
7.11	Amendments	22
7.12	Major Disasters	223
7.13	Obtaining Additional Information	22
7.14	Right to Interpret Contract	23
7.15	Independent Contactors	24
7.16	Clerical Errors	24
7.17	Waiver	24
7.18	Termination of Coverage and Refund Policy	24
CHAPTER 2 – YOUR BENEFITS		25
SECTION 8: Your Benefits		26
8.1	Accessing Benefits	26
8.2	Cost Sharing	28
8.3	Professional Physician Services (Other Than Mental Health and Substance Use Disorder)	30
8.4	Preventive and Early Detection Services	33
8.5	Inpatient Hospital Services	37
8.6	Outpatient Services	38
8.7	Emergency and Urgent Care	40
8.8	Ambulance	42
8.9	Reproductive Care and Family Planning	43
8.10	Skilled Nursing Facility	45
8.11	Hospice Care	46
8.12	Home Health Care Services	46
8.13	Home Infusion Therapy Services	47
8.14	Mental Health Care	48
8.15	Autism Spectrum Disorders	50
8.16	Substance Use Disorder Services/Chemical Dependency	53
8.17	Outpatient Therapy Services	55
8.18	Durable Medical Equipment	57
8.19	Diabetic Supplies and Equipment	59
8.20	Prosthetics and Orthotics	60
8.21	Organ and Tissue Transplants	62
8.22	Reconstructive Surgery	63
8.23	Oral Surgery	64
8.24	Temporomandibular Joint Syndrome (TMJ) Treatment	64
8.25	Orthognathic Surgery	65
8.26	Weight Reduction Procedures	66

8.27 Prescription Drugs and Supplies	66
8.28 Clinical Trials	68
8.29 Gender Dysphoria Treatment.....	70
SECTION 9: Exclusions and Limitations.....	72
9.1 Unauthorized and Out of Network Services.....	72
9.2 Services Received While a Member.....	72
9.3 Services that are not Medically Necessary.....	72
9.4 Non-Covered Services.....	72
9.5 Cosmetic Treatment and Procedures	73
9.6 Prescription Drugs	73
9.7 Military Care.....	74
9.8 Custodial Care.....	74
9.9 Comfort Items	74
9.10 Mental Health/Substance Use Order	74
9.11 Court Related Services	75
9.12 Elective Procedures.....	76
9.13 Maternity Services	76
9.14 Dental Services.....	76
9.15 Services Covered Through Other Programs	76
9.16 Alternative Services	77
9.17 Vision Services.....	78
9.18 Hearing Aid Services	78
9.19 Out of Area Services.....	78
9.20 Worldwide Travel Assistance Services	79

CHAPTER 1 – GENERAL PROVISIONS

SECTION 1: Eligibility, Enrollment, and Effective Date of Coverage

This section describes eligibility, enrollment and effective date of Coverage. All Subscribers and Members must meet eligibility requirements set by BCN and MSU. Certain requirements depend on whether you are one of the following:

- MSU student
- Family Dependent
- Dependent under a Qualified Medical Child Support Order (Children up to the age of 26)
- Dependents of International students who arrive in the USA with valid Visa or Passport

For other eligibility requirements, please contact MSU Human Resources at (800)353-4434 or (517)353-4434.

1.1 **Subscribers**

Eligibility

You are eligible for Coverage under this Certificate if

- You are a student at MSU
- Are not eligible for Medicare

Medicare Coverage and this Certificate

A person who is eligible for Medicare at the time of enrollment under this Plan is not eligible for medical expense Coverage and prescription drug Coverage. If a Covered person becomes eligible for Medicare after he or she is enrolled in the Plan, such Medicare eligibility will not result in the termination of medical expense Coverage and prescription drug Coverage under this Plan. As used within this provision, persons are “eligible for Medicare” if they are entitled to Benefits under Part A (receiving free Part A) or enrolled in Part B or Premium Part A.

Enrollment

When you can enroll - During the Coverage Periods set by MSU

These Coverage Periods are usually Annual, Fall, Spring terms or Quarterly. Enrollment outside the Coverage Periods is allowed when a qualifying life event occurs and Human Resources is contacted within 60 days of the event. Please check www.hr.msu.edu for Coverage Period dates.

- A birth/adoption
- Marriage
- Loss of Coverage

Coverage Period

Coverage for all insured MSU students will become effective at 12:01 AM on each Coverage Period start date, and end at 11:59 PM on each Coverage Period end date as determined by MSU. Please check www.hr.msu.edu website for Coverage Period dates.

Renewal Policy – Students who voluntarily enroll themselves and Dependents as well as automatically enrolled students who enroll their Dependents will not receive notification prior to the deadline reminding them to reenroll. It will be the responsibility of the Student Subscriber to reenroll themselves and their Dependents. Failure to reenroll prior to the deadline will result in a break in Coverage.

1.2 Family Dependents

Eligibility

A Family Dependent may be

- Be the legally married spouse of the Subscriber residing with the Student
- A Dependent Child – Subscriber's child under the age of 26 including natural child, step child, legally adopted child or child placed for adoption
- A Dependent under a Qualified Medical Child Support Order

Dependent Children and a Dependent under a Qualified Medical Child Support Order are eligible for Coverage until he or she turns 26. The child's BCN membership will end on the last day of the Coverage Period following the child's 26th birthday.

Exception: An unmarried Dependent Child and a Dependent under a Qualified Medical Child Support Order who becomes 26 while enrolled in Coverage and who is totally and permanently disabled may continue Coverage if:

- The child is incapable of self-sustaining employment because of developmental disability or physical handicap
- The child relies primarily on the Subscriber for financial support
- The child lives in the Service Area
- The disability began before their 26th birthday

Physician certification, verifying the child's disability and that it occurred prior to the child's 26th birthday, must be submitted to BCN within 31 days of the end of the Coverage Period in which the child turns age 26.

If the disabled child is entitled to Medicare Benefits, BCN must be notified of Medicare coverage in order to coordinate Member Benefits.

NOTE: A Dependent Child whose only disability is a learning disability or substance use disorder does not qualify for health care coverage under this exception.

Enrollment

When you can add Eligible Family Dependents to the Subscriber's contract

- During the enrollment period established by MSU

- When the Subscriber enrolls
- Within 60 days of a “qualifying event,” that is, birth, marriage, placement for adoption, qualified medical child support order. NOTE: See below for additional requirements for Dependents under a Qualified Medical Child Support Order

If the eligible Family Dependents were not enrolled because of other coverage, and they lose their coverage, the Subscriber may add them within 60 days of their loss of coverage with supporting documentation.

NOTE: Other non-enrolled eligible Family Dependents may also be added at the same time as the newly qualified Family Dependent.

Effective Date of Coverage – other than Dependent Under a Qualified Medical Child Support Order

- Coverage is effective on the date of the qualifying event, if the Family Dependent is enrolled within 60 days of the event.
- If the Family Dependent is not enrolled within 60 days, Coverage will not begin until the next Open Enrollment Period’s effective date.
- For a Family Dependent who lost coverage and notifies BCN within 60 days, Coverage will be effective when the previous coverage lapsed. If you do not notify BCN within 60 days, Coverage will not begin until the next Open Enrollment Period’s effective date.
- Adopted children are eligible for Coverage from the date of placement.

NOTE: Placement means when the Subscriber becomes totally responsible for the child; therefore, the child’s Coverage may begin before the child lives in the Subscriber’s home.

1.3 Dependent under a Qualified Medical Child Support Order

Eligibility

The child will be enrolled under a Qualified Medical Child Support Order if the Subscriber is under court or administrative order that makes the Subscriber legally responsible to provide Coverage.

NOTE: A copy of the court order, court-approved settlement agreement or divorce decree is required to enroll the child. If you have questions about whether an order is “qualified” for purposes of State law, call Customer Service at the number provided on the back of your BCN ID card or refer to Section 7 Obtaining Additional Information.

Enrollment

The Dependent Child under this section may be enrolled at any time, preferably within 60 days of the court order.

In addition:

- If the Subscriber parent who is under court order to provide Coverage does not apply, the other parent or the state Medicaid agency may apply for Coverage for the child.

- A Subscriber parent who has individual Coverage must change from individual Coverage to family Coverage.

NOTE: Rates will increase for family Coverage.

- If the parent, who is under a court or administrative order to provide Coverage for the child, is not already a Subscriber, that parent may enroll (if eligible) when the child is enrolled.
- Neither parent may disenroll the child from an active contract while the court or administrative order is in effect, unless the child becomes covered under another plan.

Effective Date of Coverage

- If BCN receives notice within 60 days of the court or administrative order, Coverage is effective as of the date of the order.
- If BCN receives notice later than 60 days from the date of the order, Coverage is effective on the date BCN receives notice.

1.4 Additional Eligibility Guidelines

The following guidelines apply to all Members:

- To remain eligible for this Plan after enrollment in this Plan, students must actively attend classes for at least the first 31 days after the first day of regularly scheduled classes, after enrollment in the Plan. Home study and correspondence courses do not fulfill this requirement.
- **Change of Status:** You agree to notify BCN within 60 days of any change in eligibility status of you or any Family Dependents. When a Member is no longer eligible for Coverage, he or she is responsible for payment for any Services or Benefits.
- We will only pay for Covered Services you receive when you are a BCN Member covered under this Certificate. If you are admitted to a Hospital or Skilled Nursing Facility either when you become a Member or when your BCN Membership ends, we will only pay for Covered Services provided during the time you were a Member.

SECTION 2: Other Party Liability

IMPORTANT NOTICE

BCN does not pay claims or coordinate Benefits for Services that

- Are not provided or Preauthorized by BCN and a Primary Care Physician
- Are not a Benefit under this Certificate

It is your responsibility to provide complete and accurate information requested by us in order to administer Section 2. Failure to provide requested information, including information about other coverage may result in a denial of claims.

2.1 Non-duplication

- BCN Coverage provides you with the Benefits for health care Services as described in this Certificate.
- BCN Coverage does not duplicate Benefits or pay more for Covered Services than the BCN Approved Amount.
- BCN does not allow “double-dipping” meaning that the Member and/or provider is not eligible to be paid by both BCN and another health plan or another insurance policy.
- This is a coordinated Certificate, meaning Coverage described in this Certificate will be reduced to the extent that the Services are available or payable by other health plans or policies under which you may be covered, whether or not you make a claim for payment under such health plan or policy.

2.2 Auto Policy and Workers' Compensation Claims

- This Certificate is a coordinated Certificate of Coverage. This means that for medical care needed as the result of an automobile accident, if the Member has a coordinated no-fault insurance policy, then BCN will assume primary liability for Covered Services. The no-fault automobile insurance would be secondary.

If the Member has coverage through a non-coordinated (sometimes called a “full medical”) no-fault automobile insurance policy, then the automobile insurance will be considered the primary plan. BCN would pay Coverage under this Certificate as the secondary plan.

- If a Member is injured while riding a motorcycle due to an accident with an automobile, then the automobile insurance for the involved automobile is primary for the Member's medical Services. BCN would provide for Covered Services under this Certificate as the secondary plan.

If a Member is injured in a motorcycle accident that does not involve an automobile and if the motorcycle insurance plan provides medical coverage, then the motorcycle insurance plan is primary. BCN would pay for Covered Services under this Certificate as the secondary plan.

If the motorcycle insurance does not provide medical coverage or if medical coverage is exhausted, then BCN will pay for Covered Services under this Certificate as the primary plan. Members who ride a motorcycle without a helmet are required by Michigan state law to purchase medical coverage through their motorcycle insurance plan and BCN will pay secondary.

- Services and treatment for any work-related injury that are paid, payable or required to be provided under any workers' compensation law or program will not be paid by BCN.

- If any such Services are provided by BCN, BCN has the right to seek reimbursement from the other program, insurer or Member who has received reimbursement.
- Applicable BCN Preauthorization and Coverage requirements (i.e. seeking Services from a Participating Provider except in Emergent situations) must always be followed for auto or work-related injuries. Failure to follow applicable Preauthorization and or Coverage requirements may leave you solely responsible for the cost of any Services received.

2.3 Coordination of Benefits

We coordinate Benefits payable under this Certificate per Michigan’s Coordination of Benefits Act.

When you have coverage under a policy or certificate that does not contain a coordination of Benefits provision, that policy will pay first as the Primary Plan. This means Benefits under the other coverage will be determined before the Benefits of your BCN Coverage.

After those Benefits are determined, your BCN Benefits and the Benefits of the other plan will be coordinated to provide 100% coverage whenever possible for Services covered partly or totally under either plan. In no case will payments be more than the amounts to which providers or you as a Member are entitled, and you may still have a remaining Member Liability after all plans have made payment.

2.4 Subrogation and Reimbursement

Subrogation is the assertion by BCN of your right, or the rights of your Dependents or representatives, to make a legal claim against or to receive money or other valuable consideration from another person, insurance company or organization.

Reimbursement is the right of BCN to make a claim against you, your Dependents or representatives if you or they have received funds or other valuable consideration from another party responsible for Benefits paid by BCN.

Definitions

The following terms are used in this section and have the following meanings:

“**Claim for Damages,**” means a lawsuit or demand against another person or organization for compensation for an injury to a person when the injured party seeks recovery for the medical expenses.

“**Collateral Source Rule**” is a legal doctrine that requires the judge in a personal injury lawsuit to reduce the amount of payment awarded to the plaintiff by the amount of Benefits BCN paid on behalf of the injured person.

“**Common Fund Doctrine**” is a legal doctrine that requires BCN to reduce the amount received through subrogation by a pro rata share of the plaintiff’s court costs and attorney fees.

“**First Priority Security Interest**” means the right to be paid before any other person from any money or other valuable consideration recovered by:

- Judgment or settlement of a legal action
- Settlement not due to legal action
- Undisputed payment

“**Lien**” means a first priority security interest in any money or other valuable consideration recovered by judgment, settlement or otherwise up to the amount of Benefits, costs and legal fees BCN paid as a result of the plaintiff’s injuries.

“**Made Whole Doctrine**” is a legal doctrine that requires a plaintiff in a lawsuit be fully compensated for his or her damages before any Subrogation Liens may be paid.

“**Other Equitable Distribution Principles**” means any legal or equitable doctrines, rules, laws or statutes that may reduce or eliminate all or part of BCN’s claim of Subrogation.

“**Plaintiff**” means a person who brings the lawsuit or claim for damages. The plaintiff may be the injured party or representative of the injured party.

Your Responsibilities

In certain cases, BCN may have paid for health care Services for you or other Members on your Contract that should have been paid by another person, insurance company or organization. In these cases:

- You assign to us your right to recover what BCN paid for your medical expenses for the purpose of subrogation. You grant BCN a Lien or Right of Recovery.
- Reimbursement on any money or other valuable consideration you receive through a judgment, settlement or otherwise regardless of 1) who holds the money or other valuable consideration or where it is held; 2) whether the money or other valuable consideration is designated as economic or non-economic damages; and 3) whether the recovery is partial or complete.
- You agree to inform BCN when your medical expenses should have been paid by another party but was not due to some act or omission.
- You agree to inform BCN when you hire an attorney to represent you, and to inform your attorney of BCN’s rights and your obligations under this Certificate.
- You must do whatever is reasonably necessary to help BCN recover the money paid to treat the injury that caused you to claim damages for personal injury.
- You must not settle a personal injury claim without first obtaining written consent from BCN if the settlement relates to Services paid by BCN.
- You agree to cooperate with BCN in our efforts to recover money we paid on your behalf.

- You acknowledge and agree that this Certificate supersedes any Made Whole Doctrine, Collateral Source Rule, Common Fund Doctrine or other Equitable Distribution Principles.
- You acknowledge and agree that this Certificate is a contract between you and BCN and any failure by you, other Members on the Contract or representatives to follow the terms of this Certificate will be a material breach of your contract with us.
 - a. When you accept a BCN ID card for Coverage, you agree that, as a condition to receiving Benefits and Services under this Certificate, you will make every effort to recover funds from the liable party.
 - b. When you accept a BCN ID card for Coverage, it is understood that you acknowledge BCN's right of subrogation. If BCN requests, you will authorize this action through a subrogation agreement. If a lawsuit by you or by BCN results in a financial recovery greater than the Services and Benefits provided by BCN, BCN has the right to recover its legal fees and costs out of the excess.
 - c. When reasonable collection costs and legal expenses are incurred in recovering amounts that benefit both you and BCN, the costs and legal expenses will be divided equitably.
 - d. You agree not to compromise, settle a claim, or take any action that would prejudice the rights and interests of BCN without obtaining BCN's prior written consent.
 - e. BCN will have the right to recover from you the amount to which BCN has a right to subrogation. If you refuse or do not cooperate with BCN regarding subrogation, it will be grounds for terminating membership in BCN upon 30 days written advance notice. You have the right to appeal our decision by contacting Customer Service.

SECTION 3: Member Rights and Responsibilities

3.1 Confidentiality of Health Care Records

Your health care records are kept confidential by BCN, its agents and the providers who treat you.

You agree to permit providers to release information to BCN. This can include medical records and claims information related to Services you may receive or have received.

BCN agrees to keep this information confidential. Consistent with our Notice of Privacy Practice, information will be used and disclosed only as Preauthorized or as required by or as may be permissible under law.

It is your responsibility to cooperate with BCN by providing health history information and helping to obtain prior medical records at the request of BCN.

3.2 Inspection of Medical Records

You have access to your own medical records or those of your minor children or wards at your provider's office during regular office hours. In some cases, access to records of a minor without the minor's consent may be limited by law or applicable BCN policy.

3.3 Primary Care Physician (PCP)

Student Health Services at Olin Health Center is your designated Primary Care Provider.

Pediatric Members will be assigned a BCN Network pediatrician within a 45 mile radius of SHS at Olin Health Center. No PCP Referral is required for a Minor to receive pediatric Services from the Participating pediatrician.

You do not need Preauthorization from BCN or from any other person, including your Primary Care Physician, in order to obtain access to obstetrical or gynecological care from a Participating Provider who specializes in obstetric and gynecologic care. The Participating Specialist, however, may be required to comply with certain BCN procedures, including obtaining Preauthorization for certain Services, following a pre-approved Treatment Plan, or procedures for making Referrals. The female Member retains the right to receive the obstetrical and/or gynecological Services directly from her Primary Care Physician.

Information on how to select a Primary Care Physician, and for a list of Participating Primary Care Physicians, Participating pediatricians and Participating health care professionals (including certified and registered nurse midwives) who specialize in obstetrics or gynecology is available at bcbsm.com or by calling Customer Service at the number on the back of BCN ID Card.

If after reasonable efforts, you and the Primary Care Physician are unable to establish and maintain a satisfactory physician-patient relationship, you may be transferred to another Primary Care Physician. If a satisfactory physician-patient relationship cannot be established and maintained, you may be asked to disenroll upon 30 days written advance notice; all Dependent Family Members will also be required to disenroll from Coverage. (See Section 5)

3.4 Refusal to Accept Treatment

You have the right to refuse treatment or procedures recommended by Participating Providers for personal or religious reasons. However, your decision could adversely affect the relationship between you and your physician, and the ability of your physician to provide appropriate care for you.

If you refuse the treatment recommended, and the Participating Providers believes that no other medically acceptable treatment is appropriate, the Participating Provider will notify you. If you still refuse the treatment or request procedures or treatment that BCN and/or the Participating Provider regards as medically or professionally inappropriate, treatment of the condition or complications caused by failure to follow the recommendations of the Participating Provider will no longer be payable under this Certificate.

3.5 Grievance Procedure

BCN and your Primary Care Physician are interested in your satisfaction with the Services and care you receive as a Member. If you have a problem relating to your care, we encourage you to discuss this with your Primary Care Physician first. Often your Primary Care Physician can correct the problem to your satisfaction. You are always welcome to contact our Customer Service Department with any questions or problems you may have.

We have a formal Grievance process if you are unable to resolve your concerns through Customer Service, or to contest an Adverse Benefit Determination.

At any step of the Grievance process, you may submit any written materials to help us in our review. You have two years from the date of discovery of a problem to file a Grievance with or appeal a decision of BCN. There are no fees or costs charged to you when filing a Grievance.

Definitions

Adverse Benefit Determination - means any of the following:

- A request for a benefit, on application of any utilization review technique, does not meet the requirements for medical necessity, appropriateness, health care setting, level of care, or effectiveness or is determined to be experimental or investigational and is therefore denied, reduced, or terminated or payment is not provided or made, in whole or in part, for the benefit
- The denial, reduction, termination, or failure to provide or make payment, in whole or in part, for a benefit based on a determination of a covered person's eligibility for coverage.
- A prospective or retrospective review determination that denies, reduces, or terminates or fails to provide or make payment, in whole or in part, for a benefit.
- A rescission of coverage determination.
- Failure to respond in a timely manner to request for a determination.

Pre-service grievance is an appeal that you can file when you disagree with our decision not to pre-approve a Service you have not yet received.

Post-service grievance is an appeal that you file when you disagree with our payment decision or our denial for a service that you have already received.

Review and Decision by the BCN Grievance Panel

To submit a grievance, you or someone authorized by you in writing, must submit a statement of the problem in writing, to the Appeals and Grievance Unit in the Customer Services department at the address listed below.

Appeals and Grievance Unit
Blue Care Network
P. O. Box 284
Southfield, MI 48086-5043
Fax 866-522-7345

The Appeals and Grievance Unit will review your grievance and give you our decision within 30 calendar days for pre-service and 60 calendar days for post-service.

The person or persons who made the initial determination are not the same individuals involved in Grievance Panel. When an adverse determination is made, BCN will provide you with a written statement, containing the reasons for the adverse determination, the next step of the grievance process and forms used to request the next grievance step. BCN will provide, upon request and free of charge, all relevant documents and records relied upon in reaching an adverse determination.

If the grievance pertains to a clinical issue, the grievance will be forwarded to an independent Medical Consultant within the same or similar specialty for review. If BCN needs to request medical information, an additional 10 business days may be added to the resolution time. When an adverse determination is made, a written statement, in plain English, will be sent within 5-calendar days of the Panel meeting, but not longer than 30-calendar days for pre-service and 60-calendar days for post-service after receipt of the request for review. Written confirmation will contain the reasons for the adverse determination, the next step of the grievance process and the form used to request an external grievance review. BCN will provide, upon request and free of charge, all relevant documents and records relied upon in reaching an adverse determination.

External Review

If you do not agree with the decision or our internal grievance process is waived, you may appeal to Department of Insurance & Financial Services (DIFS) at michigan.gov/difs or at the addresses listed below.

Office of General Counsel – Health Care Appeals Section

Department of Insurance & Financial Services

(By mail)

P. O. Box 30220

Lansing, MI 48909-7720

Fax: 517-284-8838

(By delivery service)

530 W. Allegan St., 7th Floor

Lansing, MI 48933-1521

1-877-999-6442

When filing a request for an external review, the Member will be required to authorize the release of any medical records that may be required to be reviewed for the purpose of reaching a decision on the external review.

If we fail to provide you with our final determination within 30 calendar days for pre-service or 60-calendar days for post-service (plus 10 business days if BCN requests additional medical information) from the date we receive your written grievance, you will be considered to have exhausted the internal grievance process and may request an external review from the Department of Insurance and Financial Services. You must do so within 120 days of the date you received either our final determination or the date our final determination was due. Mail your request for a standard external review, including the required forms that we will provide to you, to the above address.

Expedited review

Under certain circumstances – if your medical condition would be seriously jeopardized during the time it would take for a standard grievance review – you can request an expedited review. You, your doctor or someone acting on your behalf can initiate an expedited review by calling Customer Service or faxing us at 866-522-7345.

We will decide within 72 hours of receiving both your grievance and your physician's confirmation. If we tell you our decision verbally, we must also provide a written confirmation within two business days. If we fail to provide you with our final determination timely or you receive an adverse determination, you may request an expedited external review from DIFS within 10-calendar days of receiving our final determination. In some instances, we may waive the requirement to exhaust our internal grievance process.

3.6 Continuity of Care for Professional Services

Continuity of Care for Existing Members

When a contract terminates between BCN and a Participating Provider (including your Primary Care Physician) who is actively treating you for conditions and under the circumstances listed below, the disaffiliated physician may continue treating you.

Physician Requirements

The Continuity of Care provisions apply only when your physician:

- Notifies BCN of his or her agreement to accept the Approved Amount as payment in full for the Services provided;
- Continues to meet BCN's quality standards; and
- Agrees to adhere to BCN medical and quality management policies and procedures.

It is the responsibility of the physician to notify you of his or her willingness to continue accepting payment from BCN for Covered Services within 15 days of the date the BCN contract ended.

Medical Conditions and Coverage Time Limits

Pregnancy Related

If you are in your second or third trimester of pregnancy at the time of the treating physician's disaffiliation, Services provided by your physician may continue through post-partum care (typically six weeks) for Covered Services directly related to your pregnancy.

Terminal Illness

If you were diagnosed as terminally ill (with a life expectancy of six months or less) and were receiving treatment from the disaffiliated provider related to your illness prior to the end of the provider's BCN contract, Coverage for Services provided by your provider may continue for the ongoing course of treatment through death.

Life-Threatening Condition: If you have a life-threatening disease or condition for which death is likely if the course of treatment is interrupted. Coverage for Services provided by the disaffiliated

provider may continue through the current period of active treatment or 90 calendar days from the time the provider's contract with BCN ended, whichever comes first.

Other Medical Conditions

For Chronic (on-going) and Acute medical conditions (a disease or condition requiring complex on-going care such as chemotherapy, radiation therapy, surgical follow-up visits) when a course of treatment began prior to the treating physician's disaffiliation, Coverage for Services provided by the disaffiliated provider may continue through the current period of active treatment or 90 calendar days from the time the provider's contract with BCN ended, whichever comes first. The treating physician or health care provider must attest that your condition would worsen or interfere with anticipated outcomes if your care were discontinued. Your Participating Primary Care Physician must coordinate all other Services in order for them to be Covered Services.

Coverage

If the former Participating Provider (including your Primary Care Physician) provides notification to you and agrees to meet the "Physician Requirements" listed above, BCN will continue to provide coverage at the BCN Network Benefit for the Covered Services when provided for an ongoing course of treatment, subject to Medical Conditions and Coverage Time Limits detailed above. In order for additional Covered Services to be paid at the BCN Network Benefit Level, your Participating Primary Care Physician must provide or coordinate all such Services.

If the above conditions are not met, Covered Services will be paid at the Out-of-Network Benefit level.

Continuity of Care for New Members

If you are a new Member and want to continue an active course of treatment from your existing, Non-Participating Provider, you may request enrollment in BCN's Continuity of Care program. In order for the Services to be paid by BCN at the BCN Network Benefit level, at the time of enrollment you must have selected a Primary Care Physician who will coordinate your care with the Non-Participating Provider. You may participate in the Continuity of Care program only for the following conditions and only for the time periods described below:

Coverage Time Limits and Qualification Criteria

Pregnancy Related

If you are in your second or third trimester of pregnancy at the time of enrollment, coverage provided by your Non-Participating Provider may continue through post-partum care for Covered Services directly related to your pregnancy.

Terminal Illness

If you were diagnosed as terminally ill (with a life expectancy of six months or less) and were receiving treatment from the Non-Participating Provider related to your illness prior to enrollment, Coverage for Services provided by your Non-Participating Provider may continue for the ongoing course of treatment through death.

Other Medical Conditions

For Chronic and Acute medical conditions when a course of treatment began prior to enrollment, Coverage for Services provided by the Non-Participating Provider may continue through the current period of active treatment or 90 calendar days from the time of enrollment, whichever comes first.

Coverage

Coverage will be provided for Covered Services under the BCN Network Benefits for an ongoing course of treatment, subject to Coverage Time Limits and Qualification Criteria detailed above. In order for additional Covered Services to be paid at the BCN Network Benefit Level, your Participating Primary Care Physician must provide or coordinate all such Services.

If the above conditions are not met, Covered Services will be paid at the Out-of-Network Benefit level.

3.7 Additional Member Responsibilities

You have the responsibility to do the following.

- Read the Member Handbook, this Certificate and all other Member materials.
- Call Customer Service with any questions.
- Comply with the plans and instructions for care that you have agreed on with your practitioners.
- Provide, to the extent possible, complete and accurate information that BCN and its Participating Providers need in order to provide you with care.
- Make and keep appointments for non-emergent medical care.
- Notify the doctor's office if you need to cancel an appointment.
- Participate in the medical decisions regarding your health.
- Participate in understanding your health problems and developing mutually agreed upon treatment goals.
- Comply with the terms and conditions of the Coverage provided.

3.8 Preauthorization Process

Some Services and supplies require Preauthorization by BCN.

Section 8 tells you which Services and supplies need Preauthorization. You can get a complete and detailed list by contacting Customer Service at the number on the back of your BCN ID Card. The list may change from time to time.

This chart describes the type of request, Preauthorization procedures and time frames.

Type of Request	Time to Request Additional Information	Time to Obtain Additional Information	Time to Decision	Time to Initial Notification	Time to Written Notification
Pre-Service urgent requests requiring additional information	Within 24 hours of receipt of request	Within 48 hours of notifying provider of the need for additional information	Within 72 hours from receipt of request	Practitioner notified by telephone or fax within 72 hours from receipt of request for approvals or denials	Written notification is given to Member and provider within 3 days from initial oral notification
Pre-Service non-urgent requests with all information	Not applicable	Not applicable	Within 14 days from receipt of request	Initial notification is given to Member and provider within 14 days from receipt of request	Written notification is given to Member and provider within 14 days from receipt of request
Pre-Service non-urgent requests requiring additional information	Within 5 days of receipt of request - Written request for information is sent to Member and provider	Within a minimum of 45 days of request for information	Within 14 days of receipt of information	Initial notification is given to Member and provider within 14 days from receipt of information	Written notification is given to Member and provider within 14 days from receipt of information
Concurrent care	Within 24 hours of receipt of request	Within 48 hours of notifying provider of the need for additional information	Within 72 hours from receipt of request	Practitioner notified by telephone or fax within 72 hours from receipt of request	Written notification is given to Member and provider within 3 days from initial oral notification
Urgent concurrent care	Not applicable	Not applicable	Within 24 hours of receipt of request	Initial notification is given to provider within 24 hours of	Written notification of denial is sent to Member and provider within 3 days from initial

				receipt of request	oral notification
Post-Service requests with all information	Not applicable	Not applicable	Within 30 days of receipt of request	Not applicable	Within 30 days of receipt of request
Post-Service requests requiring additional information	Within 5 days of receipt of request - Written request for information is sent to Member and provider	Within a minimum of 45 days of request for information	Within 14 days of receipt of information	Not applicable	Written notification is given to member and provider within 14 days from receipt of information

SECTION 4: Forms, Identification Cards, Records and Claims

4.1 Forms and Applications

You must complete and submit any enrollment form or other forms that MSU and BCN request. You represent that any information you submit is true, correct and complete. The submission of false or misleading information in connection with Coverage is cause for Rescission of your Contract upon 30 days written advance notice.

You have the right to appeal our decision to Rescind your Coverage by following the Grievance procedure as described in Section 3 and in the Member Handbook. The Grievance procedure is also on our web site at bcbsm.com. To obtain a copy, you can call Customer Service at the number shown on the back of your BCN ID card.

4.2 Identification Card

You will receive a BCN identification card. You must present this card whenever you receive or seek Services from a provider. This card is the property of BCN, and its return may be requested at any time.

To be entitled to Benefits, the person using the card must be the Member on whose behalf all premiums have been paid. If a person is not entitled to receive Benefits, the person must pay for the Services received.

If you have not received your card or your card is lost or stolen, please contact Customer Service immediately by calling 800-662-6667. You can order a new card from our website at bcbsm.com.

4.3 Misuse of Identification Card

BCN may confiscate your identification card and may terminate all rights under this Certificate if you misuse your identification card by doing any of the following.

- Repeatedly fail to present the card when receiving Services from a provider
- Permit any other person to use the card
- Attempt to or defraud BCN or a provider

4.4 Membership Records

- We maintain membership records.
- Benefits under this Certificate will not be available unless the Member submits information in a satisfactory format.
- You are responsible for correcting any inaccurate information provided to BCN. If you intentionally fail to correct inaccurate information, you will be responsible to reimburse BCN for any Service paid based on the incorrect information.

4.5 Authorization to Receive Information

By accepting Coverage under this Certificate, you agree that

- BCN may obtain any information from providers in connection with Services provided. BCN may disclose any of your medical information to your treating physicians or as otherwise permitted by law.
- BCN may copy records related to your care.

4.6 Member Reimbursement

Your Coverage is designed to avoid the requirement that you pay a Participating Provider for Covered Services except for applicable Copayments, Coinsurance or Deductible. If, however, circumstances require you to pay a provider, ask us in writing to be reimbursed for those Services. Written proof of payment must show exactly what Services were received including diagnosis, CPT codes, date and place of Service. A billing statement that shows only the amount due is not sufficient.

Additional information on how to submit a claim and the Reimbursement Form is available at bcbsm.com and in the Member Handbook.

Send your itemized medical bills promptly to us.

BCN Customer Service
P. O. Box 68767
Grand Rapids, MI 49516-8767

NOTE: Written proof of payment must be submitted within 12 months of the date of Service. Claims submitted 12 months past the date of Service would not be paid.

SECTION 5: Termination of Coverage

5.1 Termination of Coverage

This Certificate is guaranteed renewable and it will continue in effect unless terminated as follows:

- This Certificate may be terminated by BCN with 31 days prior written notice, which shall include reason for termination. Benefits will terminate for Subscriber and Dependents as of the date of termination of this Certificate.
- If the Subscriber terminates this Certificate, all rights to Benefits shall cease as of the effective date of termination.
- You must notify MSU Human Resources if you want to terminate your Coverage based on MSU guidelines.

5.2 Termination for Nonpayment

Nonpayment of Premium

- If you fail to pay the premium by the due date, Coverage for you and your Dependents will be terminated.
- If the Coverage is terminated, any Benefits incurred by a Member and paid by BCN after the termination will be charged to the Subscriber as permitted by law.
- You will not receive notification prior to the deadline reminding you to reenroll. It will be the responsibility of the student to reenroll themselves and their Dependents. Failure to reenroll prior to the deadline will result in a break in Coverage.

Nonpayment History

BCN may refuse to accept an application for enrollment or may decline renewal of any Member's Coverage if the applicant or any Member on the contract has a history of delinquent payment of their share of the costs for Covered Services.

Nonpayment of Member's Cost Sharing

BCN may terminate Coverage for a Member under the following conditions:

- If you fail to pay applicable Copayments, Deductible, Coinsurance or other fees within 90 days of their due date; or
- If you do not make and comply with acceptable payment arrangements with the Participating provider to correct the situation.

The termination will be effective at the renewal date of the Certificate. BCN will give reasonable notice as required by law of such termination.

5.3 Termination of a Member's Coverage

a) Termination

Coverage for any Member may be terminated for any of the reasons listed below. Such termination is subject to legally required notice and Grievance rights, if applicable:

- You no longer meet eligibility requirements
- Coverage is cancelled for nonpayment
- You do not cooperate with BCN in pursuing subrogation
- You are unable to establish a satisfactory physician-patient relationship
- You act in an abusive or threatening manner toward BCN or Participating Providers or their staff, other patients.
- Misuse of the BCN ID Card that is not fraud or intentional misrepresentation of a material fact
- Misuse of the BCN system that is not fraud or intentional misrepresentation of a material fact

b) Rescission

If you commit fraud that in any way affects your Coverage or make an intentional misrepresentation of material fact to obtain, maintain or that otherwise affects your Coverage, BCN will consider you in breach of contract and, upon 30 days written advance notice your membership may be Rescinded. In some circumstances, fraud or intention misrepresentation of material fact may include:

- Misuse of the BCN ID card (Section 4)
- Intentional misuse of the BCN system
- Knowingly providing inaccurate information regarding eligibility

You have the right to appeal our decision to Rescind your Coverage by following the BCN Grievance procedure in Section 3 of this Certificate. You can also find this procedure in your Member Handbook, at bcbsm.com or you can contact Customer Service who will provide you with a copy.

Additional information regarding Termination of Coverage and Refund Policy is available in Section 7.18.

5.4 Extension of Benefits

All rights to BCN Benefits end on the termination date **except**:

- Benefits will be extended for a Preauthorized Inpatient admission that began prior to the termination date. Coverage is limited to Facility charges; professional claims are not payable after the termination date.

As noted in Section 1, Benefits are only provided when Members are eligible and covered under this Certificate. However, as permitted by law, this extension of Benefits will continue only for the condition being treated on the termination date, and only until any one of the following occurs

- You are discharged.
- Your Benefit exhausted prior to the end of the contract.
- You become eligible for other Coverage.

NOTE: If Coverage is Rescinded due to fraud or intentional misrepresentation of a material fact, this extension shall not apply.

SECTION 6: Continuation Coverage

6.1 Loss of Coverage by Dependent

Loss of Dependent Coverage

Coverage for Dependents will end when the Coverage for the student ends. Before then Coverage will end:

- The date the covered student fails to pay any required premium.
- For the Spouse, the date the marriage ends in divorce or annulment.
- The date the Dependent Coverage is deleted from the Plan.

SECTION 7: Additional Provisions

7.1 Notice

Any notice that BCN is required to give its Members will be

- In writing
- Delivered personally
- Sent by U.S. Mail
- Addressed to your last address provided to BCN

7.2 Change of Address

You must update Membership records immediately when you change your address.

7.3 Headings

The titles and headings in this Certificate are not intended as part of this Certificate. They are intended to make your Certificate easier to read and understand.

7.4 Governing Law

The Certificate of Coverage is made and will be interpreted under the laws of the State of Michigan and federal law where applicable.

7.5 Execution of Contract of Coverage

When you enroll with BCN, you agree to all terms, conditions, and provisions of Coverage as described in this Certificate.

7.6 Assignment

Benefits covered under this Certificate are for your use only. They cannot be transferred or assigned. Any attempt to assign them will automatically terminate all your rights under this certificate. You cannot assign your right to any payment from us, or for any claim or cause of action against us to any person, provider, or other insurance company.

We will not pay a provider except under the terms of this Certificate.

7.7 Policies and Member Handbook

Reasonable policies, procedures, rules and interpretation may be adopted in order to administer the Certificate. Your Benefits include additional programs and Services, as set forth in the Member Handbook.

7.8 Time Limit for Legal Action

You may not begin legal action against us later than three years after the date of service of your claim. If you are bringing legal action about more than one claim, this time limit runs independently for each claim.

You must first exhaust the grievance and appeals procedures, as explained in this Certificate, before you begin law action. You cannot begin legal action or file a lawsuit until 60 days after you notify us that our decision under the grievance and appeals procedure is unacceptable.

You may not file a legal action unless you have first followed the BCN internal Grievance process.

7.9 Your Contract

Your contract consists of the following

- Certificate of Coverage
- Any attached Riders
- Your Member Handbook
- The application signed by the Subscriber
- The BCN identification card

Your Coverage is not contingent on undergoing genetic testing or disclosing results of any genetic testing to us. BCN does not

- Adjust premiums based on genetic information
- Request/require genetic testing
- Collect genetic information from an individual at any time for underwriting purposes

These documents supersede all other agreements between BCN and Members as of the effective date of the documents.

7.10 Reliance on Verbal Communication and Waiver by Agents

Verbal verification of your eligibility for Coverage or availability of Benefits is not a guarantee of claims payment.

All claims are subject to a review of the diagnosis reported, verification of Medical Necessity, the availability of Benefits at the time the claim is processed, as well as the conditions, limitations, exclusions, maximums, Copayments, Deductible and Coinsurance under your Certificate and attached Riders.

No agent or any other person, except an officer of BCN, has the authority to do any of the following

- Waive any conditions or restrictions of this Certificate
- Extend the time for making payment

No agent or any other person except an officer of BCN has the authority to bind BCN by making promises or representations, or by giving or receiving information.

7.11 Amendments

This Certificate and the agreement between you and BCN are subject to amendment, modification or termination.

Such changes must be made in accordance with the terms of the Certificate or by mutual agreement between you and BCN with regulatory approval and with prior notice.

7.12 Major Disasters

In the event of major disaster, epidemic or other circumstances beyond the control of BCN, BCN will attempt to provide Covered Services insofar as it is practical, according to BCN's best judgment and within any limitations of facilities and personnel that exist.

If facilities and personnel are not available, causing delay or lack of Services, there is no liability or obligation to perform Covered Services under such circumstances.

Such circumstances include but are not limited to

- Complete or partial disruption of facilities
- Disability of a significant part of Facility, BCN or personnel
- War
- Riot
- Civil insurrection
- Labor disputes not within the control of BCN

7.13 Obtaining Additional Information

The following information is available by writing to:

BCN Customer Service
P.O. Box 68767,
Grand Rapids, MI 49516-8767.

You can also call our Customer Service Department at the number on the back of your BCN ID Card.

- The current provider network in your Service Area
- The professional credentials of our Participating Providers
- The names of Participating Hospitals where individual Participating Physicians have privileges for treatment
- How to contact the appropriate Michigan agency to obtain information about complaints or disciplinary actions against a health care provider
- Information about the financial relationships between BCN and a Participating Provider
- Preauthorization requirements and any limitations, restrictions or exclusions on Services, Benefits or Providers

NOTE: Some of this information is in the Member Handbook and on bcbsm.com.

7.14 Right to Interpret Contract

During claims processing and internal Grievances, BCN reserves the right to interpret and administer the terms of the Certificate and any Riders that amend this Certificate. The adverse decisions regarding claims processing and Grievances are subject to your right to appeal.

7.15 Independent Contactors

BCN does not directly provide any health care Services under this Certificate, and we have no right or responsibility to make medical treatment decisions. Medical treatment decisions may only be made by health professionals in consultation with you. Participating Providers and any other health professions providing health care Services under this Certificate do so as independent contractors.

7.16 Clerical Errors

Clerical errors, such as an incorrect transcription of effective dates, termination dates, or mailings with incorrect information will not change the rights or obligations of you and BCN under this Certificate. These errors will not operate to grant additional Benefits, terminate Coverage otherwise in force or continue Coverage beyond the date it would otherwise terminate.

7.17 Waiver

In the event that you or BCN waive any provision of this Certificate, you or BCN will not be considered to have waived that provision at any other time or to have waived any other provision. Failure to exercise any right under this Certificate does not act as a waiver of that right.

7.18 Termination of Coverage and Refund Policy

Your student Coverage will end on the first of these to occur:

- The date this Plan terminates.
- The last day for which any required premium has been paid.
- The date on which the Covered student withdraws from the school because of entering the armed forces of any country. Premiums will be refunded on a pro-rata basis when application is made within 90 days from withdrawal.
- The date on which the Covered student is no longer in an eligible class.

NOTE: If withdrawal from school is for other than entering the armed forces, no premium refund will be made. Students will be covered for the policy term for which they are enrolled, and for which premium has been paid.

Refund Policy

If you cancel your Coverage within the first 31 days of a Coverage Period, you will not be covered and the full premium will be refunded, less any claims paid. After 31 days, you will be covered for the full period you have paid the premium for, and no refund will be allowed. This Refund Policy will not apply if you withdraw due to covered accident or sickness.

Exception: A Covered Person entering the armed forces of any country will not be covered under this Certificate as of the date of such entry. In this case, a pro-rata refund of premium will be made for any such person and any Covered Dependent upon written request received by BCN within 90 days of withdrawal from school.

CHAPTER 2 – YOUR BENEFITS

IMPORTANT INFORMATION

Michigan State University Student Health Services (SHS) at Olin Health Center is the University's primary on-campus health Facility for MSU students and their spouses/partners. Medical Services are provided by board-certified physicians and other certified medical professionals.

Except for treatment of an Emergency medical condition, covered students are required to utilize Student Health Services at Olin Health Center before seeking off-campus treatment.

You may receive care at Olin Health Center with some out-of-pocket costs. For general information, please call (517)884-OLIN (6546) or visit the website at <http://olin.msu.edu>.

Pediatric Members are not eligible to be seen at Olin Health Center but will be assigned a BCN Network pediatrician within a 45 mile radius of Olin Health Center. Out-of-Network providers may see Pediatric Members. Selecting a BCN Network Provider is recommended to minimize your Out-of-Pocket costs.

Dependent Children, Visiting Scholars, Optional Practical Training students, College of Law students, College of Osteopathic Medicine students and College of Veterinary Medicine students are not considered enrolled MSU students and are not required to obtain Referrals. If seen at Olin Health Center, BCN Network Cost Sharing applies.

For Out-of-State students who reside outside of Michigan, BCN Network Cost Sharing will apply.

The Services listed in this chapter are covered when Services are provided in accordance with Certificate requirements (including Referrals from Olin Health Center or other Participating Provider) and, when required, are Preauthorized or approved by BCN except in an Emergency.

- Medical Services defined in this Certificate are Covered Services only when they are Medically Necessary.
- A Referral or Preauthorization is not a guarantee of payment. All claims are subject to
 - Review of the diagnosis reported
 - Verification of Medical Necessity
 - Availability of Benefits at the time the claim is processed
 - Conditions, limitations, exclusions, maximums
 - Coinsurance, Copayments and Deductible
- If you receive Services that we do not cover, you will pay for the Services.

- No Referral is needed for Benefits received from Non-Participating Out-of-Network Providers. Preauthorization for select Services is required.
- For an updated list of Services that require Preauthorization, contact Customer Service at the number shown on the back of your BCN ID card.
- If you purchase a deluxe item or equipment when not Medically Necessary, the Approved Amount for the basic item applies toward the price of the deluxe item. You are responsible for any costs over the Approved Amount.
- Coverage is subject to the limitations and exclusions listed in this Chapter.
- A Rider may be attached to this Certificate. It applies or revises Copayments, Coinsurance, Deductible, Out-of-Pocket Maximum and/or Benefit Maximums.
- When a Rider is attached to this Certificate, the Rider will take precedence.
- BCN will manage or may direct your care to a surgical or treatment setting for Select Services.
- You have other Benefits and Services.
 - Disease management
 - Prevention
 - Wellness
 - Care management Services

You can find more details in the Member Handbook and on bcbsm.com.

SECTION 8: Your Benefits

8.1 Accessing Benefits

This Plan allows you the option to choose where to receive your health care. You may obtain Covered Health Services directly from Student Health Services at Olin Health Center allowing you to receive Olin Health Center Benefits, or you can choose to receive Covered Health Care Services from a BCN Network Participating Provider or from an Out-of-Network Non-Participating Provider.

Student Health Services at Olin Health Center - refers to Benefits for select Medical Services provided at (i) SHS at Olin Health Center; or (ii) referred by SHS at Olin Health Center and performed by a BCN Network Participating Provider. SHS at Olin Health Center is your designated Primary Care Provider.

You must use the resources of SHS at Olin Health Center first where treatment will be rendered or a Referral issued. A Referral is required if you receive Services from BCN Network providers located within 45 miles of Olin Health Center. Benefits will not be paid for care received within

45 miles of Olin Health Center without a Referral (except treatment of an Emergency condition, maternity or Mental Health). Referrals must be renewed each Benefit Year for continuing treatment to be covered. A separate Referral is required for each diagnosed condition.

You must use the resources of Olin Health Center first where treatment will be rendered or a Referral issued. A Referral is required for students and spouses, when Services are provided by BCN Network providers located within 45 miles of Olin Health Center.

Benefits will not be paid for care received within 45 miles of Olin Health Center without a Referral (except treatment of an Emergency condition, maternity or Mental Health). Referrals must be renewed each Coverage Period for continuing treatment to be covered. A separate Referral is required for each diagnosed condition.

Note to Pediatric Members

Pediatric Members are not eligible to be seen at Olin Health Center. Pediatric Members will be assigned a BCN Network pediatrician within a 45-mile radius of Olin Health Center. However, Out-of-Network providers may see Pediatric Members. Referrals are not required for Services provided by BCN Network or Out-of-Network for these Members.

BCN Network Participating Providers - refers to Benefits for Services Referred by (i) SHS at Olin Health Center; or (ii) provided by a BCN Participating Provider. A Referral from Olin Health Center is not needed for Services provided by a BCN Network Participating Provider who is located outside of a 45-mile radius of Olin Health Center.

You are responsible for determining whether a provider is a BCN Participating Provider *before* obtaining Services. Unless otherwise specified in this Certificate, Benefits are paid based on the status of the provider as of the day the Services are received.

Out-of-Network Benefits (Non-Participating) are generally paid at (i) a lower rate than SHS at Olin Health Center Benefits; or (ii) BCN Network Benefits; or (iii) may be excluded from Coverage. Out-of-Network Benefits are payable for Covered Health Services that are:

- Provided within the State of Michigan by a Non-Participating Physician, other Non-Participating provider or at a Non-Participating Facility

Provided outside of Michigan without utilizing the BlueCard Program

NOTE: You must notify BCN before receiving certain Covered Health Services from an Out-of-Network Provider. Notification requirements are detailed below with respect to applicable Benefits.

Preauthorization

Some Services provided at Olin Health Center, BCN Network and Out-of-Network require Preauthorization *before* they are covered. You are responsible for verifying Preauthorization for Services prior to obtaining the Service – except in an Emergency. Please refer to your BCN

Member ID card for the appropriate telephone number to obtain Preauthorizations or if you have questions about Preauthorizations.

NOTE: Preauthorization is required for Inpatient, Outpatient Services or supplies. Preauthorization is not a guarantee of payment.

8.2 Cost Sharing Deductible

The Deductible is the amount you must pay before BCN will pay for Covered Services.

The Deductible will be applied to the Approved Amount for Covered Services. Charges paid by a Member in excess of the Approved Amount or for non-covered Services do not apply toward the Deductible.

In the case of two or more Members on a family Contract, the Deductible paid by all Members will be combined to satisfy the Contract (Family) Deductible. NOTE: An individual Member cannot contribute in excess of the individual Member Deductible toward the Contract (Family) Deductible. Once an individual meets his or her individual Deductible, that individual will not be responsible for any additional individual Deductible for the remainder of the Benefit Year.

Per visit Copays or admission Copays do not apply towards satisfying the annual Deductible.

Your Deductible renews each Benefit Year. It does not carry over to the new year.

Deductible		
SHS at Olin Health Center	BCN Network	Out-of-Network
This option waives a Deductible for Services received at Olin Health Center.	\$150 per Member per Benefit Year \$300 per contract per Benefit Year <ul style="list-style-type: none"> • Applies toward the Out-of-Pocket Maximum • Does not apply to Preventive Services 	\$300 per Member per Benefit Year \$600 per contract per Plan Year <ul style="list-style-type: none"> • Applies toward the Out-of-Pocket Maximum • Does not apply to Preventive Services
If you use BCN Network and Out-of-Network Services, separate Deductible amounts apply. The Deductible for BCN Network and Out-of-Network is not combined to satisfy the Deductible limit.		

Copayment (Copay)

You are responsible for fixed dollar Copays defined in this Certificate and any attached Riders. The Copay is due at the time the Service is rendered. Copays count toward your Out-of-Pocket Maximum. Once you meet your Out-of-Pocket Maximum, you will not be responsible for Copays for the remainder of the Benefit Year.

NOTE: A Rider attached to this Certificate may amend your Copay amounts.

Coinsurance

You are responsible for a percentage (Coinsurance) of the Approved Amount for many of the Benefits listed in this Certificate.

Your Coinsurance is dependent upon where you receive Services from Olin Health Center, BCN Network, or Out-of-Network. Coinsurance amounts apply *after* you have met the Deductible.

Coinsurance counts toward your Out-of-Pocket Maximum. Once you meet your Out-of-Pocket Maximum, you will not be responsible for Coinsurance for the remainder of the Benefit Year.

Please refer to the specific section in this Certificate to determine your Coinsurance responsibility.

Cost Sharing = Deductible, Coinsurance and Copayment Calculation

If you have a Coinsurance or a Copay for a particular Service as well as a Deductible, you will first be responsible for the payment of the Deductible. The Coinsurance or Copay will be based on the remaining balance of the Approved Amount. BCN will be responsible to make payment to the provider only after the Deductible, Coinsurance, and Copay have been paid.

Any Cost Sharing met in Olin Health Center, BCN Network or Out-of-Network is not combined.

Out-of-Pocket Maximum

The Out-of-Pocket Maximum is the most you will pay for Covered Services under this Certificate and any attached Riders per Benefit Year. The Out-of-Pocket Maximum includes your medical and BCN Prescription Drug Deductible, Copays and Coinsurance. The federal government sets the maximum amount annually.

Once you reach the Out-of-Pocket Maximum, you will not pay Deductible, Copays or Coinsurance for Covered Services for the remainder of the Benefit Year.

The following exceptions do not apply to the Out-of-Pocket Maximum.

- Any Premium or contributions paid toward the Premium
- Balance Billing and charges paid by you in excess of the Approved Amount
- Health Care this Plan does not cover Non-referred or non-Preauthorized Services
- Pediatric dental and vision

Your Out-of-Pocket Maximum renews each Benefit Year. It does not carry over to the new year.

Out-of-Pocket Maximum		
SHS at Olin Health Center	BCN Network	Out-of-Network
\$2,100 per Member \$4,200 per contract per Benefit Year		\$4,200 per Member \$8,400 per contract per Benefit Year
If you use BCN Network and Out-of-Network Services, separate Out-of-Pocket Maximum amounts apply. The Out-of-Pocket Maximum for BCN Network and Out-of-Network is not combined to satisfy the Out-of-Pocket Maximum.		

Benefit Maximum

Some of the Covered Services described in the Certificate are covered for a limited number of days or visits per Benefit Year. This is known as the Benefit Maximum. Once you reach a maximum for a Covered Service, you will be responsible for the cost of the additional Services received during that Benefit Year even when continued care may be Medically Necessary.

Some examples of Covered Services that have a Benefit Maximum include but are not limited to

- Outpatient physical, speech and occupational therapies
- Spinal manipulation

8.3 Professional Physician Services (Other Than Mental Health and Substance Use Disorder)

A) Physician Services - including specialist visits, Outpatient office visits at a Hospital site, and Online visits

Office Visit Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Student Health Services at Olin Health Center is your assigned Primary Care Physician. The first 3 office visits of the Coverage Period are covered in full by MSU for enrolled students only when provided at Olin Health Center \$10 Copay thereafter ✓ Referral required from Olin Health Center for Services provided outside of Olin Health Center; within 45 miles radius ✓ \$10 Copay applies per visit	\$10 Copay after BCN Network Deductible per office visit ✓ Deductible does not apply to Pediatric assigned PCP. ✓ Referral required for Services provided within 45 miles radius (except for the excluded groups) ✓ Referral is not required if BCN Participating Physician is beyond 45-mile radius of Olin	Covered – 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Responsible for Balance Billed charges

with BCN Network assigned pediatrician	Health ✓ Women's health does not require a Referral from Olin Health Center	
--	--	--

Online Visits

We pay for Online Visits by a BCN Participating Provider to:

- Diagnose a condition
- Make treatment and consultation recommendations
- Write a prescription, if appropriate
- Provide other medical or health treatment

The Online Visit allows you to interact with a BCN Participating Provider in real time. Treatment and consultation recommendation made online, including writing a prescription, are held to the same standards of appropriate practice as those in traditional settings.

Online Visit exclusions include but are not limited to

- Reporting of normal test results
- Provision of educational materials
- Handling of administration issues, such as registration, scheduling of appointments, or updating billing information

Online Visit Cost Sharing
Must be provided the BCN designated Online Participating Provider
Covered - \$10 Copay per Online visit
For information on how to create an account and to access the Online visit benefit, log into bcbsm.com or see your Member Handbook.

B) Maternity Care - including prenatal and post-natal visits

Maternity Care Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Maternity Care Services are not provided at Olin Health Center	Prenatal Services are covered in full. Postnatal Services - \$10 Copay after BCN Network Deductible	Covered – 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Responsible for Balance Billed charges
A Referral is not required from Olin Health Center for maternity care, obstetric and gynecological treatment.		

C) Home Visits provided by a physician in the home or temporary residence. For additional information, refer to Home Health Care Services section.

Home Visits Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Home Visits are not provided by Olin Health Center - refer to BCN Network or Out-of-Network Benefits	Covered - 90% after BCN Network Deductible 10% Coinsurance	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Responsible for Balance Billed charges
Unlimited visits		

D) Inpatient Professional Services provided while the Member is in an Inpatient Hospital or Skilled Nursing Facility or Inpatient Rehabilitation center and billed by a physician

Inpatient Professional Services Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Inpatient Services are not provided by Olin Health Center - refer to BCN Network or Out-of-Network Benefits	Covered - 90% after BCN Network Deductible 10% Coinsurance	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Responsible for Balance Billed charges

E) Allergy Care - Allergy testing, evaluation, serum, and injection of allergy serum

Allergy Care Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Allergy injections covered in full; \$10 office visit Copay may apply Allergy testing and therapy are not covered at SHS at Olin Health Center	Covered - 90% after BCN Network Deductible; \$10 office visit Copay may apply. 10% Coinsurance	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Responsible for Balance Billed charges

F) Chiropractic Treatment – office Services by a physician for manipulative (adjustive) treatment or other physical treatment for conditions caused by or related to biomechanical or nerve conduction disorders of the spine.

Chiropractic Treatment Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Services are not provided by Olin Health Center – refer to BCN Network or Out-of-Network Benefits	Covered - \$10 Copay after Deductible then 10% Coinsurance Office visit Copay may apply.	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Responsible for Balance Billed charges
NOTE: Benefits are limited to a maximum of 30 osteopathic and chiropractic visits per Member per condition per Benefit Year combined. Additionally, Olin Health Center, BCN Network and Out-of-Network visits are combined. For example, use of a visit in Olin Health Center will reduce the number of visits available in BCN Network and Out-of-Network.		

8.4 Preventive and Early Detection Services

We cover Preventive and Early Detection Services as defined in the federal PPACA. Preventive Services are modified by the federal government from time to time.

These Services must be provided or coordinated by your Primary Care Physician (SHS at Olin Health Center). Some Preventive Services are not performed at Olin Health Center but are provided in the BCN Network with no Cost Sharing. Cost Sharing does apply to Services received Out-of-Network. Referrals are not required for Preventive Care.

Review the charts below before seeking Preventive Services.

Preventive Services include but are not limited to the following:

- **Health screenings, health assessments and adult physical examinations** set at intervals in relation to your age, sex and medical history

Health screenings include but are not limited to

- Obesity
- Vision and glaucoma
- Hearing (See Section 9 for exclusions);
- Type 2 diabetes mellitus
- EKG
- Abdominal aortic aneurysm (one-time ultrasonography screening for smokers)

SHS at Olin Health Center	BCN Network	Out-of-Network
Covered – 100%	Covered – 100%	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges

- **Women’s health and well being**
 - Gynecological (well woman) examinations including routine pap smear (lab Services only)
 - Mammography screening*
 - Screening for sexually transmitted diseases; HIV counseling and screening
 - Contraceptive counseling and methods; office administered contraceptive devices and appliances; such as intrauterine devices (IUDs); implantable and injected drugs such as Depo-Provera; and diaphragms including measurement, fittings, removal, administration and management of side effects
 - Maternity counseling for the promotion and support of breast-feeding and prenatal vitamin counseling*
 - Routine prenatal office visits*
 - Breast pump and associated supplies needed to support breast-feeding covered only when Preauthorized and obtained from a Participating Durable Medical Equipment provider and when mandated by law. Convenience items such as storage containers, bags, bottles and nipples are not covered. (See Durable Medical Equipment section for limitations and exclusions)
 - Maternity screening for iron deficiency anemia, Hepatitis B Virus infection (at first prenatal visit) and Rh(D) incompatibility screening*
 - Screening for gestational diabetes*
 - Bone density screening*
 - Screening and counseling for interpersonal and domestic violence
 - Female sterilization Services*
 - Genetic counseling and BRCA testing if appropriate for women whose family history is associated with an increased risk for deleterious mutations in the BRCA1 or BRCA2 genes*

SHS at Olin Health Center	BCN Network	Out-of-Network
Covered – 100% *Some Service may not be available at SHS at Olin Health Center. Check with	Covered – 100%	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount

Olin Health Center before receiving a Service. ✓ A Referral is not required for mammograms. ✓ You are encouraged to seek preventive Services in the BCN Network.		✓ Balance Billed charges
--	--	--------------------------

- **Newborn and well-child assessments and examinations**

SHS at Olin Health Center	BCN Network	Out-of-Network
Pediatric Services are not available at SHS at Olin Health Center	Covered – 100%	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges

- **Immunizations (pediatric and adult) as recommended by the Advisory Committee on Immunization Practices or other organizations recognized by BCN**

SHS at Olin Health Center	BCN Network	Out-of-Network
Covered – 100%	Covered – 100%	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges
<p>Flu shots are covered in full in Olin Health Center and BCN Network.</p> <p>Travel immunizations are not available at Olin Health Center.</p> <p>NOTE: Not all immunizations are mandated by PPACA. To see a list of the preventive immunizations that are covered by PPACA, go to www.uspreventiveservicestaskforce.org.</p>		

- **Routine cancer screenings** including but not limited to colonoscopy, flexible sigmoidoscopy, and prostate (PSA/DRE) screenings (For the purposes of this document “Routine” means non-urgent, non-emergent, non-symptomatic medical care provided for the purpose of disease prevention.)

SHS at Olin Health Center	BCN Network	Out-of-Network
Covered – 100% ✓ Some Service may not be available at SHS at Olin Health Center. Check	Covered – 100%	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges

with Olin Health Center before receiving a Service. ✓ You are encouraged to seek preventive Services in the BCN Network.		
---	--	--

- Depression screening, substance use disorder/chemical dependency when performed by the Primary Care Physician

SHS at Olin Health Center	BCN Network	Out-of-Network
Covered – 100%	Covered – 100%	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges

- Nutritional counseling including Diabetes Self-Management, morbid obesity weight management and diet behavioral counseling

Other nutritional counseling Services may be covered when Preauthorized by BCN.

NOTE: Certain health education and health counseling Services may be arranged through your Participating Provider, but are not payable under your Certificate. Examples include but are not limited to

- Lactation classes not provided by your physician
- Tobacco cessation programs (other than a BCN tobacco cessation program)
- Exercise classes

SHS at Olin Health Center	BCN Network	Out-of-Network
Covered – 100%	Covered – 100%	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges

- Aspirin therapy counseling for the prevention of cardiovascular disease

SHS at Olin Health Center	BCN Network	Out-of-Network
Covered – 100%	Covered – 100%	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount

		✓ Balance Billed charges
--	--	--------------------------

- Tobacco use and tobacco caused disease counseling

SHS at Olin Health Center	BCN Network	Out-of-Network
Covered – 100%	Covered – 100%	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges

NOTE: Deductibles, Copays and/or Coinsurance (“Cost Sharing”) will apply to non-routine diagnostic procedures. If this Certificate is amended by Cost Sharing Riders, the attached Riders will take precedence over the Certificate for non-preventive Services. Any Member Cost Sharing for office visits will still apply with the following restrictions:

- If a recommended Preventive Service or Early Detection Service is billed separately from the office visit, then you will be responsible for the office visit Cost Sharing, but there will be no Cost Sharing for the Preventive Service;
- If a recommended Preventive Service or Early Detection Service is not billed separately from the office visit and the primary purpose of the office visit is the delivery of the Preventive Service, you will have no Cost Sharing for the office visit; and
- If a recommended Preventive Service or Early Detection Service is not billed separately from an office visit and the primary purpose of the office visit is not the delivery of the Preventive Service, you will be responsible for payment of any Cost Sharing for the office visit.

NOTE: To see a list of the Preventive Benefits and immunizations that are mandated by PPACA, go to www.uspreventiveservicestaskforce.org. You may also contact BCN Customer Service.

8.5 Inpatient Hospital Services

We cover Inpatient Hospital (Facility) Services when determined to be Medically Necessary and Preauthorized by BCN. Services include but are not limited to the following.

- Room and board, general nursing Services, special diets
- Operating and other surgical treatment rooms, delivery room, and special care units
- Anesthesia, laboratory, radiology, and pathology Services
- Chemotherapy, inhalation therapy and dialysis
- Physical, speech, and occupational therapy
- Long term Acute Care
- Other Inpatient Services and supplies necessary for the treatment of the Member
- Maternity care and all related services

NOTE: The mother is covered for no less than the following length of stay in a Hospital in connection with childbirth except as excluded under Section 9:

- 48 hours following a vaginal delivery
- Or
- 96 hours following a delivery by cesarean section

Hospital length of stay begins at the time of delivery if delivery occurs in a Hospital and at time of admission in connection with childbirth if delivery occurs outside the Hospital. BCN Preauthorization is not required for the minimum Hospital stay.

- Newborn care

NOTE: The newborn child is covered for no less than the following length of stay in a Hospital in connection with childbirth except as excluded under Section 9:

- 48 hours following a vaginal delivery
- Or
- 96 hours following a delivery by cesarean section

Hospital length of stay begins at the time of delivery if delivery occurs in a Hospital and at time of admission in connection with childbirth if delivery occurs outside the Hospital. BCN Preauthorization is not required for the minimum Hospital stay.

The baby must be eligible for coverage and must be added to your contract within the time stated in Section I.

For Inpatient Professional Services Cost Sharing see section 8.2.

Inpatient Hospital Services Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not provided at Olin Health Center – refer to BCN Network or Out-of-Network Benefits	Covered – 90% after BCN Network Deductible 10% Coinsurance ✓ Preauthorization required	Covered – 70% after Deductible 30% Coinsurance of the allowed amount ✓ Responsible for Balance Billed charges ✓ Preauthorization required from BCN

8.6 Outpatient Services

We cover Outpatient Services when Medically Necessary and Preauthorized by your treating physician and BCN.

You receive Outpatient Services in a variety of settings.

- Outpatient Hospital setting

- Physician office
- Free standing ambulatory Facility
- Dialysis center

Outpatient Services include but are not limited to the following:

- Facility and professional (physician) Services
- Surgical treatment
- Anesthesia
- Laboratory and pathology Services
- Radiology
- Chemotherapy, inhalation therapy, radiation therapy and dialysis
- Physical, speech and occupational therapy - see Outpatient Therapy Services
- Injections (for allergy) - see Professional Physician Services (Other Than Mental Health and Substance Use Disorder)
- Professional Services - see Professional Physician Services (Other Than Mental Health and Substance Use Disorder)
- Durable medical equipment and supplies - see Durable Medical Equipment
- Diabetic supplies and equipment - see Diabetic Supplies and Equipment
- Prosthetic and orthotic equipment and supplies - see Prosthetic and Orthotics
- Diagnostic testing for learning disabilities
- Other Medically Necessary Outpatient Services and supplies

Outpatient Services Cost Sharing Facility and Professional Services		
SHS at Olin Health Center	BCN Network	Out-of-Network
Covered – 100% ✓ Some Services are not provided at Olin Health Center – refer to BCN Network or Out-of-Network Benefits	Covered - 90% after BCN Network Deductible 10% Coinsurance ✓ Preauthorization required	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges ✓ Preauthorization required

High Technology Outpatient Services Cost Sharing Such as C.A.T., MRI and PET scans Facility and Professional Services		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not provided at Olin Health Center – refer to BCN Network or Out-of-Network Benefits	Covered - 90% after BCN Network Deductible 10% Coinsurance ✓ Preauthorization required	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges ✓ Preauthorization required

NOTE: Lab and pathology Services are covered in full through Joint Venture Hospital Laboratories (JVHL). Referrals are not required.

8.7 Emergency and Urgent Care

Definitions

Accidental Injury – a traumatic injury, which if not immediately diagnosed and treated, could be expected to result in permanent damage to your health

Emergency Services – Services to treat a Medical Emergency as described above

Medical Emergency – the sudden onset of a serious medical condition resulting from injury, sickness or mental illness that manifests itself by signs and symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in serious jeopardy to your health or to your pregnancy, in the case of a pregnant woman, serious impairment to bodily function, or serious dysfunction of any bodily organ or part

Stabilization – the point at which it is reasonably probably that no material deterioration of a condition is likely, within reasonable probability, to result from or occur during your transfer

Urgent Care Services – Services that appear to be required in order to prevent serious deterioration to your health resulting from an unexpected sudden illness or injury that could be expected to worsen if not treated within 24 hours. Examples include flu, strep throat, or other infections; foreign material in the eye, sprain or pain following a fall; and a cut, sore or burn that does not heal

Coverage

Emergency Services and Urgent Care Services are covered up to the point of Stabilization when they are Medically Necessary and needed either 1) for immediate treatment of a condition that is a Medical Emergency as described above, or 2) if the Primary Care Physician directs you to go to an Emergency care Facility.

In case of such Medical Emergency or Accidental Injury, you should seek treatment at once. We urge you, the Hospital or someone acting for you to notify your Primary Care Physician or BCN within 24 hours, or as soon as medically reasonable. Inpatient emergent admissions require Preauthorization by BCN.

Emergency Services include professional and related ancillary Services and Emergency Services provided in an Urgent Care Center or Hospital Emergency room.

Emergency Services are no longer payable as Emergency Services at the point of the Member's Stabilization as defined above.

NOTE: An Observation stay resulting from Emergency Services is subject to Cost Sharing.

Follow-up care in an Emergency room or Urgent Care Facility - such as removal of stitches and dressings, is covered. If within 45 miles of Olin Health Center, you must return to Olin Health Center for follow-up care, even if the Emergency Room Physician refers you to someone else. NOTE: Visiting Scholars, Optional Practical Training students, College of Law students, College of Osteopathic Medicine students and College of Veterinary Medicine students are not required to return to Olin.

Emergency Services Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not provided at Olin Health Center	Covered - \$100 Copay then 10% Coinsurance thereafter	Covered - \$100 Copay then 10% Coinsurance thereafter
A Referral is not required from Olin Health Center for Emergency Care.		

Urgent Care Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not provided at Olin Health Center	Covered - 90% after BCN Network Deductible 10% Coinsurance	Covered - 70% after Deductible 30% Coinsurance
A Referral is not required from Olin Health Center for Urgent Care.		

Admission to a Non-Participating Hospital after Emergency Services

If you are Hospitalized in a Non-Participating Hospital, we may require that you be transferred to a Participating Hospital as soon as you have Stabilized. If you refuse to be transferred, all related non-Emergency Covered Services would be covered as Out-of-Network from the date of Stabilization.

Out-of-Area Coverage

You are covered when traveling outside of the BCN Service Area for Emergency Services and Urgent Care Services that meet the conditions described above. (See Section 9 for additional information.)

We will pay the greater of the median in-network rate - the usual, customary and reasonable rate or the Medicare rate. You are responsible for any Cost Sharing required.

8.8 Ambulance

An Ambulance is a vehicle specially equipped and licensed for transporting injured or sick persons.

We cover the following ambulance Services:

Air Ambulance When transport is ordered by the attending physician and the following conditions are met:

- The use of an air ambulance is medically necessary.
- No other means of transport is available, or the Member’s condition requires transport by air rather than ground ambulance.
- An air ambulance provider is licensed as an air ambulance service and is not a commercial airline.
- The Member is transported to the nearest facility capable of treating the Member’s condition. The facility must be:
 - The nearest facility, or
 - Another appropriate facility within a reasonable distance of the nearest available facility
 - BCN will determine whether a facility is appropriate and what a reasonable distance is.

Emergency ground ambulance

- You are admitted to the Hospital immediately following Emergency room treatment
- The Services are necessary for management of shock, unconsciousness, heart attack or other condition requiring active medical management
- The Services are needed for emergency delivery and care of a newborn and mother. (The Services are not covered for normal or false labor)
- The ambulance is ordered by an employer, school, fire or public safety official, and you are not in a position to refuse

Non-emergency ground ambulance Services when Preauthorized by your treating physician and BCN

Ambulance Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not provided at Olin Health Center	Covered - 90% 10% Coinsurance	Covered - 90% 10% Coinsurance

Exclusions include but are not limited to

- Transportation and/or medical Services provided by public first responders to accidents, injuries or emergency situations including fire or police departments costs, or any associated Services provided as part of a response to an accident or emergency situation, like accident clean-up or 911 costs are not a covered benefit. This is because these Services are part of public programs supported totally or in part by federal, state or local governmental funds.
- Ambulance Services provided by an emergency responder that does not provide on-site treatment and transportation are not covered. The on-site treatment is covered regardless if transportation is provided.
- Services provided by fire departments, rescue squads or other emergency transport providers whose fees are in the form of donations.

8.9 Reproductive Care and Family Planning

A) Genetic Testing

We cover medically indicated genetic testing and counseling when they are Preauthorized by BCN and provided in accordance with generally accepted medical practice.

Genetic Testing Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not provided at Olin Health Center – refer to BCN Network or Out-of-Network Benefits	Covered - 90% after BCN Network Deductible 10% Coinsurance	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges

NOTE: Genetic counseling and BRCA testing if appropriate for women whose family history is associated with an increased risk for deleterious mutations in the BRCA1 or BRCA2 genes are covered with no Cost Sharing. (See Preventive and Early Detection Services section)

Exclusions include but are not limited to

Genetic testing and counseling for non-Members

B) Voluntary Sterilization

We cover Inpatient, Outpatient, and office based sterilization Services.

Female Sterilization Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not provided at Olin Health Center – refer to BCN Network or	Covered – 100%	Covered - 70% after Deductible; 30% Coinsurance of the

Out-of-Network Benefits		Allowed Amount ✓ Balance Billed charges
-------------------------	--	--

Male Sterilization Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not provided at Olin Health Center – refer to BCN Network or Out-of-Network Benefits	Covered - 90% after BCN Network Deductible 10% Coinsurance	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges

Exclusions include, but are not limited to

Reversal of surgical sterilization for males and females

C) Non-Elective Abortion

We cover a Non-Elective Abortion only for the following instances.

- To preserve the life or health of the child after live birth
- To remove a fetus that has died as a result of natural causes, accidental trauma, or a criminal assault on the pregnant woman
- The intentional use of an instrument, drug or other substance or device by a physician to terminate a woman’s pregnancy if the woman’s physical condition, in the physician’s reasonable medical judgment, necessitates the termination of the woman’s pregnancy to avert her death
- Treatment upon a woman who is experiencing a miscarriage or has been diagnosed with an ectopic pregnancy

Cost Sharing

Your BCN Network or Out-of-Network Inpatient and Outpatient Benefit applies to Non-Elective Abortion procedures including office consultations as defined above. Please refer to Sections 8.2, 8.4 and 8.5.

Exclusions include but are not limited to

- Any Service related to Elective Abortions with the exception of office consultations
- Cases not identified above
- Abortions otherwise prohibited by law

D) Infertility

Basic Infertility

Coverage includes diagnosis, counseling, select drugs and surgical treatment of Infertility when Medically Necessary and Preauthorized by BCN except as stated below and in Section 9.

Following the initial sequence of diagnostic work-up, additional work-ups may begin only when BCN determines they are in accordance with generally accepted medical practice.

Comprehensive Infertility

- Ovulation induction with menotropins is subject to the maximum benefit of 6 cycles per lifetime.
- Intrauterine insemination is subject to the maximum benefit of 6 cycles per lifetime.

Infertility Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not provided at Olin Health Center – refer to BCN Network or Out-of-Network benefit	Covered - 90% after BCN Network Deductible. 10% Coinsurance ✓ Preauthorization required	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges
NOTE: Infertility Services are payable in accordance with the type of Service incurred and the place where the Service is provided. Refer to the appropriate section in this document. Your office visit Copay may apply.		

Exclusions include but are not limited to

- Harvesting
- Storage or manipulation of eggs and sperm
- Services for the partner in a couple who is not enrolled with BCN and does not have coverage for infertility Services or has other coverage
- In-vitro fertilization procedures, such as GIFT (Gamete Intrafallopian Transfer) or ZIFT (Zygote Intrafallopian Transfer), and all related Services
- Artificial insemination (except for treatment of infertility)
- All Services related to surrogate parenting arrangements including, but not limited to, maternity and obstetrical care for non-member surrogate parents

8.10 Skilled Nursing Facility

We cover Skilled Nursing Facility Services for recovery from surgery, disease or injury. Skilled Nursing care must be Medically Necessary and Preauthorized by BCN.

Skilled Nursing Facility Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not provided at Olin Health Center – refer to BCN Network or Out-of-Network Benefits	Covered - 90% after BCN Network Deductible 10% Coinsurance	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges
Unlimited days		

Exclusions include but are not limited to

- Bed-hold charges incurred when you are on an overnight or weekend pass during an Inpatient stay
- Custodial Care (See Section 9)

8.11 Hospice Care

Hospice Care is an alternative form of medical care for terminally ill Members with a life expectancy of 6 months or less. Hospice Care provides comfort and support to Members and their families when a life-limiting illness no longer responds to cure-oriented treatments.

Hospice Care in a Participating licensed hospice Facility, Hospital or Skilled Nursing Facility is covered. We also cover Hospice Care in the home. Hospice Care has to be Medically Necessary and Preauthorized by BCN.

We cover the following Services:

- Professional visits (such as physician, nursing, social work, home-health aide and physical therapy)
- Durable Medical Equipment (DME) related to terminal illness
- Respite Care in a Facility setting
- Medical/surgical supplies related to the terminal illness
- Medications related to the terminal illness (e.g. pain medication)

NOTE: Short-term Inpatient care in a licensed Hospice Facility is covered when Skilled Nursing Services are required and cannot be provided in other settings. Preauthorization is required.

Hospice Care Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not provided at Olin Health Center – refer to BCN Network or Out-of-Network Benefits	Covered - 90% after BCN Network Deductible 10% Coinsurance	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges

Exclusions include but are not limited to

- Housekeeping Services
- Food, food supplements and home delivered meals
- Room and board at an extended care Facility or Hospice Facility for purposes of delivering Custodial Care

8.12 Home Health Care Services

We cover Home Health Care Services for Members who are confined to their home as an alternative to long-term Hospital care.

Home HealthCare must be :

- Medically Necessary
- Provided by a Participating Home Health Care agency
- Provided by professionals employed by the agency and who participate with the agency

We cover the following Services:

- Skilled Nursing Care provided by or supervised by a registered nurse employed by the home health care agency
- Intermittent physical, speech or occupational therapy
NOTE: Outpatient therapy limits as defined in Outpatient Therapy Services section do not apply.
- Hospice Care
- Other Health Care Services approved by BCN when they are performed in the Member's home

Home Health Care Services Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not provided at Olin Health Center – refer to BCN Network or Out-of-Network Benefits	Covered - 90% after BCN Network Deductible 10% Coinsurance	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges
Unlimited visits		

Exclusions include but are not limited to

- Housekeeping Services
- Custodial Care (See Section 9)

8.13 Home Infusion Therapy Services

Home Infusion Therapy Services provide for the administration of prescription medications and biologics (including antibiotics, total parenteral nutrition, blood components or other similar products) that are administered into a vein or tissue through an intravenous (IV) tube. These Services are provided in the Member's home or temporary residence (such as Skilled Nursing Facility).

Food Supplements

Supplemental feedings administered *via tube*:

This type of nutrition therapy is also known as *enteral feeding*. Formulas intended for this type of feeding as well as supplies, equipment, and accessories needed to administer this type of nutrition therapy, are covered.

Supplemental feedings administered *via an IV*:

This type of nutrition therapy is also known as *parenteral nutrition*. Nutrients, supplies, and equipment needed to administer this type of nutrition are covered.

We cover Home Infusion Therapy Services when Medically Necessary and Preauthorized by BCN.

Home Infusion Therapy Services Care Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not provided at Olin Health Center – refer to BCN Network or Out-of-Network Benefits	Covered - 90% after BCN Network Deductible 10% Coinsurance	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges

8.14 Mental Health Care

We cover evaluation, consultation and treatment necessary to determine a diagnosis and Treatment Plan for Mental Health conditions. Non-Emergency Mental Health Services must be Preauthorized as Medically Necessary by BCN. (Mental Health Emergency Services are covered pursuant to Emergency and Urgent Care section.)

- Coverage is limited to solution-focused treatment and crisis interventions. Solution-focused treatment includes both individual and group sessions.
- Coverage is limited to treatments that are expected to result in measurable, substantial and functional improvement.
- Coverage is limited to the least restrictive and most cost-effective treatment necessary for restoring reasonable function.
- Coverage is limited to Acute Illnesses or Acute episodes of Chronic illnesses that are Medically Necessary or to those Outpatient services needed to prevent an Acute episode of a Chronic illness
- A separate Preauthorization by BCN is required for Medical Services needed during a period of Mental Health admission.

Definitions

Assertive Community Treatment is a Service-delivery model that provides intensive, locally based treatment to people with serious persistent mental illnesses.

Inpatient Mental Health Service is the Service provided during the time you are admitted to a BCN approved acute care Facility that provides continuous 24-hour nursing care for comprehensive treatment.

Intensive Outpatient Mental Health Services are acute care Services provided on an Outpatient basis. They consist of a minimum of 3 hours per day, 2 days per week and may include, but are not limited to individual, group and family counseling, medical testing, diagnostic evaluation and other Services in a Treatment Plan.

Outpatient Mental Health Services include individual, conjoint, family or group psychotherapy and crisis intervention.

Partial Hospitalization Mental Health is a comprehensive Acute Care program that consists of a minimum of 6 hours per day, 5 days a week. Treatment may include, but is not limited to counseling, medical testing, diagnostic evaluations and other Services in a Treatment Plan. Partial Hospitalization Services are often provided in lieu of Inpatient psychiatric Hospitalization.

Residential Mental Health Treatment is treatment that takes place in a licensed Mental Health Facility which has 24/7 supervision on a unit that is not locked. A nurse or psychiatrist is on site 24/7 to assist with medical issues, administration of medication and crisis intervention as needed. The treatment team is multidisciplinary and led by board certified psychiatrists. Residential treatment is:

- Focused on improving functioning and not primarily for the purpose of maintenance of the long-term gains made in an earlier program;
- A structured environment that will allow the individual to reintegrate into the community. It cannot be considered a long-term substitute for lack of available supportive living environment(s) in the community or as long term means of protecting others in the Member’s usual living environment; and
- Not based on a preset number of days such as standardized program (i.e. “30-Day Treatment Program”), however, the benefit design will be the same as your medical Inpatient benefit when Preauthorized by BCN.

Coverage

Mental Health care is covered in either an Inpatient or Outpatient setting.

To obtain Services call Behavioral Health Management at the number shown on the back of your BCN ID card. They are available 24 hours a day, 7 days a week. You do not need a Referral to get care.

Inpatient Mental Health/Residential Mental Health/Partial Hospitalization Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not provided at Olin Health Center – refer to BCN Network or Out-of-Network Benefits	Covered - 90% after BCN Network Deductible 10% Coinsurance	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges
Not applicable	Services require Preauthorization from BCN Behavioral Health Management.	

Outpatient Mental Health/Intensive Outpatient Mental Health Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
3 visits per lifetime are covered in full by MSU for enrolled students only when provided at Olin Health Center Covered – \$10 Copay thereafter	Covered – \$10 Copay after Deductible, no matter the location	Covered –\$10 Copay after Deductible
Services require Preauthorization from BCN Behavioral Health Management.		

See Section 9 for Exclusions and Limitations.

8.15 Autism Spectrum Disorders

Definitions

Applied Behavioral Analysis, or “ABA”, means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences to produce significant improvement in human behavior, including the use of direct-observation, measurement, and functional analysis of the relationship between environment and behavior.

Approved Autism Evaluation Center (“AAEC”) is an academic and/or Hospital-based, multidisciplinary center experienced in the assessment, work-up, evaluation and diagnosis of the Autism Spectrum Disorders. AAEC evaluation is necessary for ABA.

Autism Spectrum Disorder (“ASD”) is defined by the most recent edition of the Diagnostic and Statistical Manual published by the American Psychiatric Association

Evaluation must include a review of the Member’s clinical history and examination of the Member. Based on the Member’s needs, as determined by the MSU AAEC, an evaluation may also include cognitive assessment, audiologic evaluation, a communication assessment, assessment by an occupational or physical therapist and lead screening.

Line Therapy means tutoring or other activities performed one-on-one with person diagnosed with ASD according to a Treatment Plan designed by a BCN AAEC and a Board Certified Behavioral Analyst (“BCBA”).

Preauthorization Process occurs before treatment is rendered in which a BCN nurse or case manager approves the initial Treatment Plan and continued Services. A request for continued Services will be authorized contingent on the Member demonstrating measurable improvement and therapeutic progress, which can typically occur at 3, 6, or 9-month intervals.

Treatment Plan is a detailed, comprehensive, goal-specific plan of recommended therapy for the ASD covered under this Certificate.

Benefits

Services for the diagnosis and treatment of ASD are covered when performed by a BCN approved Participating Provider. Covered diagnostic Services must be provided by a Participating physician or a Participating psychologist and include assessments, evaluations or tests, including the Autism Diagnostic Observation Schedule.

Services for the treatment of ASD are covered as follows:

- Comprehensive treatment focused on managing and improving the symptoms directly related to a Member's ASD.
- Therapeutic care as recommended in the Treatment Plan include
 - Occupational therapy, speech and language therapy and physical therapy (when performed by a Participating occupational therapist, Participating speech therapist and Participating physical therapist)
 - ABA (when performed by a Participating BCBA and Participating psychologist)
 - Outpatient Mental Health therapy when performed by a Participating social worker, Participating clinical psychologist, and Participating psychiatrist
 - Genetic testing
 - Social skills training
 - Nutritional therapy
- Services and treatment must be Medically Necessary, Preauthorized and deemed safe and effective by BCN.
- Services that are deemed experimental or ineffective by BCN are covered only when mandated by law, included in a Treatment Plan recommended by the BCN AAEC that evaluated and diagnosed the Member's condition, and when approved by BCN.

Coverage

ABA treatment is available to children through the age of 18. This limitation does not apply to:

- Other mental health Services to treat or diagnose ASD
- Medical Services, such as physical therapy, occupational therapy, speech therapy, genetic testing or nutritional therapy used to diagnose and treat ASD

ABA for Line Therapy Services is subject to the Cost Sharing as defined below. You are required to pay any Copay at the time the Service is rendered. You are responsible for meeting the Deductible prior to BCN paying for Covered Services.

Behavioral Health Services included in the Treatment Plan are subject to the Outpatient Mental Health Care Cost Sharing as defined in Section 8.13. You are required to pay any Copay at the time of Service. You are responsible for meeting the Deductible prior to BCN paying for Covered Services.

Outpatient Therapy Services included in the Treatment Plan are subject to the Cost Sharing as defined in Section 8.16 Outpatient Therapy. You are required to pay any Copay at the time of

Services. You are responsible for meeting the Deductible prior to BCN paying for Covered Services.

Services performed pursuant to the recommended Treatment Plan will not count toward Benefit Maximums in your Coverage, including but not limited to, visit or treatment limits imposed on physical therapy, speech-language pathology or occupational therapy.

This Coverage overrides certain exclusions as defined in this Certificate such as:

- Exclusion of treatment of chronic, developmental or congenital conditions, learning disabilities or inherited speech abnormalities;
- Treatment solely to improve cognition concentration and/or attentiveness, organizational or problem-solving skills, academic skills, impulse control; and
- Other behaviors for which behavior modification is sought

Applied Behavioral Analysis Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not provided at Olin Health Center – refer to BCN Network or Out-of-Network Benefits	Covered - \$10 Copay after Deductible	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges

Benefit Limitations

Coverage is available subject to the following requirements:

- **Preauthorization** – Services performed under the recommended Treatment Plan must be approved for payment during BCN’s Preauthorization Process. If Preauthorization is not obtained, rendered Services will not be covered and the Member may be held responsible for payment for those Services.
- **Prior Notification** – BCN must receive prior notification of the evaluation and diagnostic assessment of the Member.
- **Providers** – All Services to treat ASD must be performed by a BCN approved provider.
- **Required Diagnosis for Applied Behavioral Analysis** – In order to receive Preauthorization, the Member must be evaluated and diagnosed with ASD by a Participating psychiatrist, Participating developmental pediatrician or other professional as agreed upon by a BCN AAEC. . Other Preauthorization requirements may also apply. The requirement to be evaluated and diagnosed by a BCN AAEC does not exist for other Services related to ASD.
- **Termination at age 19** – Benefits are limited to children up to and including the age of 18. This age limitation does not apply to Outpatient Mental Health Services (excluding ABA Services) and Services used to diagnose ASD. Benefits for ASD terminate on the child’s 19th birthday.
- **Treatment Plan** – ABA Services must be included in a Treatment Plan recommended by a BCN AAEC that evaluated and diagnosed the Member’s condition.

- Measurable improvement in the Member’s condition must be expected from the recommended Treatment Plan. Once treatment begins, the plan will be subject to periodic assessment by BCN nurse or case manager.

Exclusions include but are not limited to

- Any treatment that is not specifically covered herein and that is considered experimental/investigational by, or is otherwise not approved by BCN including, but not limited to, sensory integration therapy and chelation therapy
- Conditions such as Rett’s Disorder and Childhood Disintegrative Disorder

8.16 Substance Use Disorder Services/Chemical Dependency

Substance Use Disorder/Chemical Dependency treatment means treatment for physiological or psychological dependence on or abuse of alcohol, drugs or other substances. Diagnosis and treatment may include drug therapy, counseling, Detoxification Services, medical testing, diagnostic evaluation and other Services in a Treatment Plan.

Non-emergency Substance Use Disorder/Chemical Dependency treatments must be Preauthorized as Medically Necessary by BCN. (Substance Use Disorder/Chemical Dependency Emergency Services are covered pursuant to Emergency and Urgent Care Services section.)

- Coverage is limited to solution focused treatment and crisis intervention. Solution-focused treatment includes both individual and group sessions.
- Coverage is limited to treatments that are expected to result in measurable, substantial and functional improvement.
- Coverage is limited to the least restrictive and most cost-effective treatment necessary for restoring reasonable function.
- Coverage is limited to Acute Illnesses or Acute episodes of Chronic illnesses that are Medically Necessary or to those Outpatient services needed to prevent an Acute episode of a Chronic illness
- Your Primary Care Physician and BCN must Preauthorize medical Inpatient Services required during a period of substance use disorder admission separately.

Definitions

Detoxification (“Detox”) means medical treatment and management of a person during withdrawal from physiological dependence on alcohol or drugs or both. Detox can occur in an Inpatient, Outpatient or Residential setting.

Domiciliary Partial refers to Partial Hospitalization combined with an unsupervised overnight stay (Residential) component.

Intensive Outpatient Substance Use Disorder Treatment means day treatment that is provided on an Outpatient basis. Intensive Outpatient Services consists of a minimum of 3 hours per day, 2 days per week and might include but is not necessarily limited to individual, group and family counseling, medical testing, diagnostic evaluation and other Services specified in a Treatment Plan.

Intermediate Care refers to Substance Use Disorder Services that have a Residential (overnight) component. Intermediate Care includes Detox, domiciliary Partial and Residential (including “Inpatient” and “Rehab”) Services.

Outpatient Substance Use Disorder Treatment means Outpatient visits (For example; individual, conjoint, family or group psychotherapy) for a Member who is dependent on and/or abusing alcohol or drugs (or both). The visit may include counseling, Detox, medical testing, diagnostic evaluation and other Services.

Partial Hospitalization/Domiciliary Partial is a comprehensive, acute-care program that consists of a minimum of 6 hours per day, 5 days a week. Partial Hospitalization treatment might include, but is not necessarily limited to counseling, medical testing, diagnostic evaluation and other Services in a Treatment Plan.

Residential Substance Use Disorder Treatment means Acute Services provided in a secure full day (24 hour) setting to a Member who is ambulatory and does not require medical Hospitalization. Residential Services may include counseling, Detox, medical testing, diagnostic evaluation and other Services specified in a Treatment Plan. Residential Substance Use Disorder Treatment is sometimes referred to as Inpatient Substance Use Disorder treatment or Rehabilitation (“rehab”).

Coverage

We cover Substance Use Disorder Services including counseling, medical testing, diagnostic evaluation and Detox in a variety of settings.

To obtain Services call BCN Behavioral Health Management at the number shown on the back of your BCN ID card. They are available 24 hours a day 7 days a week.

Detox/Residential/Intermediate Care/Partial Hospitalization Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not provided at Olin Health Center – refer to BCN Network or Out-of-Network Benefits	Covered - 90% after BCN Network Deductible 10% Coinsurance	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges
Services require Preauthorization from BCN Behavioral Health Management.		

Outpatient/Intensive Outpatient Substance Use Disorder Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not provided at Olin Health Center – refer to BCN Network or Out-of-Network Benefits	Covered – \$10 Copay after Deductible, no matter the location	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges

	Services require Preauthorization from BCN Behavioral Health Management.
--	--

NOTE: Diagnostic testing, injections, therapeutic treatment and medical Services are subject to the medical Outpatient Services Cost Sharing.

See Section 9 for Exclusions and Limitations.

8.17 Outpatient Therapy Services

Outpatient Therapy and/or Rehabilitative Services that result in meaningful improvement in your ability to perform functional day-to-day activities that are significant in your life roles, including:

- Medical rehabilitation – includes but not limited to cardiac and pulmonary rehabilitation;
- Physical therapy
- Occupational therapy
- Chiropractic and Osteopathic mechanical traction
- Speech therapy
- Cognitive therapy
- Biofeedback for treatment of medical diagnosis when Medically/Clinically Necessary, as determined according to BCN medical policies

We cover short-term Outpatient Therapy Services when meeting the following criteria:

- Preauthorized by BCN as Medically Necessary
- Treatment is provided for an illness, injury or congenital defect for which you received corrective surgery
- Provided in an Outpatient setting
- Services are not provided by any federal or state agency or any local political subdivision, including school districts
- Results in meaningful improvement in your ability to do important day to day activities within 90 days of starting treatment

Habilitative Services that help a person keep, learn or improve skills and functioning for daily living are covered when Preauthorized by BCN as Medically Necessary. Examples include but are not limited to

- Therapy for a child who isn't walking or talking at the expected age
- Physical and occupational therapy, speech-language pathology and other Services for people with disabilities

Short term Rehabilitative Outpatient Physical, Speech and Occupational Therapies Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Covered - \$10 Copay per visit ✓ Physical therapy only is available at Olin Health Center ✓ Speech therapy and occupational therapy are available in BCN Network and Out-of-Network	Covered – \$10 Copay after Deductible; 10% Coinsurance thereafter	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges
✓ Outpatient Rehabilitative Cognitive, Physical and Occupational therapies are limited to combined Benefit Maximum of 30 visits per condition per Benefit Year ✓ Rehabilitative Outpatient speech therapy Services are limited to 30 visits per Benefit Year		

Habilitative Cost Sharing		
Olin Health Center	BCN Network	Out-of-Network
Covered - \$10 Copay per visit ✓ Physical therapy only is available at Olin Health Center ✓ Speech therapy and occupational therapy are available in BCN Network and Out-of-Network	Covered – \$10 Copay after Deductible; 10% Coinsurance thereafter	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges
✓ Outpatient Habilitative Physical and Occupational therapies are limited to combined Benefit Maximum of 30 visits per condition per Benefit Year ✓ Habilitative speech therapy Services are limited to a Benefit Maximum of 30 visits per Benefit Year		

NOTE: Additionally, the maximum number of Outpatient Rehabilitation visits received is combined. For example, use of a visit in the BCN Network will reduce the visits available Out-of-Network.

General Exclusions include but are not limited to

- Services that can be provided by any federal or state agency or local political subdivision, including school districts, when the Member is not liable for the costs in the absence of insurance
- Vocational Rehabilitation including work training, work related therapy, work hardening, work site evaluation and all return to work programs
- Treatment during school vacations for children who would otherwise be eligible to receive therapy through the school or a public agency
- Craniosacral therapy
- Prolotherapy
- Rehabilitation Services obtained from non-Health Professionals, including massage therapists
- Strength training and exercise programs;
- Sensory integration therapy

Additional Exclusions for Speech Therapy include but are not limited to

- Sensory, behavioral, cognitive or attention disorders
- Treatment of stuttering or stammering
- Swallowing therapy for deviant swallow or tongue thrust
- Vocal cord abuse resulting from life-style activities or employment activities such as, but not limited to, cheerleading, coaching, singing
- Summer speech program - treatment for children who would be eligible to receive speech therapy through school or a public agency

8.18 Durable Medical Equipment

Durable Medical Equipment (DME) must meet the criteria below.

- Medically Necessary
- Used primarily for medical purposes
- Intended for repeated use
- Useful primarily because of illness, injury or congenital defect
- Prescribed by Olin Health Center or your treating physician

Coverage

We cover rental or purchase of DME when limited to the basic equipment. Any supplies required to operate the equipment and special features must be considered Medically Necessary and Preauthorized by BCN.

DME is not available Out-of-Network. Items must be obtained from a BCN DME Participating Provider.

In many instances, BCN covers the same items covered by Medicare Part B as of the date of the purchase or rental. In some instances, however, BCN guidelines may differ from Medicare.

Durable Medical Equipment Cost Sharing Must be Preauthorized and obtained from a BCN DME Participating Provider
Covered – 90% after BCN Network Deductible; 10% Coinsurance Applies to Out-of-Pocket Maximum
For specific Coverage information and to locate a BCN DME Participating Provider, please call Customer Service at the number provided on the back of your BCN ID card. NOTE: Limited DME supplies are available at SHS at Olin Health Center when Preauthorized.

NOTE: Breast pump needed to support breast-feeding is covered in full when Preauthorized and obtained from a BCN DME Participating Provider (See Preventive and Early Diagnosis section.)

Limitations and Exclusions

Limitations include but are not limited to

- Considered DME under your Coverage and appropriate for home use
- Obtained from a BCN Participating Provider (Limited supplies are available at SHS at Olin Health Center)
- Prescribed by Olin Health Center or a treating physician
- Preauthorized by BCN
- The equipment is the property of the DME provider. When it is no longer Medically Necessary, you may be required to return it.
- Repair or replacement, fitting and adjusting of DME only when needed as determined by BCN resulting from body growth, body change or normal use
- Repair of the item if it does not exceed the cost of replacement

Exclusions include but are not limited to

- Deluxe equipment (such as motor-driven wheelchairs and beds, etc.) unless Medically Necessary for the Member and/or required so the Member can operate the equipment.
NOTE: If the deluxe item requested is not Medically Necessary, the Approved Amount for the basic item may be applied toward the price of the deluxe item at the Member's option. You are responsible for any costs over the Approved Amount designated by BCN for a deluxe item that may be prescribed.
- Items that are not considered medical items
- Duplicate equipment
- Items for comfort and convenience (such as bed boards, bathtub lifts, overhead tables, adjust-a-beds, telephone arms, air conditioners, hot tubs, water beds)
- Physician's equipment (such as blood pressure cuffs and stethoscopes)
- Disposable supplies (such as sheets, bags, ear plugs, elastic stockings);
- Over the counter supplies including wound care (such as disposable dressing and wound care supplies) in absence of skilled nursing visits in the home
- Exercise and hygienic equipment (such as exercycles, bidet toilet seats, bathtub seats, treadmills)

- Self-help devices that are not primarily medical items (such as sauna baths, elevators, ramps, special telephone or communication devices)
- Equipment that is experimental or for research (See Section 9)
- Needles and syringes for purposes other than for treatment of diabetes
- Repair or replacement due to loss, theft, damage or damage that can be repaired
- Assistive technology and adaptive equipment such as computers, supine boards, prone standers and gait trainers
- Modifications to your home, living area, or motorized vehicles -This includes equipment and the cost of installation of equipment, such as central or unit air conditioners, swimming pools and car seats
- All repairs and maintenance that result from misuse or abuse
- Any late fees or purchase fees if the rental equipment is not returned within the stipulated period of time

8.19 Diabetic Supplies and Equipment

Diabetic Supplies and Equipment are used for the prevention and treatment of clinical diabetes.

Diabetic Supplies and Equipment must meet the criteria listed below.

- Determined to be Medically Necessary
- Prescribed by Olin Health Center or your treating physician
- Obtained from a BCN Participating Provider

We cover the following:

- Blood glucose monitors
- Test strips for glucose monitors, lancets and spring powered lancet devices, visual reading and urine testing strips
- Syringes and needles
- Insulin pumps and medical supplies required for the use of an insulin pump
- Diabetic shoes and inserts

Diabetic Supplies and Equipment are limited to basic equipment. Special features must be Medically Necessary and Preauthorized by BCN. Replacement of Diabetic Equipment is covered only when Medically Necessary.

Repair and replacement are covered only when needed as determined by BCN as not resulting from misuse. Repair of the item is covered if it does not exceed the cost of replacement.

Diabetic Supplies and Equipment Cost Sharing Must be Preauthorized and obtained from a BCN Participating Provider
Covered – 90% after BCN Network Deductible; 10% Coinsurance Applies to Out-of-Pocket Maximum
For specific Coverage information and to locate a BCN Participating provider, please call Customer Service at the number provided on the back of your BCN ID card. NOTE: Limited supplies are available at SHS at Olin Health Center when Preauthorized.

Exclusions include but are not limited to

- Replacement due to loss, theft or damage or damage that can be repaired
- Deluxe equipment unless Medically Necessary for the Member. If the deluxe item is requested when not Medically Necessary, the Approved Amount for the basic item may be applied toward the price of the deluxe item at your option. You are responsible for any costs over the Approved Amount designated by BCN for a deluxe item that may be prescribed
- Alcohol and gauze pads

8.20 Prosthetics and Orthotics

Definitions

Prosthetics are artificial devices that serve as a replacement of a part of the body lost by injury (traumatic) or missing from birth (congenital).

Prosthetic Devices can be either one of the following.

External: Devices such as an artificial leg, artificial arm or the initial set of prescription lenses for replacement of an organic lens of the eye following Medically Necessary eye surgery (e.g. cataract surgery) are considered external devices.

Internal Implantable Prosthetic Devices: Devices surgically attached or implanted during a Preauthorized surgery such as a permanent pacemaker, artificial hip or knee, artificial heart valves, implanted lens immediately following Preauthorized surgery for replacement of an organic lens of the eye (e.g. cataract surgery) are considered internal devices.

Orthotics are artificial devices that support the body and assist in its function (e.g., a knee brace, back brace, etc.).

Coverage

Basic Prosthetics and Orthotics are covered when Medically Necessary, Preauthorized by BCN, and obtained from a BCN Participating Provider. Medically Necessary special features are covered if prescribed by the treating physician, Preauthorized by BCN and obtained from a BCN Participating Provider.

Coverage includes but is not limited to the following:

- Implantable or non-implantable breast prostheses required following a Medically Necessary mastectomy

- Repair, replacement, fitting and adjustments when needed as determined by BCN resulting from body growth, body change or normal use. Repair of the item will be covered if it does not exceed the cost of replacement
- The initial set of prescription lenses (eyeglasses or contact lenses) are covered as a prosthetic device immediately following Preauthorized surgery for replacement of an organic lens of the eye (e.g., cataract surgery)
- Scalp hair prosthesis as a result of hair loss due to injury, sickness or treatment of sickness

Prosthetics and Orthotics Cost Sharing Must be Preauthorized and obtained from a BCN Participating Provider
Covered – 90% after BCN Network Deductible; 10% Coinsurance Applies to Out-of-Pocket Maximum
For specific Coverage information and to locate a BCN Participating provider, please call Customer Service at the number provided on the back of your BCN ID card. NOTE: Limited devices are available at SHS at Olin Health Center when Preauthorized.

Internal Implantable Prosthetic Devices

Your Inpatient, Outpatient or office visit Benefit applies.
 Any Cost Sharing applies to the Out-of-Pocket Maximum.

Limitations

- The item must meet the Coverage definition of a Prosthetic or Orthotic device.
- Preauthorized by BCN
- Obtained from a BCN-approved supplier
- Olin Health Center or the treating physician must prescribe the item.
- Coverage is limited to the basic items. If a deluxe item is requested, the Approved Amount for the basic item may be applied toward the price of the deluxe item at your option. You are responsible for any costs over the Approved Amount designated by BCN for the different type of item that may be prescribed
- Any special features that are considered Medically Necessary must be Preauthorized by BCN
- Replacement is limited to items that cannot be repaired or modified

Exclusions include but are not limited to

Repair or replacement made necessary because of loss, theft or damage caused by misuse or mistreatment is not covered. Also excluded, by example and not limitation, are the following

- Sports-related braces
- Dental appliances, including bite splints (See Section 8.23 for exception of diagnosis of TMJ.)
- Hearing aids; including bone anchored hearing devices
- Eyeglasses or contact lenses (except after lens surgery as listed above)

- Non-rigid appliances and over-the-counter supplies such as corsets, and corrective shoes
- Over the counter arch supports, foot orthotics
- Shoe inserts that are not attached to leg brace
- Over the counter supplies and disposable supplies such as compression stocking
- Devices that are experimental and research in nature
- Items for the convenience of the Member or care giver
- Repair or replacement due to loss, theft, damage or damage that cannot be repaired
- Duplicate appliances and devices

8.21 Organ and Tissue Transplants

We cover organ or body tissue transplant and all related Services when the following conditions are met.

- Medically Necessary
- Preauthorized by BCN
- Performed at a BCN-approved transplant Facility
- Considered non-experimental in accordance with generally accepted medical practice

Donor Coverage for a BCN Recipient

For a Preauthorized transplant, we cover the necessary Hospital, surgical, laboratory and X-ray Services for a Member and non-Member donor without any Cost Sharing.

Donor Coverage for a non-BCN Recipient

Member donor Cost Sharing may apply (as defined in this Certificate) when Preauthorized if the recipient's health plan does not cover BCN Member donor charges.

Organ and Tissue Transplant Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not available at Olin Health Center	Covered - 90% after BCN Network Deductible 10% Coinsurance	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges

Exclusions include but are not limited to:

- Community wide searches for a donor

8.22 Reconstructive Surgery

Definition

Reconstructive Surgery is performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function but may also be done to approximate a normal appearance.

Reconstructive Surgery includes the following:

- Correction of a birth defect that affects function
- Breast reconstructive surgery following a Medically Necessary mastectomy (including treatment of cancer). This may include nipple reconstruction, surgery and reconstruction of the other breast to produce a symmetrical appearance and treatment for physical complications resulting from the mastectomy, including lymphedema
- Repair of extensive scars or disfigurement resulting from any surgery that would be considered a Covered Service under this Certificate, disease, accidental injury, burns and/or severe inflammation, including but not limited to the following procedures
 - Blepharoplasty of upper lids
 - Panniculectomy
 - Rhinoplasty
 - Septorhinoplasty

Coverage

Reconstructive Surgery is covered when it is Medically Necessary and Preauthorized by BCN.

- A) Reduction Mammoplasty** (breast reduction surgery) for females when it is Medically Necessary and Preauthorized by BCN
- B) Male Mastectomy** for treatment of gynecomastia when it is Medically Necessary and Preauthorized by BCN

Reconstructive Surgery Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not available at Olin Health Center	Covered - 90% after BCN Network Deductible 10% Coinsurance	Covered – 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges

8.23 Oral Surgery

We cover Oral Surgery and X-rays only when Medically Necessary and Preauthorized by BCN.

- Treatment of fractures or suspected fractures of the jaw and facial bones and dislocation of the jaw
- Oral surgery and dental Services necessary for **immediate** repair of trauma to the jaw, natural teeth, cheeks, lips, tongue, roof and floor of the mouth
 NOTE: “Immediate” means treatment within 72 hours of the injury. Any follow-up treatment performed after the first 72 hours post-injury is not covered
- Anesthesia covered in an Outpatient Facility setting when Medically Necessary and Preauthorized by BCN
- Medically Necessary surgery for removing tumors and cysts within the mouth

Hospital Services are covered in conjunction with oral surgery when it is Medically Necessary for the oral surgery to be performed in a Hospital setting.

Oral Surgery Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not available at Olin Health Center	Covered - 90% after BCN Network Deductible 10% Coinsurance	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges
NOTE: Benefits are payable in accordance with the type of Service incurred and the place where the Service is provided. Refer to the appropriate section in this document. Your office visit Copay may apply.		

Exclusions include but are not limited to

- Anesthesia administered in an office setting
- Rebuilding or repair for cosmetic purposes
- Orthodontic treatment even when provided along with oral surgery
- Surgical preparation for dentures
- Routine dental procedures
- Surgical placement of dental implants including any procedures in preparation for the dental implant such as bone grafts

See Section 9 for additional exclusions.

8.24 Temporomandibular Joint Syndrome (TMJ) Treatment

Definition

TMJ is a condition of muscle tension and spasms related to the temporomandibular joint, facial and/or cervical muscles that may cause pain, loss of function and/or physiological impairment.

Coverage

We cover medical Services and treatment for TMJ when Medically Necessary and Preauthorized by BCN.

- Office visits for medical evaluation and treatment
- Specialty Referral for medical evaluation and treatment
- Occlusal splint
- X-rays of the temporomandibular joint, including contrast studies
- Surgery to the temporomandibular joint including, but not limited to, condylectomy, meniscectomy, arthrotomy and arthrocentesis

Important: Dental Services are not covered.

TMJ Treatment Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not available at Olin Health Center	Covered - 90% after BCN Network Deductible 10% Coinsurance	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges

Exclusions include but are not limited to

- Dental and orthodontic Services, treatment, prostheses and appliances for or related to TMJ treatment (Occlusal splints limited to one per lifetime - covered only when diagnosed with TMJ and Medically Necessary.)
- Dental X-rays

8.25 Orthognathic Surgery

Definition

Orthognathic surgery is the surgical correction of skeletal malformations involving the lower or upper jaw. A bone cut is usually made in the affected jaw and the bones are repositioned and realigned.

Coverage

We cover the Services listed below when Medically Necessary and Preauthorized by BCN.

- Office consultation with Specialist Physician
- Cephalometric study and X-rays
- Orthognathic surgery
- Postoperative care
- Hospitalization – only when it is Medically Necessary to perform the surgery in a Hospital setting

Orthognathic Surgery Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not available at Olin Health Center	Covered - 90% after BCN Network Deductible 10% Coinsurance	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges

Exclusions include but are not limited to

- Dental or orthodontic treatment (including braces)
- Prostheses and appliances for or related to treatment for Orthognathic conditions

8.26 Weight Reduction Procedures

We cover surgery and procedures for weight reduction when determined to be Medically Necessary and Preauthorized by BCN. You must meet the BCN medical criteria and the established guidelines related to the procedure.

Weight Reduction Procedures Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not available at Olin Health Center	Covered - 90% after BCN Network Deductible 10% Coinsurance	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges

Benefit Maximum

Surgical treatment of obesity is limited to once per lifetime unless Medically Necessary as determined by BCN

8.27 Prescription Drugs and Supplies

Prescription drugs and supplies are covered only if a BCN Participating Provider certifies to BCN and BCN agrees that the Covered drug in questions is Medically Necessary for the Member, based on BCN’s approved criteria. Those Covered drugs are not payable without Prior Authorization by BCN.

A) Prescription Drugs Received while you are an Inpatient

We cover prescription drugs and supplies as medical Benefits when they that are prescribed and received during a Covered Inpatient Hospital stay.

B) Cancer Drug Therapy

We cover cancer drug therapy and the cost of administration. The drug must be approved by the U. S. Food and Drug Administration (“FDA”) for cancer treatment.

Coverage is provided for the drug, regardless of whether the cancer is the specific cancer the drug was approved by the FDA to treat, if all of the following conditions are met:

- Determined to be Medically Necessary
- Preauthorized by BCN
- Ordered by a physician for the treatment of cancer
- Approved by the FDA for use in cancer therapy
- The physician has obtained informed consent from the Member or their representative for use of a drug that is currently not FDA approved for that specific type of cancer.
- The drug is used as part of a cancer drug regimen.
- The current medical literature indicates that the drug therapy is effective, and recognized cancer organizations generally support the treatment.

Cancer Drug Therapy and Administration Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Not available at Olin Health Center	Covered - 90% after BCN Network Deductible 10% Coinsurance	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges

Coordination of Benefits for cancer therapy drugs

If you have BCN Prescription Drug Rider, or coverage through another plan, your BCN Prescription Drug Rider or your other plan will cover drugs for cancer therapy that are self-administered first before Coverage under this Certificate will apply.

C) Injectable Drugs

The following drugs are covered as medical Benefits.

- Injectable and infusible drugs administered in a Facility setting
- Injectable and infusible drugs requiring administration by a health professional in a medical office, home or Outpatient Facility

We may require selected Drugs be obtained by your Provider through a BCN approved designated supplier.. BCN will manage the treatment setting for infusible drug Services and may direct you to an infusion center or home setting.

Selected injectable drugs in certain categories and drugs that are not primarily intended to be administered by a health professional are covered only if you have a Prescription Drug Rider attached to this Certificate.

Exclusions include but are not limited to:

- Drugs not approved by the FDA

- Drugs not reviewed or approved by BCN
- Experimental of investigations drugs as determined by BCN
- Self-administered drugs as defined by the FDA are not covered under your medical benefit. This includes self-administered drugs for certain diseases such as:
 - Arthritis
 - Hepatitis
 - Multiple sclerosis
 - Certain other illnesses or injuries

Self-administered drugs are covered only when you have a BCN Prescription Drug Rider.

D) Outpatient Prescription Drugs

We do not cover Outpatient prescription drugs and supplies unless you have a BCN Prescription Drug Rider attached to this Certificate. (See Section 9)

8.28 Clinical Trials

Definition

Approved Clinical Trial means a Phase I, II, III or IV clinical trial that is conducted for the prevention, detection or treatment of cancer or other life-threatening disease or condition, and includes any of the following:

- A federally funded trial, as described in the PPACA legislation
- A trial conducted under an investigational new drug application reviewed by the FDA
- A drug trial that is exempt from having an investigational new drug application
- A study or investigation conducted by a federal department that meets the requirements of Section 2709 of PPACA legislation.

Clinical Trials of experimental drugs or treatments proceed through four phases:

- **Phase I:** Researchers test a new drug or treatment in a small group of people (20-80) for the first time to evaluate its safety, to determine a safe dosage range and to identify side effects. Phase I trials do not determine efficacy and may involve significant risks as these trials represent the initial use in human patients.
- **Phase II:** The study drug or treatment is given to a larger group of people (100-300) to see if it is effective and further evaluate its safety.
- **Phase III:** If a treatment has shown to be effective in Phase II, it is subjected to additional scrutiny in Phase III. In this phase, the sample size of the study population is increased to between 1,000 and 3,000 people. The goals in Phase III are to confirm the effectiveness noted in Phase II, monitor for side effects, compare the study treatment against current treatment protocols, and collect data that will facilitate safe use of the therapy or treatment under review.

- Phase IV: These studies are done after the drug or treatment has been marketed or the new treatment has become a standard component of patient care. These studies continue testing the study drug or treatment to collect information about their effect in various populations and any side effects associated with long-term use. Phase IV studies are required by the FDA when there are any remaining unanswered questions about a drug, device or treatment.

Experimental or Investigational is a Service that has not been scientifically demonstrated to be as safe and effective for treatment of the Member's condition as conventional or standard treatment in the United States

Life-threatening Condition means any disease or condition from which the likelihood of death is probably unless the course of the disease or condition is interrupted

Qualified Individual means a Member eligible for Coverage under this Certificate who participates in an Approved Clinical Trial according to the trial protocol for treatment of cancer or other life-threatening disease or condition and either:

- The referring provider participated in the trials and has concluded that the Member's participation in it would be appropriate because the Member meets the trial's protocol
- The Member provides medical and scientific information establishing that the Member's participation in the trial would be appropriate because he/she meets the trial's protocol.

Routine Patient Costs means all items and Services related to an approved clinical trial if they are covered under this Certificate or any attached Riders for Members who are not participants in an Approved Clinical Trial. They do not include

- The investigational item, device or Service itself
- Items and Services provided solely to satisfy data collection and analysis needs that are not used in the direct clinical management of the Member
- A Service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis.

Coverage

We cover the routine costs of items and Services related to Phase I, Phase II, Phase III and Phase IV Clinical Trials whose purpose is to prevent, detect or treat cancer or other life-threatening disease or condition. Experimental treatment and Services related to the Experimental treatment are covered when all of the following are met:

- BCN considers the Experimental treatment to be conventional treatment when used to treat another condition (i.e., a condition other than what you are currently being treated for).
- The treatment is covered under your Certificate and attached Riders when it is provided as conventional treatment.
- The Services related to the Experimental treatment are covered under this Certificate and attached Riders when they are related to conventional treatment.

- The Experimental treatment and related Services are provided during BCN-approved oncology clinical trial (check with your provider to determine whether a Clinical Trial is approved by BCN).

NOTE: This Certificate does not limit or preclude the use of antineoplastic or off-label drugs when Michigan law requires that these drugs, and the reasonable cost of their administration, be covered.

Limitations and exclusions include but are not limited to

- The Experimental or Investigational item, device or Service itself
- Experimental treatment or Services related to Experimental treatment , except as explained under “Coverage” above
- Items and Services provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the Member
- A Service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis
- Administrative costs related to Experimental treatment or for research management
- Coverage for Services not otherwise covered under this Certificate
- Drugs or devices given to you during a BCN approved oncology clinical trial are covered only if they have been approved by the FDA, regardless of whether the approval is for treatment of your condition, and to the extent they are not normally provided or paid for by the sponsor of the trial or the manufacturer, distributor or provider of the drug or device
- Complications resulting from an Experimental procedure

8.29 Gender Dysphoria Treatment

Definition

Gender Dysphoria

A broad diagnosis that covers a person’s emotional discontent with the gender they were assigned at birth. A clinical diagnosis is made when a person meets the specific criteria set out in the current Diagnostic and Statistical Manual of Mental Disorders (DSM).

Gender Reassignment Services

A collection of Services that are used to treat Gender Dysphoria. These Services must be considered Medically Necessary and may include hormone treatment and/or gender reassignment surgery, as well as counseling and psychiatric Services.

Coverage

We cover Services for the treatment of Gender Dysphoria when determined to be Medically Necessary, Preauthorized by BCN and performed by BCN Participating Providers. The Provider must supply documentation supporting that you meet the BCN medical criteria and established guidelines.

Gender Dysphoria Treatment Cost Sharing		
SHS at Olin Health Center	BCN Network	Out-of-Network
Some services available at Olin. Cost Share applied dependent on the service provided.	Covered - 90% after BCN Network Deductible 10% Coinsurance	Covered - 70% after Deductible 30% Coinsurance of the Allowed Amount ✓ Balance Billed charges
Your Inpatient and Outpatient benefit Cost Sharing applies including office consultations as defined in this Certificate.		

Exclusions include but are not limited to

- Reversal of transgender surgical procedures
- Experimental or investigational treatment
- Gender reassignment Services that are considered cosmetic and not medically necessary such as:
 - ➤ Abdominoplasty
 - ➤ Blepharoplasty
 - ➤ Breast enhancements
 - ➤ Brow lift
 - ➤ Calf implants
 - ➤ Cheek/malar implants
 - ➤ Chin/nose implants
 - ➤ Chondrolaryngoplasty (Adams Apple reduction)
 - ➤ Collagen injections
 - ➤ Construction of clitoral hood
 - ➤ Drugs for hair loss or growth
 - ➤ Forehead lift
 - ➤ Hair removal
 - ➤ Hair transplantation
 - ➤ Lip reduction
 - ➤ Liposuction
 - ➤ Mastopexy
 - ➤ Neck tightening
 - ➤ Pectoral implants
 - ➤ Removal of redundant skin
 - ➤ Rhinoplasty
 - ➤ Speech-language therapy
 - ➤ Non-covered services

Note: Coverage is subject to change based on annual medical policy review.

SECTION 9: Exclusions and Limitations

This section lists many exclusions and limitations. Please refer to a specific Service in Section 8 for additional detail.

9.1 Unauthorized and Out of Network Services

Select health, medical and Hospital Services are covered only if Preauthorized by BCN.

Current information regarding Services that require Preauthorization is available by calling Customer Service 800-662-6667.

9.2 Services Received While a Member

A Service is considered to be received on the date you have the Service or get a supply. We will only pay for Covered Services you receive while you are a Member and covered under this Certificate and any attached Riders.

We can collect from you all costs for Covered Services that you receive and we pay for after your Coverage terminates, plus our cost of recovering those charges (including attorney's fees).

9.3 Services that are not Medically Necessary

Services that are not Medically Necessary are not covered unless specified in this Certificate.

The Medical Director makes the final determination of Medical Necessity based upon BCN internal medical policies.

9.4 Non-Covered Services

We do not pay for these services:

- Services that do not meet the terms and guidelines of this Certificate
- Office visits, exams, treatments, tests and reports for any of the following
 - Employment
 - Insurance
 - Travel (only immunizations for purposes of travel are Covered Health Benefits)
 - Licenses and marriage license applications
 - Legal proceedings such as parole, court and paternity requirements
 - School purposes, camp registrations, or sports physicals
 - Educational and behavioral evaluations performed at school
 - Completion or copying of forms or medical records, medical photography charges, interest on late payments, and charges for failure to keep scheduled appointments
- Expenses of travel and transportation and/or lodging, except for covered Ambulance Services

- Autopsies
- Employment related counseling
- Modifications to a house, apartment or other domicile for purposes of accommodating persons with medical conditions or disabilities
- Fees incurred for collections, processing and storage of blood, cells, tissue, organs or other bodily parts in a family, private or public bank or other Facility without immediate medical indication
- Testing to determine legal parentage
- Services performed by a provider with your same legal residence
- Services performed by a provider who is a family member
- Food, dietary supplements and metabolic foods
- Private duty nursing
- Routine foot care, including corn and callous removal, nail trimming and other hygienic or maintenance care
- Services outside the scope of the practice of the servicing provider
- Late fees
- All Facility, ancillary and physician Services, including diagnostic tests, related to experimental or investigational procedures
- Expenses incurred as a result of an accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
- Expense incurred for injury resulting from the plan or practice of intercollegiate sports (Participating in sports clubs or intramural athletic activities is not excluded).

9.5 Cosmetic Treatment and Procedures

Cosmetic Treatments and Procedures are performed primarily to improve appearance or self-esteem. It does not correct or materially improve a physiological function.

We do not pay for cosmetic surgery including but not limited to:

- Cosmetic surgery
- Elective rhinoplasty
- Spider vein repair
- Breast augmentation
- Treatment of acne
- Any related Services such as pre-surgical care, follow-up care and reversal or revision of the surgery.

9.6 Prescription Drugs

We do not pay for the following drugs:

- Outpatient prescription drugs
- Over-the-counter drugs or products
- Any medicines incidental to Outpatient care except as defined in Section 8.

However, a prescription drug Rider may be issued to you that allows Coverage.

9.7 Military Care

We do not cover any diseases or disabilities connected with military Service (of any country) if you are legally entitled to obtain Services from a military Facility, and such a Facility is available within a reasonable distance.

9.8 Custodial Care

Custodial Care maintains the basic need for food, shelter, housekeeping Services and clothing.

We do not pay for Custodial Care. This means that Custodial Care is not covered in your home, a nursing home, residential institution or any other setting that is not required to support medical and Skilled Nursing Care.

9.9 Comfort Items

We do not pay for comfort or convenience items even when a Physician prescribes the items:

- Personal comfort
- Convenience items
- Telephone
- Television or similar items

9.10 Mental Health/Substance Use Disorder

We do not pay for the following services:

- Care provided by Non-Participating facilities except for emergency admissions to the point of stabilization
- Psychoanalysis and open-ended psychotherapy
- Custodial (non-skilled) care when received in a home or Facility on a temporary or permanent basis. Examples of such care include three-quarter house or half-way house placement, room and board, health care aids and personal care designed to help in activities of daily living (ADL) or to keep from continuing unhealthy activities
- Transitional living centers such as three-quarter house or half-way house, therapeutic, boarding schools, domiciliary foster care and milieu therapies such as wilderness programs, other supportive housing, and group homes
- Maintenance treatments for caffeine and opiate addiction
- Treatment of Chronic illnesses is limited to
 - Treatment that is Medically Necessary to prevent an Acute episode of Chronic illness

- Treatment of Acute exacerbation of Chronic illness (any level of care, subject to other exclusions) Services available through the public sector. Such Services include, but are not limited to, psychological and neurological testing for educational purposes, Services related to adjustment to adoption, group home placement or Assertive Community Treatment
- Treatment programs that have predetermined or fixed lengths of care
- Court ordered examinations, tests, reports or treatments that do not meet requirements for Mental Health or Substance Use Disorder Coverage
- Marital counseling Services
- Religious oriented counseling provided by a religious counselor who is not a Participating Provider
- Gambling addiction issues
- Care, Services, supplies or procedures that is cognitive in nature (such as memory enhancement, development or retraining)
- Treatment of or programs for sex offenders or perpetrators of sexual or physical violence
- Services to hold or confine a person under chemical influence when no medical Services are required
- The costs of a private room or apartment
- Non-medical Services including the following enrichment programs
 - Dance therapy
 - Art therapy
 - Equine therapy
 - Ropes courses
 - Music therapy
 - Yoga and other movement therapies
 - Guided imagery
 - Consciousness raising
 - Socialization therapy
 - Social outings and education/preparatory courses or classes

9.11 Court Related Services

- We do not cover court ordered services including but not limited to pretrial and court testimony, court-ordered exam, or the preparation of court-related reports that do not meet health care Coverage requirements.
- We do not cover court-ordered treatment for substance use disorder or mental illness except as specified in Sections 8.

- We shall not be liable for any loss to which a contributing cause was the Member's commission of or attempt to commit a felony or to which a contributing cause was the Member being engaged in an illegal occupation.

9.12 Elective Procedures

We do not pay for elective procedures:

- Reversal of a surgical sterilization for males and females
- Treatment for infertility including but not limited
 - Artificial insemination
 - In vitro fertilization (IVF) procedures, such as GIFT – gamete intrafallopian transfer or ZIFT-zygote intrafallopian transfer and all related Services.
- Genetic testing and counseling for non-Members
- All Services, supplies and medications relating to Elective Abortion

9.13 Maternity Services

We do not pay for these maternity services:

- Services and supplies provided by a lay-midwife for home births
- All Services provided to non-Member surrogate parents
- Lamaze, parenting or other similar classes

9.14 Dental Services

We do not pay for these dental services:

- Routine dental Services and procedures
- Diagnose or treat of dental disease
- Extraction of wisdom teeth
- Dental prostheses, including implants and dentures and preparation of the bone to receive implants or dentures
- Restoration or replacement of teeth
- Orthodontic care
- X-rays or anesthesia administered in the dental office for dental procedures even if related to a medical condition or treatment, except as specifically stated in Section 8;
- Initial evaluation and Services when obtained later than 72 hours after the injury or traumatic occurrence
- Prosthetic replacement of teeth that had been avulsed or extracted as a result of a trauma
- Repair of damage to fixed or removable bridges, dentures, veneers, bondings, laminates or any other appliance or prosthesis placed in the mouth or on or about the teeth.

9.15 Services Covered Through Other Programs

We do not pay for Services covered through other programs.

- Under an extended Benefits provision of any other health insurance or health Benefits plan, policy, program or Certificate
- Under any other policy, program, contract, or insurance as stated in *General Provisions*, Section 2 “Other Party Liability” (The General Provisions chapter describes the rules of your health care Coverage)
- Under any public health care, school, or public program supported totally or partly by State, Federal or Local governmental funds except where BCN is made primary by law
 - The following are excluded to the extent permitted by law
 - Services and supplies provided in a Non-Participating Hospital owned and operated by any Federal, State or other governmental entity
 - Services and supplies provided while in detention or incarcerated in a Facility such as youth home, jail or prison, when in the custody of law enforcement officers or on release for the sole purpose of receiving medical treatment.
- Services and supplies provided under any contractual, employment or private arrangement, (not including insurance), that you made that promises to provide, reimburse, or pay for health, medical or Hospital Services
- Emergency Services paid by foreign government public health programs
- Any Services whose costs are covered by third parties (including, but not limited to, employer paid Services such as travel inoculations and Services paid for by research sponsors)
- Expense incurred by a Member not a United States citizen for Services performed within the covered Member’s home country if the Member’s home country has a socialized medicine program.

9.16 Alternative Services

We do not pay for Alternative Services. Alternative treatments are not used in standard Western medicine. It is not widely taught in medical schools.

Services include but are not limited to:

- Acupuncture
- Hypnosis
- Biofeedback
- Herbal treatments
- Massage therapy
- Therapeutic touch
- Aromatherapy
- Light therapy
- Naturopathic medicine (herbs and plants)
- Homeopathy
- Yoga

- Traditional Chinese medicine

Evaluations and office visits related to alternative Services are not covered.

9.17 Vision Services

We do not pay for vision services:

- Radial keratotomy
- Laser-Assisted in situ Keratomileusis (LASIK)
- Routine non-Medically Necessary vision exam and optometric exams
- Refractions, unless Medically Necessary
- Glasses, frames and contact lenses except as defined in this Certificate
- Dilation
- Visual training or visual therapy for learning disabilities such as dyslexia

9.18 Hearing Aid Services

We do not pay for hearing aids, services or items:

- Audiometric examination to evaluate hearing and measure hearing loss including, but not limited to, tests to measure hearing acuity related to air conduction, speech reception threshold, speech discrimination and/or a summary of findings
- Hearing aid evaluation assessment test or exams to determine what type of hearing aid to prescribe to compensate for loss of hearing
- Hearing aid(s) to amplify sound and improve hearing
- Conformity evaluation test to verify receipt of the hearing aid, evaluate its comfort, function and effectiveness or adjustments to the hearing aid
- Bone anchored hearing devices or surgically implanted bone conduction hearing aid

9.19 Out of Area Services

Except as otherwise stated, Services under this Certificate are covered only in the BCN Service Area.

Services received outside of Michigan are administered through BlueCard, a Blue Cross® and Blue Shield® Association program. Please refer to the attached BlueCard Rider for specific details. It tells you what you must pay under the exclusions and limitations of this Rider.

NOTE: For Out-of-State students who reside outside of Michigan, BCN Network Cost Sharing will apply.

Non-routine Services through BlueCard must be Preauthorized by BCN and must follow all BCN Coverage provisions.

For more information about Out of Area Services go to bcbsm.com or call Customer Service at the number shown on the back of your BCN ID card.

9.20 Worldwide Travel Assistance Services

Except for emergency Services, BCN does not cover worldwide Services. However, BCN has contracted with GeoBlue to provide coverage for Medical Evacuation, Repatriation of Remains and Bedside Visits. These Benefits are underwritten by BCS Insurance Company. For Coverage information please contact BCS Insurance Company at: 800-621-9215

