



Blue Care Network of Michigan — Member Guide

# Michigan State University Student Health Plan

**MICHIGAN STATE**  
UNIVERSITY

# Quick Reference

## IMPORTANT OR FREQUENTLY USED PHONE NUMBERS

Phone numbers, as well as mail and online options, are listed throughout the book as contact information.

### **Customer Service: 1-800-662-6667, TTY: 711**

*(8 a.m. to 5:30 p.m. Monday through Friday)*

Talk to a representative about your plan or benefits.

### **Behavioral Health Services: 1-800-482-5982**

Talk to a behavioral health manager in an emergency about issues that cause emotional or mental distress, including substance abuse issues.

### **Care while you travel: 1-800-810-BLUE (2583)**

Find a doctor, urgent care facility or hospital that participates in BlueCard®, our care program when you're away from home.

# Welcome

Michigan State University offers its students access to an MSU-sponsored student health plan, provided through Blue Care Network. Blue Care Network is a nonprofit subsidiary of Blue Cross Blue Shield of Michigan that offers health plans through an extensive HMO network across Michigan.

Your plan covers a variety of illness and injury-related health care services including prescription drugs, office visits and diagnostic treatment such as lab work and X-rays, hospitalization and specialty care.

For enrolled students only, Michigan State University also covers three physician office visits each school year at MSU Student Health Services. One of these visits may be used for a general physical exam. Spouses, dependents, visiting scholars, law students and lifelong education students aren't eligible for this benefit.

This pamphlet will provide details about your plan, including a summary of the benefits included.

After you read this pamphlet, feel free to contact MSU Human Resources at **517-353-4434** or **1-800-353-4434** or email [SolutionsCenter@hr.msu.edu](mailto:SolutionsCenter@hr.msu.edu) with questions or concerns related to your student health care plan.

Have a happy and healthy year!

MSU Human Resources

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# Enrollment

## Who's eligible for the plan?

If you're taking one or more credits for the enrollment period and are in one of these student categories, you're eligible to participate in the plan. Eligible students include:

- Undergraduate students
- Graduate students enrolled in a degree program or completing certification
- College of Law students
- Registered international students
- Medical students
- Visiting scholars (including visiting research associates and adjunct professors)
- Fellowship students
- Lifelong Education students
- English Language Program students
- Students completing optional practical training
- Eligible dependents of students enrolled in the plan (spouse or domestic partner and children or stepchildren)

## When do I enroll?

Enrollment period	Enrollment dates		Coverage period	
	Enrollment opens	Enrollment deadline	Effective date	Termination date
<b>Annual</b>	July 24, 2017	Sept. 30, 2017	Aug. 15, 2017	Aug. 14, 2018
<b>Fall</b>	July 24, 2017	Sept. 30, 2017	Aug. 15, 2017	Feb. 14, 2018
<b>Spring I</b>	Dec. 1, 2017	Feb. 15, 2018	Jan. 1, 2018	Aug. 14, 2018
<b>Spring II</b>	Dec. 1, 2017	Feb. 15, 2018	Feb. 15, 2018	Aug. 14, 2018
<b>Spring III</b>	April 12, 2018	June 30, 2018	May 12, 2018	Aug. 14, 2018
<b>First quarter</b>	July 24, 2017	Sept. 30, 2017	Aug. 15, 2017	Nov. 14, 2017
<b>Second quarter</b>	Oct. 15, 2017	Nov. 15, 2017	Nov. 15, 2017	Feb. 14, 2018
<b>Third quarter</b>	Jan. 15, 2018	Feb. 15, 2018	Feb. 15, 2018	May 11, 2018
<b>Fourth quarter</b>	April 12, 2018	June 30, 2018	May 12, 2018	Aug. 14, 2018

**Note:** Dependents cannot be enrolled in this plan beyond the student coverage period.

# Your primary care physician

## YOUR CONNECTION TO CARE

### Primary care

When you enroll with Blue Care Network, we'll assign you an MSU Student Health Services primary care physician, or PCP, who's based at Olin Health Center.

This is an important first step to making the most of your coverage. Your doctor will become your partner in maintaining your good health and will manage most of your care.

PCP care starts with regular checkups, health screenings and immunizations. It includes treatment for illness, injury and chronic conditions, like a heart condition or asthma. Your PCP also arranges for specialty care, lab tests and hospitalization.

### Specialty care

Your MSU Student Health Services doctor will recommend special care should you need it. Check that your doctor is sending you to a specialist in BCN's network to ensure you pay the least for your care. You may need special approval from BCN for certain services and care from specialists who aren't part of your plan's network.

### Getting care

**IMPORTANT: If you seek any care within 45 miles of MSU from a BCN network provider, you must have a referral from MSU Student Health Services. Without the referral, your care won't be covered.** This requirement doesn't apply to visiting scholars, College of Law, the optional practical training program, all eligible dependent children and the following Colleges: Human Medicine, Osteopathic Medicine and Veterinary Medicine.

### Woman's Choice program

Woman's Choice is a self-referral program. This means for routine women's health services, you may visit any Blue Care Network-contracted obstetrician/gynecologist without a referral.

Your health plan includes one annual gynecological examination along with mammography services.

# What you pay

## KEY TERMS

### Covered services

These are health care services, prescription drugs and equipment or supplies that are medically necessary, meet requirements and are paid in full or in part by your plan.

### Copayment (or copay)

A fixed dollar amount you pay each time you get certain types of care (for example, \$10 for a visit to your PCP).

### Coinsurance

Your share of the costs of a covered service, calculated as a percentage (for example, you pay 10 percent of the BCN approved amount, and BCN pays 90 percent).

### Deductible

The amount you must pay for most health care services before BCN begins to pay. The deductible may not apply to all services.

### Out-of-pocket maximum

The most you may have to pay for covered health care services during the year. The out-of-pocket maximum includes your medical and pharmacy deductible, copays and coinsurance.

# Medical supplies and lab services

## SPECIAL MEDICAL ITEMS

Sometimes, when you're recovering from an operation or an illness, you may need special equipment, such as a wheelchair or oxygen tank, to maintain your quality of life. These types of items are called **durable medical equipment**.

Your doctor will tell you what you need and write a prescription. BCN only covers basic equipment that you can use at home. If the equipment you want has special features that aren't medically necessary or are considered a luxury, you can choose to pay the cost difference between the basic item and the one with special features.

Northwood Inc.\* works with BCN to provide durable medical equipment as well as prosthetic and orthotic appliances for members.

To locate a Northwood provider near you, call Northwood at **1-800-667-8496**.

Representatives are available from 8:30 a.m. to 5:30 p.m. Monday through Friday. On-call associates are available after business hours.

## Diabetic supplies

J&B Medical Supply Company\*\* partners with BCN to provide diabetic materials, including insulin pumps and blood glucose meters.

For more information, call J&B Customer Service at **1-888-896-6233**.

\*Northwood is an independent company that provides durable medical equipment for Blue Care Network of Michigan.

\*\*J&B Medical Supply Company is an independent company that provides diabetic materials for Blue Care Network of Michigan.

## LAB SERVICES

BCN contracts with Joint Venture Hospital Laboratories\*\*\*, also known as JVHL, to provide clinical laboratory services throughout Michigan. This gives you access to more than 80 hospitals and 200 service centers that provide 24-hour access and a full range of laboratory services.

The laboratory at the Olin Health Center is a JVHL approved lab.

For information about lab services near you, call **1-800-445-4979**.

\*\*\*JVHL is an independent company that provides lab services for Blue Care Network of Michigan.



# Behavioral health coverage

## CARE FOR YOUR MIND AND YOUR BODY

All Blue Care Network members are covered for behavioral health services, including mental health or substance abuse care. Also covered are other types of conditions that cause emotional or mental distress such as life adjustment issues, depression and alcoholism.

### Call on a care manager

For routine care issues, you can reach a care manager from 8 a.m. to 5 p.m. Monday through Friday at **1-800-482-5982**. TTY users call **711**.

The care manager will evaluate your needs and arrange for the appropriate services. Rest assured that your personal health information, including discussions you have with the care manager, are confidential.

### In case of an emergency

Care managers are available 24 hours a day, seven days a week for behavioral health emergencies at **1-800-482-5982**.

### Getting care out of network

If you're receiving treatment from a behavioral health professional who's not contracted with BCN, you or your health care provider must request authorization from Behavioral Health Services (**1-800-482-5982**). BCN must approve the request for care to be covered.

# Care Management

## CARE TO IMPROVE YOUR QUALITY OF LIFE

We have a free health management program that's designed to help you stay healthy, get better or improve your quality of life while living with an illness. This program gives you information, tools and assistance to help you make good health care choices while making the most of the benefits you're paying for.

### Coordinating your care

Managing your care can sometimes be difficult and overwhelming. Our case managers can help you stay on track by coordinating all of your care and working closely with you and your doctor. He or she will also:

- Remind you of needed screenings, lab tests and other services
- Review care instructions provided by your doctor
- Remind you of upcoming appointments
- Answer questions about your benefits
- Identify benefits to get appropriate care
- Arrange for durable medical equipment if needed
- Help find specialists and other providers
- Provide support after surgery and hospitalization

### Chronic condition management

Being diagnosed with a chronic condition can be difficult to accept, especially when lifestyle changes are involved. In addition to coordinating your care and providing you with the services you may need after being discharged from the hospital, we also offer comprehensive Chronic Condition Management programs. Our case managers provide you with the resources and support you need to help you take charge of:

- Asthma (adult and child)
- Chronic obstructive pulmonary disease
- Congestive heart failure
- Depression
- Diabetes
- Kidney health
- Heart disease

### Specialized support for you

Know that you're not alone. Many of our case managers are specialists who can assist you with:

- Complex conditions
- High-risk pregnancy
- Neonatal care
- Oncology

# Your drug benefit

## PRESCRIPTION DRUG COVERAGE

For information about what you pay when you fill a prescription, log in to your account at [bcbsm.com](https://bcbsm.com). Then click on *Coverage* under *Manage my plan*. See also Page 19 in this booklet for your drug benefit copayment information.

### Providing better value

Our list of drugs is grouped into categories, or tiers, with the safest and least expensive drugs in the lower tiers. Your copayment, or out-of-pocket cost, is defined by one of these tiers.

- **Tier 1A and 1B Mostly Generics – Lowest copayment**  
These drugs are your most cost-effective option for treatment.
- **Tier 2 Preferred Brand – Higher copayment**  
These brand-name drugs cost more because there's no generic equivalent.
- **Tier 3 Non-Preferred Brand – Covered with copayment**  
These drugs aren't on our list of approved drugs. You may pay the entire cost of these drugs.
- **Tier 4 and 5 Specialty – Covered with coinsurance**  
These drugs treat complex and chronic conditions and require special handling.

### Go generic

Generic drugs are made with the same active ingredients as their brand-name equivalents, making them safe and effective treatment options. Because they cost much less than brand-name drugs, your prescription will automatically be filled with a generic drug when medically appropriate.

### Drug management ensures safety

We review certain drugs to ensure that your prescriptions are safe, affordable and appropriate.

Here are some ways we ensure safety:

- Our prior authorization program includes step therapy, which requires you to try one or more cost effective drugs before using a more expensive brand-name product.
- Our quantity limits review ensures that the dose prescribed for you is safe.
- Our pharmacy claims system is programmed to identify harmful drug interactions.

# 24/7 online health care

You and your dependents can get fast, convenient, affordable online health care with a doctor anywhere in the United States, 24 hours a day, seven days a week, when your primary care physician isn't available.\*

## No appointment needed

When you or someone in your plan has a minor illness, such as a cold, bladder infection, sprain or other similar condition, simply use your smart phone, tablet or computer to log in and meet face-to-face with a doctor online.

Online health care is most convenient when:

- Your primary care physician isn't available.
- You can't leave home or your workplace.
- You're on vacation or traveling for work.
- You're looking for affordable after-hours care.

## Sign up now

**Mobile** – Download the Amwell app.

**Web** – Go to [bcbsm.amwell.com](https://bcbsm.amwell.com).

**Phone** – Call **1-844-733-3627**.

- Add your Blue Care Network health plan information.
- Use service key **BCBSM**.

**Important:** You may be charged incorrectly if you don't enter your plan information and service key. If you already have an Amwell account, log in and enter your plan information and service key **BCBSM**.

\*Some states have visit and prescribing restrictions. For more information, see [info.americanwell.com/where-can-i-see-a-doctor-online](https://info.americanwell.com/where-can-i-see-a-doctor-online).

American Well is an independent company that provides online health care for Blue Care Network members. Blue Care Network does not control the content of the Amwell website.

## If you already have an Amwell account

From a computer:

- Log in to your account.
- Select + *Add a Service Key* (located on the lower right side of the home screen, at the bottom of the *My Services* menu).
- Enter service key **BCBSM**.
- Add or update your BCN health plan information.

From the app:

- Log in to your account.
- Select *More*.
- Select *Service Keys*.
- Enter service key **BCBSM**.
- Add or update your BCN health plan information.

For questions regarding 24/7 online health care, contact American Well:

**1-844-733-3627**

[support@americanwell.com](mailto:support@americanwell.com)

# BlueCard

## COVERAGE THAT TRAVELS

As a Blue Care Network member, you can receive benefits when you're outside of Michigan, but still in the U.S. So can your dependents. Your coverage includes BlueCard, a program of the Blue Cross and Blue Shield Association. With this program, you have nationwide access to Blue plan physicians and hospitals.

Always carry your BCN ID card for access to service. You may have to pay your usual out-of-pocket expenses (deductible, copays and coinsurance) for services. But you shouldn't have any other up-front health care expenses if you use a Blue provider.

### Arrange for care before you go

Check with **MSU Student Health Services** to arrange for coordinated care and required authorizations. For behavioral health services (substance abuse care and mental health services), call the mental health help number on the back of your ID card 24 hours a day, seven days a week. A care manager will evaluate your needs and arrange for services.

Learn more about the BlueCard program by reading the disclosure document online at [bcbsm.com/bluecarddisclosure](https://bcbsm.com/bluecarddisclosure), or call Customer Service at the number on the back of your ID card to have a copy sent to you.

# Benefits-at-a-Glance for MSU Student Health Plan 2017-2018

This is intended as an easy-to-read summary and provides only a general overview of your benefits. **It's not a contract.** Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable *Certificate of Coverage and Riders*. Payment amounts are based on the BCN-approved amount, less any applicable deductible, coinsurance and copayment amounts required by the plan. If there's a discrepancy between this Benefits-at-a-Glance and any applicable plan documents, the plan document will control. This coverage is provided pursuant to a contract entered into in the State of Michigan and shall be construed under the jurisdiction and according to the laws of the State of Michigan. Services must be provided or arranged by your primary care physician or health plan.

## Note:

- You'll be assigned an MSU Student Health Services at Olin Health Center provider as your primary care physician.
- A referral is needed from MSU Student Health Services at Olin Health Center before receiving benefits provided by a BCN provider located within a 45-mile radius of Olin. This requirement doesn't apply to visiting scholars, College of Law, the optional practical training program, all eligible dependent children and the following Colleges: Human Medicine, Osteopathic Medicine and Veterinary Medicine.
- MSU Student Health Services at Olin Health Center does not need to provide a referral for benefits received by a BCN provider located outside of a 45-mile radius of Olin.
- Some services require preauthorization by BCN.
- The deductible and co-insurance may apply to services at Olin for visiting scholars, College of Law, and the optional practical training program.

## Member's responsibility: deductible, copays, coinsurance and dollar maximums

Benefit description	MSU Student Health Services at Olin Health Center	BCN network	Out of network
<p><b>Deductible</b></p> <p>Select fixed dollar copays and coinsurance apply once the deductible has been met.</p> <p><b>Note:</b> The <b>deductible</b> will apply to certain services as defined below.</p>	None – waived for services received at Olin Health Center	\$150 per member/\$300 per contract per benefit year	\$300 per member/\$600 per contract per benefit year
<p><b>Fixed dollar copays</b></p>	\$10 for office visit, \$10 per physical therapy visit, \$10 per outpatient mental health visit	\$10 copay for specialist visit, \$100 per emergency room visit, \$10 per outpatient mental health and substance abuse visit, \$10 per physical, occupational or speech therapy visit	\$100 copay per emergency room visit, \$15 per outpatient mental health and substance abuse visit
<p><b>Coinsurance</b></p>	None	10% for select services as noted below	30% for select services as noted below
<p><b>Out-of-pocket maximum</b> – applies to deductibles, copays and coinsurance amounts for all covered services – including prescription drug copays.</p> <p>Not included in the out-of-pocket maximum:</p> <ul style="list-style-type: none"> <li>• Balance billed charges</li> <li>• Health care this plan doesn't cover</li> <li>• Nonreferred or nonauthorized service</li> <li>• Pediatric dental and vision</li> </ul>	\$2,100 per member/\$4,200 per contract per benefit year		\$4,200 per member/\$8,400 per contract per benefit year
<p><b>Preventive services</b> – as defined by the Affordable Care Act and included in your <i>Certificate of Coverage</i>. Additional preventive and early detection services such as tobacco and depression screenings are included in your <i>Certificate of Coverage</i>.</p>			
Health maintenance exam	Covered – 100%	Covered – 100%	Covered – 30% coinsurance of the allowed amount after deductible
Annual gynecological exam	Covered – 100%	Covered – 100%	Covered – 30% coinsurance of the allowed amount after deductible
Pap smear screening – laboratory services only	Covered – 100%	Covered – 100%	Covered – 30% coinsurance of the allowed amount after deductible

## Member's responsibility: deductible, copays, coinsurance and dollar maximums

Benefit description	MSU Student Health Services at Olin Health Center	BCN network	Out of network
<b>Preventive services</b> – as defined by the Affordable Care Act and included in your <i>Certificate of Coverage</i> , continued			
Well-baby and child care	Not applicable	Covered – 100%	Covered – 30% coinsurance of the allowed amount after deductible
Preventive care immunizations	Covered – 100%; travel immunizations not available	Covered – 100%	Covered – 30% coinsurance of the allowed amount after deductible
Flu shots	Covered – 100%	Covered – 100%	Covered – 30% coinsurance of the allowed amount after deductible
Prostate specific antigen (PSA) screening – laboratory services only	Covered – 100%	Covered – 100%	Covered – 30% coinsurance of the allowed amount after deductible
Fecal occult blood screening	Covered – 100%	Covered – 100%	Covered – 30% coinsurance of the allowed amount after deductible
Routine colonoscopy	Not applicable	Covered – 100%	Covered – 30% coinsurance of the allowed amount after deductible
Flexible sigmoidoscopy exam	Not applicable	Covered – 100%	Covered – 30% coinsurance of the allowed amount after deductible
Mammography screening	Not applicable	Covered – 100%	Covered – 30% coinsurance of the allowed amount after deductible
Voluntary female sterilization	Not applicable	Covered – 100%	Covered – 30% coinsurance of the allowed amount after deductible
Office administered contraceptives including counseling	Covered – 100%	Covered – 100%	Covered – 30% coinsurance of the allowed amount after deductible
Breast pumps (DME guidelines apply.)	Not applicable	Covered – 100% – must be obtained from BCN participating DME provider	
Maternity prenatal care	Not applicable	Covered – 100%	Covered – 30% coinsurance of the allowed amount after deductible



## Member's responsibility: deductible, copays, coinsurance and dollar maximums

Benefit description	MSU Student Health Services at Olin Health Center	BCN network	Out of network
<b>Physician office services</b>			
Olin PCP office visits	Covered – \$10 copay per visit	Not applicable	Not applicable
Online visits	Not applicable	Covered – \$10 copay per visit	
Other office visits – when referred for other than preventive services	Covered – \$10 copay per visit	Covered – \$10 copay after deductible	Covered – 30% coinsurance of the allowed amount after deductible
<b>Emergency medical care</b>			
Hospital emergency room – copay waived when admitted as an inpatient	Not applicable	Covered – \$100 copay then 10% coinsurance	Covered – \$100 copay then 10% coinsurance
Urgent care services	Not applicable	Covered – 10% coinsurance after deductible	Covered – 30% coinsurance after deductible
Ambulance services – medically necessary ground and air service	Not applicable	Covered – 10% coinsurance	Covered – 10% coinsurance
<b>Diagnostic services</b>			
Laboratory and pathology tests	Covered – 100% through JVHL		
Diagnostic tests and X-rays	Covered – 100%; some services are not provided at Olin Health Center	Covered – 10% coinsurance after deductible	Covered – 30% coinsurance of the allowed amount after deductible
Radiation therapy	Not applicable	Covered – 10% coinsurance after deductible	Covered – 30% coinsurance of the allowed amount after deductible
High technology scans – CAT, MRI, PET; require preauthorization	Not applicable	Covered – 10% coinsurance after deductible	Covered – 30% coinsurance of the allowed amount after deductible
<b>Maternity services provided by a physician</b>			
Postnatal care – See “Preventive services” section for routine prenatal care	Not applicable	Covered – \$10 copay after deductible	Covered – 30% coinsurance of the allowed amount after deductible
Delivery and nursery care	Not applicable	Covered – 10% coinsurance after deductible	Covered – 30% coinsurance of the allowed amount after deductible

## Member's responsibility: deductible, copays, coinsurance and dollar maximums

Benefit description	MSU Student Health Services at Olin Health Center	BCN network	Out of network
<b>Hospital care</b>			
General nursing care, hospital services and supplies – require preauthorization	Not applicable	Covered – 10% coinsurance after deductible	Covered – 30% coinsurance of the allowed amount after deductible
Outpatient surgery	Not applicable	Covered – 10% coinsurance after deductible	Covered – 30% coinsurance of the allowed amount after deductible
<b>Alternatives to hospital care</b>			
Skilled nursing care <b>Note:</b> Must meet medical necessity guidelines for skilled care.	Not applicable	Covered – 10% coinsurance after deductible	Covered – 30% coinsurance of the allowed amount after deductible
		Unlimited days	
Hospice care	Not applicable	Covered – 10% coinsurance after deductible	Covered – 30% coinsurance of the allowed amount after deductible
Home health care	Not applicable	Covered – 10% coinsurance after deductible	Covered – 30% coinsurance of the allowed amount after deductible
		Unlimited visits	
<b>Surgical services</b>			
Surgery – includes all related surgical services and anesthesia	Not applicable	Covered – 10% coinsurance after deductible	Covered – 30% coinsurance of the allowed amount after deductible
Voluntary male sterilization – See “Preventive services” section for voluntary female sterilization	Not applicable	Covered – 10% coinsurance after deductible	Covered – 30% coinsurance of the allowed amount after deductible
Elective abortion	Not applicable	Not covered	Not covered
Human organ transplants and related services – subject to medical criteria; require preauthorization	Not applicable	Covered – 10% coinsurance after deductible	Covered – 30% coinsurance of the allowed amount after deductible

## Member's responsibility: deductible, copays, coinsurance and dollar maximums

Benefit description	MSU Student Health Services at Olin Health Center	BCN network	Out of network
<b>Surgical services, continued</b>			
Reduction mammoplasty (subject to medical criteria)	Not applicable	Covered – 10% coinsurance after deductible	Covered – 30% coinsurance of the allowed amount after deductible
Male mastectomy (subject to medical criteria)	Not applicable	Covered – 10% coinsurance after deductible	Covered – 30% coinsurance of the allowed amount after deductible
Temporomandibular joint syndrome – includes physician's charges for treatment of TMJ including occlusal splint	Not applicable	Covered – 10% coinsurance after deductible	Covered – 30% coinsurance of the allowed amount after deductible
Orthognathic surgery	Not applicable	Covered – 10% coinsurance after deductible	Covered – 30% coinsurance of the allowed amount after deductible
Weight reduction procedures (subject to medical criteria) – one procedure per lifetime	Not applicable	Covered – 10% coinsurance after deductible	Covered – 30% coinsurance of the allowed amount after deductible
<b>Mental health care and substance abuse treatment</b>			
Inpatient mental health care <b>Note:</b> Services require preauthorization from BCN Behavioral Health Management	Not applicable	Covered – 10% coinsurance after deductible	Covered – 30% coinsurance of the allowed amount after deductible
Inpatient substance abuse care <b>Note:</b> Services require preauthorization from BCN Behavioral Health Management	Not applicable	Covered – 10% coinsurance after deductible	Covered – 30% coinsurance of the allowed amount after deductible
Outpatient mental health care (Three visits per lifetime are covered in full for enrolled students only when provided at the Olin Health Center.)	Covered – \$10 copay	Covered – \$10 copay after deductible	Covered – \$10 copay after deductible
	When preauthorized by BCN Behavioral Health Management		
Outpatient substance abuse care	Not applicable	Covered – \$10 copay after deductible	Covered – 30% coinsurance of the allowed amount after deductible
		When preauthorized by BCN Behavioral Health Management	

## Member's responsibility: deductible, copays, coinsurance and dollar maximums

Benefit description	MSU Student Health Services at Olin Health Center	BCN network	Out of network
<b>Autism spectrum disorders, diagnoses and treatment</b>			
Applied behavioral analyses (ABA) treatment <b>Note:</b> Services require preauthorization from BCN Behavioral Health Management	Not applicable	Covered – \$10 copay after deductible	Covered – 30% coinsurance of the allowed amount after deductible
Outpatient physical therapy, speech therapy, occupational therapy	Not applicable	Covered – \$10 copay after deductible then 10% coinsurance when authorized	Covered – 30% coinsurance of the allowed amount after deductible
Other covered services, including mental health services for autism spectrum disorder	See your outpatient mental health benefit and medical office visit benefit	See your outpatient mental health benefit and medical office visit benefit	See your outpatient mental health benefit and medical office visit benefit
<b>Other services</b>			
Allergy testing, therapy and injections	Covered – 100% for allergy injections. Allergy testing and therapy not available at Olin Health Center.	Covered – 10% coinsurance after deductible. Office visit copay may apply.	Covered – 30% coinsurance of the allowed amount after deductible. Office visit copay may apply.
Chiropractic treatment and spinal manipulation	Not applicable	Covered - \$10 copay after deductible then 10% coinsurance; office visit copay may apply	Covered – 30% coinsurance of the allowed amount after deductible
		30 visits per condition per member per benefit year; osteopathic and chiropractic visits combined	
Rehabilitative services – subject to meaningful improvement within 90 days <ul style="list-style-type: none"> <li>Outpatient cognitive, physical therapy and occupational therapy – limited to a combined benefit maximum of 30 visits per condition per benefit year</li> <li>Outpatient speech therapy – limited to 30 visits per benefit year</li> </ul>	Covered – \$10 copay (Physical therapy only; speech therapy and occupational therapy not performed at Olin Health Center.)	Covered – \$10 copay after deductible then 10% coinsurance; when authorized	Covered – 30% coinsurance of the allowed amount after deductible

## Member's responsibility: deductible, copays, coinsurance and dollar maximums

Benefit description	MSU Student Health Services at Olin Health Center	BCN network	Out of network
<b>Other services, continued</b>			
Habilitative services <ul style="list-style-type: none"> <li>• Outpatient physical therapy and occupational therapy – limited to a combined benefit maximum of 30 visits per condition per benefit year</li> <li>• Outpatient speech therapy – limited to 30 visits per benefit year</li> </ul>	Covered – \$10 copay (Physical therapy only; speech therapy and occupational therapy not performed at Olin Health Center.)	Covered – \$10 copay after deductible then 10% coinsurance; when authorized	Covered – 30% coinsurance of the allowed amount after deductible
Durable medical equipment – requires preauthorization through Northwood	Certain items are available at Olin Health Center. BCN network cost share applies.	Covered – 10% coinsurance after deductible	
Prosthetic and orthotic appliances – requires preauthorization through Northwood	Certain items are available at Olin Health Center. BCN network cost share applies.	Covered – 10% coinsurance after deductible. Hair prosthesis (wig or hair piece) for hair loss due to injury, sickness or the treatment of sickness is covered in full.	
Diabetic supplies	Certain items are available at Olin Health Center. BCN network cost share applies.	Covered – 10% coinsurance after deductible through J&B Medical Supply	
Infertility – services to diagnose and surgically treat the underlying medical cause; coverage determined by type and place of service; comprehensive infertility includes: <ul style="list-style-type: none"> <li>• Ovulation induction with menotropins – limited to six cycles per lifetime</li> <li>• Intrauterine insemination – limited to six cycles per lifetime</li> </ul>	Not applicable	Covered – 10% coinsurance after deductible; office visit copay may apply	Covered – 30% coinsurance of the allowed amount after deductible
<b>Pediatric vision</b>			
Eye exam – limited to one per calendar year through the last day of the year in which an individual turns age 19  Prescription glasses – frames (chosen from a select collection) and lenses are covered once a calendar year through the last day of the year in which an individual turns age 19	Not applicable	Covered – 100%	Covered – 100% of the approved amount

## Member's responsibility: deductible, copays, coinsurance and dollar maximums

Benefit description	MSU Student Health Services at Olin Health Center	BCN network	Out of network
<b>Pediatric dental</b>			
Pediatric dental		<b>Blue Dental PPO dentists</b>	<b>Blue Par Select and nonparticipating dentists</b>
		(To find a PPO dentist near you, please visit <a href="http://mibluedentist.com">mibluedentist.com</a> or call 1-888-826-8152.)	
Dental deductible	Not applicable	\$25 per member/\$75 per contract Deductible per calendar year	\$25 per member/\$75 per contract Deductible per calendar year
<b>Dental out-of-pocket maximum</b> – Applies to deductible and coinsurance amounts for covered dental services provided by Blue Dental PPO dentists. It does not apply to charges that exceed our approved PPO fee, services provided by non-PPO dentists or non-covered services.	Not applicable	\$350 per member/ \$700 per contract per calendar year	Not applicable
<b>Class I</b> – Diagnostic and preventive services like oral exams, cleanings, fluoride, bitewing X-rays and sealants	Not applicable	Covered – 80% of approved fee	Covered – 80% of approved fee
<b>Class II</b> – Basic services like fillings, full-mouth X-rays, non-surgical endodontic and periodontic treatments and extractions of non-impacted teeth	Not applicable	Covered – 50% of approved fee after dental deductible	Covered – 50% of approved fee after dental deductible
<b>Class III</b> – Major services like crowns, surgical endodontic and periodontic treatments, oral surgery and dentures	Not applicable	Covered – 50% of approved fee after dental deductible	Covered – 50% of approved fee after dental deductible
<b>Prescription drugs</b>			
Prescription drugs – Custom Select Drug List	Tier 1A and 1B Generic – \$7.50 copay* Tier 2 Preferred Brand – \$15 copay* Tier 3 Non-Preferred Brand – \$15 copay* Tier 4 Specialty – 20% coinsurance of the approved amount (maximum copay – \$200) Tier 5 Specialty – 20% coinsurance of the approved amount (maximum copay – \$300) *30-day supply; a 90-day retail supply is available for 2 times the copay Drugs for sexual dysfunction, weight loss, cough and cold, compounds and select high-abuse drugs – not covered Tier 1A female contraceptives and other preventive medications are covered in full.		
Mail order prescription drugs	Not applicable		

## We speak your language

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta, o 877-469-2583, TTY: 711 si usted todavía no es un miembro.

إذا كنت أنت أو شخص آخر تساعدته بحاجة لمساعدة، فليك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة للتحدث إلى مترجم برقم خدمة العملاء الموجود على ظهر بطاقتك، أو برقم 877-469-2583 TTY: 711، إذا لم تكن مشتركاً بالفعل.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話：如果您還不是會員，請撥電話 877-469-2583, TTY: 711。

کیا آپ کو یا کسی شخص کو جس کی مدد کرنے کی ضرورت ہے، فیک حق ہے آپ کو اپنی زبان میں مدد اور معلومات کی ضرورت کے بغیر کسی بھی رقم کے بغیر گفتگو کرنے کے لیے مترجم سے بات کرنے کی سہولت ملے گی۔ اگر آپ یا آپ کی مدد کرنے والی شخصیت ابھی تک مشترک نہیں ہیں، تو براہ کرم اپنے کارڈ کے پیچھے دیے گئے کسٹمر سروس نمبر 877-469-2583 TTY: 711 پر کال کریں۔

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị, hoặc 877-469-2583, TTY: 711 nếu quý vị chưa phải là một thành viên.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj, ose 877-469-2583, TTY: 711 nëse nuk jeni ende një anëtar.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하거나, 이미 회원이 아닌 경우 877-469-2583, TTY: 711로 전화하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। কোনো একজন দোভাষীর সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া গ্রাহক সহায়তা নম্বরে কল করুন বা 877-469-2583, TTY: 711 যদি ইতোমধ্যে আপনি সদস্য না হয়ে থাকেন।

Jeśli Ty lub osoba, której pomagasz, potrzebujecie pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty lub pod numer 877-469-2583, TTY: 711, jeżeli jeszcze nie masz członkostwa.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an oder 877-469-2583, TTY: 711, wenn Sie noch kein Mitglied sind.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda o chiama il 877-469-2583, TTY: 711 se non sei ancora membro.

ご本人様、またはお客様の身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号（メンバーでない方は877-469-2583, TTY: 711）までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по номеру телефона отдела обслуживания клиентов, указанному на обратной стороне вашей карты, или по номеру 877-469-2583, TTY: 711, если у вас нет членства.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na svom jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice ili 877-469-2583, TTY: 711 ako već niste član.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta, o 877-469-2583, TTY: 711 kung ikaw ay hindi pa isang miyembro.

## Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: [CivilRights@bcbsm.com](mailto:CivilRights@bcbsm.com). If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

# Valuable member resources

## Manage your plan online

At [bcbsm.com](http://bcbsm.com), managing your plan online has never been easier. With a secure member account, you'll be able to:

- Check your plan information, deductible and coinsurance levels, claims status, history and more
- Find doctors and hospitals in your plan's network, view doctor reviews from other patients and compare quality for hundreds of services using *Find a Doctor*
- Access your virtual ID card from your mobile device

## Get connected to health and wellness

Blue Cross® Health & Wellness, powered by WebMD® Health Services, gives you access to many online programs that can help you stay healthy, get better or improve your quality of life while living with a chronic illness.

## Cash in on discounts

As a member, you'll have access to exclusive savings on a variety of healthy products and services from groceries and fitness gear to travel and gym memberships.

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