



Blue Care Network

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association.

Blue Care Network Package G, \$5/\$10 Prescription Drugs Troy School District

Preventive Services

Health Maintenance Exam	Covered – 100%
Annual Gynecological Exam	Covered – 100%
Pap Smear Screening – laboratory services only	Covered – 100%
Well-Baby and Child Care	Covered – 100%
Immunizations	Covered – 100%
Infertility Counseling and Treatment (excluding In-vitro fertilization)	Covered – 50% on all associated costs

Mammography

Mammography Screening	Covered – 100%
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Physician Office Services

Office Visits	Covered – 100%
Consulting Specialist Care – when referred	Covered – 100%

Emergency Medical Care

Hospital Emergency Room – approved diagnosis	Covered – \$25 copay (copay waived if admitted)
Physician's Office	Covered – 100%
Urgent Care Center	Covered – \$10 copay
Ambulance Services – medically necessary	Covered – 100%

Diagnostic Services

Laboratory and Pathology Tests	Covered – 100%
Diagnostic Tests and X-rays	Covered – 100%
Radiation Therapy	Covered – 100%

Maternity Services Provided by a Physician

Pre-Natal and Post-Natal Care	Covered – 100%
Delivery and Nursery Care	Covered – 100%

Hospital Care

Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies	Covered – 100%, unlimited days
Chemotherapy	Covered – 100%

Alternatives to Hospital Care

Skilled Nursing Care	Covered – 100%, up to 730 days
Hospice Care	Covered – 100%
Home Health Care	Covered – 100%

Surgical Services

Surgery – includes all related surgical services and anesthesia	Covered – 100%
Voluntary Sterilization	Covered – 100%
Human Organ Transplants	Covered – 100%, subject to medical criteria

Mental Health Care and Substance Abuse Treatment

Inpatient Mental Health Care and Substance Abuse Care	<p>Mental Health Care: Covered – 100%, up to 45 days; renewable 60 days after discharge</p> <p>Substance Abuse Care: Covered – 100%, one program per 12-month period</p>
Outpatient Mental Health Care	Covered – 100%, up to 20 visits per calendar year
Outpatient Substance Abuse Care	Covered – 100%, up to 20 visits per calendar year

Other Services

Allergy Testing and Therapy	Covered – 100%
Chiropractic Spinal Manipulation	Covered – 100%
Outpatient Physical, Speech and Occupational Therapy	Covered – 100%, limited to 60 consecutive days/episode/year
Durable Medical Equipment	Covered – 80% with a 20% copay
Prosthetic and Orthotic Appliances	Covered – 80% with a 20% copay
Prescription Drugs – includes contraceptives and mail order prescription drugs	<p>Covered – less copay</p> <ul style="list-style-type: none"> • \$5 copay for generic drugs and \$10 copay for brand name drugs

Deductible, Copays and Dollar Maximums

Deductible	None
<p>Copays</p> <ul style="list-style-type: none"> • Fixed Dollar Copay • Percent Copay 	<ul style="list-style-type: none"> • \$10 for urgent care visits, • \$25 for emergency room visits • \$5 copy for generic drugs and \$10 copay for brand drugs • 20% for durable medical equipment and prosthetic and orthotic appliances • 50% for infertility counseling and treatment
<p>Copay Dollar Maximums</p> <ul style="list-style-type: none"> • Fixed Dollar Copay • Percent Copay 	None
Dollar Maximums	None

BCN5, AS5, DME20, FP5, P&O20, SNF730, WMHSAC, WOC, FCR, PD5/10NSC

This is intended as an easy-to-read summary. It is not a contract. An official description of benefits is contained in applicable Blue Care Network certificates and riders. Payment amounts are based on the Blue Care Network approved amount, less any applicable deductible and/or copay amounts required by the plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan. Services must be provided or arranged by member's primary care physician or health plan.