



Blue Care Network of Michigan – Member Guide

2023 – 2024

Michigan State University Graduate Assistant Health Plan

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: 1-800-287-4103, 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 use disorder issues.

Care while you travel:

BlueCard®: 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 Michigan, but still within the U.S.

Global Core: 1-800-810-2583 or collect at 804-673-1177

Your plan provides full medical coverage while traveling abroad through the Blue Cross Blue Shield Global Core program.

GeoBlue: 1-800-257-4823 inside the U.S. or collect at 610-254-8771

You also have GeoBlue, which provides worldwide medical evacuation and repatriation coverage.

Your BCN plan information at your fingertips

- Access your digital member ID card from your mobile device.
- See your coverage information such as out-of-pocket and deductible balances depending on your plan.
- Search for doctors and hospitals in your plan's network.
- Email Customer Service to get answers to your questions.

Activate your online member account

It's easy and secure. Activate your account in one of these ways:



Go to bcbsm.com/register.



Download our app at bcbsm.com/app.



Or, text REGISTER to 222764.*

*Message and data rates may apply. Visit bcbsm.com for our *Terms and Conditions of Use and Privacy Practices*.

Welcome

Michigan State University offers its graduate assistants a health plan through Blue Care Network, a nonprofit subsidiary of Blue Cross Blue Shield of Michigan and an acknowledged leader in providing quality care and exceptional value.

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 Blue Care Network at **1-800-287-4103** regarding your benefit coverage or MSU Human Resources at **517-353-4434** or **1-800-353-4434**, visit hr.msu.edu or email SolutionsCenter@hr.msu.edu with eligibility questions or concerns related to your graduate assistant health care plan.

Have a happy and healthy year!

MSU Human Resources

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Enrollment

Who's eligible for the plan?

- Graduate assistants with active appointments
- Eligible dependents (spouse/other eligible individual, children and stepchildren)

When do I enroll?

Enrollment dates			Coverage period	
Enrollment period	Enrollment opens	Enrollment deadline	Effective date	Termination date
Fall	July 26, 2023	Sept. 30, 2023	Aug. 16, 2023	Feb. 15, 2024
Spring I	Dec. 1, 2023	Feb. 28, 2024	Jan. 1, 2024	Aug. 15, 2024
Spring II	Dec. 1, 2023	Feb. 28, 2024	Feb. 16, 2024	Aug. 15, 2024
Spring III	April 17, 2024	June 30, 2024	May 16, 2024	Aug. 15, 2024
First quarter	July 26, 2023	Sept. 30, 2023	Aug. 16, 2023	Nov. 15, 2023
Second quarter	Oct. 17, 2023	Nov. 30, 2023	Nov. 16, 2023	Feb. 15, 2024
Third quarter	Jan. 17, 2024	Feb. 28, 2024	Feb. 16, 2024	May 15, 2024
Fourth quarter	April 17, 2024	June 30, 2024	May 16, 2024	Aug. 15, 2024

Note: Dependents can't be enrolled in this plan beyond the graduate assistant coverage period.

To enroll in your plan, visit bcbsm.com/msu.

What is my rate?

MSU will cover the cost of the health plan for the graduate assistant. The premium for spouses/other eligible individuals, and eligible dependents of graduate assistants are partially funded by Michigan State University. MSU will contribute \$2,500 per academic year toward the cost of a spouse/OEI or child, and \$2,700 per academic year toward the cost of a spouse/OEI and one or more children. The MSU contribution amount is prorated based on dependents enrolled, as well as the enrollment period.

Premium Rates	Quarterly	Fall	Spring I	Spring II	Spring III
Policy Year 2023-2024	Aug. 16, 2023-Nov. 15, 2023 Nov. 16, 2023-Feb. 15, 2024 Feb. 16, 2024-May 15, 2024 May 16, 2024-Aug. 15, 2024	Aug. 16, 2023-Feb. 15, 2024	Jan. 1, 2024-Aug. 15, 2024	Feb. 16, 2024-Aug. 15, 2024	May 16, 2024-Aug. 15, 2024
Graduate Assistants					
Student	\$862	\$1,724	\$2,155	\$1,724	\$862
Spouse	\$862	\$1,724	\$2,155	\$1,724	\$862
One child	\$862	\$1,724	\$2,155	\$1,724	\$862
2 or more children	\$1,724	\$3,448	\$4,311	\$3,448	\$1,724

Your primary care provider

YOUR CONNECTION TO CARE

Primary care

When you enroll, we'll assign you an MSU Student Health Services primary care provider who's based at Olin Health Center.

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

Primary care starts with regular checkups, health screenings and immunizations. It includes treatment for illness, injury and chronic conditions, such as a heart condition or asthma. Your primary care provider 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. Dependent children regardless of age and COBRA members are exempt from this requirement.

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, \$15 for a visit to your primary care provider).

Coinsurance

Your share of the costs of a covered service, calculated as a percentage (for example, you pay 5% of the BCN-approved amount, and your plan pays 95%).

Deductible

The amount you must pay for most health care services before your plan 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 members are covered for behavioral health services, including mental health or substance use disorder 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**.

A 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

To pay the least for treatment from a behavioral health professional who's not contracted with BCN, you or your health care provider must request transitional care services 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

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

You have prescription drug coverage. For information about what you pay when you fill a prescription, log in to your account at 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. Your copayment, or out-of-pocket cost, is defined by one of these categories.

- **Preferred and Non-Preferred Generic – Lowest copayment**
These drugs are your most cost-effective option for treatment.
- **Preferred Brand – Higher copayment**
These brand-name drugs cost more because there's no generic equivalent.
- **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.
- **Preferred Specialty - Covered by copay**
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.

Virtual Care

You and your dependents can get fast, convenient, affordable medical and behavioral health care virtually with a doctor when your primary care provider isn't available.*

Convenient virtual care for body and mind

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 smartphone, tablet or computer to log in and meet face to face with a U.S. board-certified doctor online — 24 hours a day, seven days a week.

Virtual visits also give you more choices for behavioral health care. Schedule an appointment and talk to therapists and psychiatrists about anxiety, grief and other life challenges from the comfort of home.

Virtual care is most convenient when:

- Your primary care provider 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

Important: On January 1, 2024 our virtual care vendor will be changing. Blue Cross Online VisitsSM will no longer be available after December 31, 2023. You'll need to sign up with our new vendor Teladoc HealthTM to receive virtual care.

Available through December 31, 2023
Blue Cross Online VisitsSM

Mobile – Get the BCBSM Online VisitsSM app

Web – Go to bcbsmonlinevisits.com

Phone – Call 1-844-606-1608

Sign up beginning January 1, 2024
Teladoc HealthTM

Mobile – Get the Teladoc HealthTM app

Web – Go to bcbsm.com/virtualcare

Phone – Call 1-855-636-1578

Note: Add your Blue Care Network health plan information during sign up. You may be charged incorrectly if you don't enter your plan information.

*U.S. only. Remember to coordinate all care through your primary care provider.

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. For more information, call BlueCard at **1-800-810-BLUE (2583)**.

Always carry your BCN member 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 plan 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 use disorder care and mental health services), call the mental health help number on the back of your member 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, or call Customer Service at the number on the back of your member ID card to have a copy sent to you.

Care while traveling outside the U.S.

Your BCN plan provides full medical coverage while traveling abroad through the Blue Cross Blue Shield Global Core program. You also have GeoBlue, which provides worldwide medical evacuation and repatriation coverage.

You may be required to pay out-of-pocket for services and seek reimbursement upon returning to the country. Proof of payment, itemized bills and any relevant documentation, including medical records, are required.

For more information:

- Call Blue Cross Blue Shield Global Core Service Center at **1-800-810-2583** or collect at **804-673-1177**; or visit bcbsglobalcore.com.
- Call GeoBlue Global Health and Safety Team at **1-800-257-4823** inside the U.S. or collect at **610-254-8771**; or email globalhealth@geo-blue.com.

GeoBlue is an international health insurance program of Worldwide Insurance Services, which is an independent licensee of the Blue Cross and Blue Shield Association.

Blue Cross, Blue Shield, the Blue Cross and the Blue Shield symbols, BlueCard and Blue Cross Blue Shield Global Core are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

Benefits at a Glance for MSU Graduate Assistant Health Plan 2023-2024

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 *Benefit Document and Amendments*. 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. Services must be provided or arranged by your primary care provider or health plan.

Notes:

- You'll be assigned an MSU Student Health Services at Olin Health Center provider as your primary care provider.
- 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. Dependent children regardless of age and COBRA members are exempt from this requirement.
- MSU Student Health Services at Olin Health Center doesn't 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.

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>Deductible Select fixed dollar copays and coinsurance apply once the deductible has been met.</p> <p>Note: The deductible will apply to certain services as defined below.</p>	None – waived for services received at Olin Health Center	\$125 per member/ \$250 per contract per benefit year	\$250 per member/ \$500 per contract per benefit year
Fixed dollar copays	\$15 for office visit, \$15 per physical therapy visit, \$15 per outpatient mental health visit	\$15 copay for specialist visit, \$50 per emergency room visit, \$15 per outpatient mental health and substance use disorder visit, \$15 per physical, occupational or speech therapy visit	\$50 copay per emergency room visit, \$15 per outpatient mental health and substance use disorder visit
Coinsurance	None	5% for select services as noted below	20% for select services as noted below
<p>Out-of-pocket maximum – 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"> • Balance-billed charges • Health care this plan doesn't cover • Nonreferred or nonauthorized service • Pediatric dental and vision 	\$1,500 per member/\$3,000 per contract per benefit year	\$2,300 per member/\$4,600 per contract per benefit year	
<p>Preventive services – as defined by the Affordable Care Act and included in your <i>Benefit Document and Amendments</i>. Additional preventive and early detection services such as tobacco and depression screenings are included in your <i>Benefit Document and Amendments</i>.</p>			
Health maintenance exam	Covered – 100%	Covered – 100%	Covered – 20% coinsurance of the allowed amount after deductible
Annual gynecological exam	Covered – 100%	Covered – 100%	Covered – 20% coinsurance of the allowed amount after deductible
Pap smear screening – laboratory services only	Covered – 100%	Covered – 100%	Covered – 20% coinsurance of the allowed amount after deductible
Well-baby and well-child visits	Not applicable	Covered – 100%	Covered – 20% 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
Preventive services – as defined by the Affordable Care Act and included in your <i>Benefit Document and Amendments</i> , continued			
Preventive care immunizations	Covered – 100%; travel immunizations not available	Covered – 100%	Covered – 20% coinsurance of the allowed amount after deductible
Flu shots	Covered – 100%	Covered – 100%	Covered – 20% coinsurance of the allowed amount after deductible
Prostate specific antigen, or PSA, screening – laboratory services only	Covered – 100%	Covered – 100%	Covered – 20% coinsurance of the allowed amount after deductible
Fecal occult blood screening	Covered – 100%	Covered – 100%	Covered – 20% coinsurance of the allowed amount after deductible
Routine colonoscopy	Not applicable	Covered – 100%	Covered – 20% coinsurance of the allowed amount after deductible
Flexible sigmoidoscopy exam	Not applicable	Covered – 100%	Covered – 20% coinsurance of the allowed amount after deductible
Mammography screening	Not applicable	Covered – 100%	Covered – 20% coinsurance of the allowed amount after deductible
Voluntary female sterilization	Not applicable	Covered – 100%	Covered – 20% coinsurance of the allowed amount after deductible
Office administered contraceptives, includes counseling	Covered – 100%	Covered – 100%	Covered – 20% coinsurance of the allowed amount after deductible
Breast pumps (DME guidelines apply.)	Covered – 100% – must be obtained from BCN participating DME provider		
Routine prenatal and postnatal care	Not applicable	Covered – 100%	Covered – 20% 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
Provider office services			
Olin primary care provider office visits	Covered – \$15 copay per visit	Not applicable	Not applicable
Virtual care through the BCN designated vendor	Not applicable	Covered – \$10 copay per visit	
Other office visits – for other than preventive services	Covered – \$15 copay per visit	Covered – \$15 copay after deductible	Covered – 20% coinsurance of the allowed amount after deductible
Emergency medical care			
Hospital emergency room – copay waived when admitted as an inpatient	Not applicable	Covered – \$50 copay, then 5% coinsurance	Covered – \$50 copay, then 5% coinsurance
Urgent care services	Not applicable	Covered – 5% coinsurance after deductible	Covered – 20% coinsurance after deductible
Ambulance services – medically necessary ground and air service	Not applicable	Covered – 5% coinsurance	Covered – 5% coinsurance
Diagnostic services			
Laboratory and pathology tests	Covered – 100%	Covered – 100% – through JVHL	
Diagnostic tests and X-rays Note: Contact Olin Health Center on benefit availability	Covered – 100% – some services are not provided at Olin Health Center	Covered – 5% coinsurance after deductible	Covered – 20% coinsurance of the allowed amount after deductible
Radiation therapy	Not applicable	Covered – 5% coinsurance after deductible	Covered – 20% coinsurance of the allowed amount after deductible
High-technology scans – CT, MRI, PET; require preauthorization	Not applicable	Covered – 5% coinsurance after deductible	Covered – 20% coinsurance of the allowed amount after deductible
Maternity services provided by a physician			
Routine prenatal and postnatal care	Not applicable	Covered – 100%	Covered – 20% coinsurance of the allowed amount after deductible
Delivery and nursery care	Not applicable	Covered – 5% coinsurance after deductible	Covered – 20% 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
Hospital care			
General nursing care, hospital services and supplies – requires preauthorization	Not applicable	Covered – 5% coinsurance after deductible	Covered – 20% coinsurance of the allowed amount after deductible
Outpatient surgery	Not applicable	Covered – 5% coinsurance after deductible	Covered – 20% coinsurance of the allowed amount after deductible
Alternatives to hospital care			
Skilled nursing care Note: Must meet medical necessity guidelines for skilled care.	Not applicable	Covered – 5% coinsurance after deductible	Covered – 20% coinsurance of the allowed amount after deductible
		Unlimited days	
Hospice care	Not applicable	Covered – 5% coinsurance after deductible	Covered – 20% coinsurance of the allowed amount after deductible
Home health care	Not applicable	Covered – 5% coinsurance after deductible	Covered – 20% coinsurance of the allowed amount after deductible
		Unlimited visits	
Surgical services			
Surgery – includes all related surgical services and anesthesia	Not applicable	Covered – 5% coinsurance after deductible	Covered – 20% coinsurance of the allowed amount after deductible
Voluntary male sterilization – See “Preventive services” section for voluntary female sterilization	Not applicable	Covered – 5% coinsurance after deductible	Covered – 20% coinsurance of the allowed amount after deductible
Elective abortion (one procedure per two-year period of membership)	Not applicable	Covered – 5% coinsurance after deductible	Covered – 20% coinsurance after deductible
		Benefits are limited to \$250 per member per benefit year	

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

Benefit description	MSU Student Health Services at Olin Health Center	BCN network	Out of network
Surgical services, continued			
Human organ transplants and related services – subject to medical criteria; require preauthorization	Not applicable	Covered – 5% coinsurance after deductible	Covered – 20% coinsurance of the allowed amount after deductible
Reduction mammoplasty (subject to medical criteria)	Not applicable	Covered – 5% coinsurance after deductible	Covered – 20% coinsurance of the allowed amount after deductible
Male mastectomy (subject to medical criteria)	Not applicable	Covered – 5% coinsurance after deductible	Covered – 20% coinsurance of the allowed amount after deductible
Temporomandibular joint syndrome – includes physician's charges for treatment of TMJ including occlusal splint	Not applicable	Covered – 5% coinsurance after deductible	Covered – 20% coinsurance of the allowed amount after deductible
Orthognathic surgery	Not applicable	Covered – 5% coinsurance after deductible	Covered – 20% coinsurance of the allowed amount after deductible
Weight reduction procedures (subject to medical criteria) – one procedure per lifetime	Not applicable	Covered – 5% coinsurance after deductible	Covered – 20% coinsurance of the allowed amount after deductible
Mental health care and substance use disorder treatment			
Inpatient mental health care Note: Services require preauthorization from Behavioral Health Management	Not applicable	Covered – 5% coinsurance after deductible	Covered – 20% coinsurance of the allowed amount after deductible
Inpatient substance use disorder care Note: Services require preauthorization from Behavioral Health Management	Not applicable	Covered – 5% coinsurance after deductible	Covered – 20% 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 – \$15 copay	Covered – \$15 copay after deductible	Covered – \$15 copay after deductible
	When preauthorized by Behavioral Health Management		
Outpatient substance use disorder care	Not applicable	Covered – \$15 copay after deductible	Covered – \$15 copay after deductible
	When preauthorized by 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
Autism spectrum disorders, diagnoses and treatment			
Applied behavioral analyses, or ABA, treatment Note: Services require preauthorization from Behavioral Health Management	Not applicable	Covered – \$15 copay after deductible	Covered – 20% coinsurance of the allowed amount after deductible
Outpatient physical therapy, speech therapy, occupational therapy	Not applicable	Covered – \$15 copay after deductible, then 5% coinsurance when authorized	Covered – 20% 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
Other services			
Allergy testing, therapy and injections	Covered – 100% for allergy injections. Allergy testing and therapy not available at Olin Health Center.	Covered – 5% coinsurance after deductible. Office visit copay may apply.	Covered – 20% coinsurance of the allowed amount after deductible
Chiropractic treatment and spinal manipulation	Not applicable	Covered – \$15 copay after deductible, then 5% coinsurance. Office visit copay may apply.	Covered – 20% 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"> Outpatient cognitive, physical therapy and occupational therapy – limited to a combined benefit maximum of 30 visits per condition per benefit year with habilitative PT/OT visits Outpatient speech therapy – limited to 30 visits per benefit year combined with habilitative speech therapy visits 	Covered – \$15 copay (Physical therapy only. ST and OT not available at Olin Health Center.)	Covered – \$15 copay after deductible, then 5% coinsurance when authorized	Covered – 20% 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
Other services, continued			
<p>Habilitative services</p> <ul style="list-style-type: none"> • Outpatient physical therapy and occupational therapy – limited to a combined benefit maximum of 30 visits per condition per benefit year combined with rehabilitative visits • Outpatient speech therapy – limited to 30 visits per benefit year combined with rehabilitative speech therapy visits 	<p>Covered – \$15 copay (Physical therapy only. ST and OT not available at Olin Health Center.)</p>	<p>Covered – \$15 copay after deductible, then 5% coinsurance when authorized</p>	<p>Covered – 20% coinsurance of the allowed amount after deductible</p>
<p>Durable medical equipment – requires preauthorization through Northwood</p>	<p>Certain items are available at Olin Health Center. Member out-of-pocket costs apply.</p>	<p>Covered – 5% coinsurance after deductible</p>	
<p>Prosthetic and orthotic appliances – requires preauthorization through Northwood</p>	<p>Certain items are available at Olin Health Center. Member out-of-pocket costs apply.</p>	<p>Covered – 5% coinsurance after deductible. Hair prosthesis (wig or hairpiece) for hair loss due to injury, sickness or the treatment of sickness is covered in full.</p>	
<p>Diabetic supplies</p>	<p>Certain items are available at Olin Health Center. Member out-of-pocket costs apply.</p>	<p>Covered – 5% coinsurance after deductible through J&B Medical Supply</p>	
<p>Infertility – services to diagnose and surgically treat the underlying medical cause; coverage determined by type and place of service; comprehensive infertility includes:</p> <ul style="list-style-type: none"> • Ovulation induction with menotropins – limited to six cycles per lifetime • Intrauterine insemination – limited to six cycles per lifetime 	<p>Not applicable</p>	<p>Covered – 5% coinsurance after deductible; office visit copay may apply</p>	<p>Covered – 20% coinsurance of the allowed amount after deductible</p>

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

Benefit description	MSU Student Health Services at Olin Health Center	BCN network	Out of network
Pediatric vision			
<p>Eye exam – Limited to once per benefit year through the last day of the year in which an individual turns age 19</p> <p>Prescription glasses – Frames (chosen from a select collection) and lenses are covered once in a benefit year through the last day of the year in which an individual turns age 19</p>	Not applicable	Covered – 100%	Covered – 100% of the approved amount
Pediatric dental			
<p>Pediatric dental - Pediatric dental benefits are available only to members who are age 18 or younger on the plan's effective date and are available to them through the end of the calendar year in which they turn 19.</p>		Blue DentalSM PPO dentists	Blue Par SelectSM and nonparticipating dentists
		(To find a PPO dentist near you, visit mibluedentist.com or call 1-888-826-8152.)	
Pediatric dental deductible	Not applicable	\$25 per member/\$75 per contract Deductible per calendar year	\$50 per member/\$150 per contract Deductible per calendar year
Pediatric dental out-of-pocket maximum – Applies to deductible and coinsurance amounts for covered dental services provided by Blue Dental PPO dentists. It doesn't 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
Class I – Diagnostic and preventive services such as oral exams, cleanings, fluoride, X-rays and sealants	Not applicable	Covered – 100% of approved fee	Covered – 70% of approved fee
Class II – Basic services such as fillings, periodontal scaling and root planing and periodontal maintenance, endodontic treatments and oral surgery	Not applicable	Covered – 70% of approved fee after dental deductible	Covered – 50% of approved fee after dental deductible
Class III – Major services such as crowns, periodontal surgery, occlusal biteguards and dentures	Not applicable	Covered – 50% of approved fee after dental deductible	Covered – 50% of approved fee after dental 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
Prescription drugs			
Prescription drugs	<p>Preferred and Non-Preferred Generic – \$10 copay*</p> <p>Preferred Brand – \$30 copay*</p> <p>Non-Preferred Brand – \$60 copay*</p> <p>Preferred Specialty Drugs – \$75 copay</p> <p>*30-day supply; a 90-day retail supply is available for 2 times the copay</p> <p>Sexual dysfunction drugs – not covered</p> <p>Preferred Generic female contraceptives and other preventive medications are covered in full.</p> <p>Specialty Drugs are covered only when obtained by a pharmacy in the BCN Exclusive Pharmacy Network for Specialty Drugs.</p>		
Mail order prescription drugs	Not applicable		

Valuable member resources

Manage your plan online

At bcbsm.com, managing your plan online has never been easier. With a secure member account you can:

- Check your plan information, deductible and coinsurance levels, claims status and more
- See if authorization requirements or referrals are approved and when they expire.
- Find doctors and hospitals in your plan's network, and compare quality using *Find a Doctor*
- Access your digital member ID card from your mobile device
- Find answers fast to questions about your plan with the 24/7 support of MIBlue Virtual AssistantSM.

Get connected to health and wellness

Blue Cross[®] Health & Well-Being, 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 Blue365[®], with exclusive savings on a variety of healthy products and services from groceries and fitness gear to travel and gym memberships.

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