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 for 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 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 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 questions or concerns related to your student health care plan.

Have a happy and healthy year!

MSU Human Resources
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?

<table>
<thead>
<tr>
<th>Enrollment period</th>
<th>Enrollment dates</th>
<th>Coverage period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual</td>
<td>July 26, 2022</td>
<td>Aug. 16, 2022</td>
</tr>
<tr>
<td></td>
<td>Sept. 30, 2022</td>
<td>Aug. 15, 2023</td>
</tr>
<tr>
<td>Fall</td>
<td>July 26, 2022</td>
<td>Aug. 16, 2022</td>
</tr>
<tr>
<td></td>
<td>Sept. 30, 2022</td>
<td>Feb. 15, 2023</td>
</tr>
<tr>
<td>Dec. 1, 2022</td>
<td>Jan. 1, 2023</td>
<td>Aug. 15, 2023</td>
</tr>
<tr>
<td>Spring I</td>
<td>April 17, 2023</td>
<td>May 16, 2023</td>
</tr>
<tr>
<td></td>
<td>June 30, 2023</td>
<td>Aug. 15, 2023</td>
</tr>
<tr>
<td>Spring II</td>
<td>Dec. 1, 2022</td>
<td>Feb. 16, 2023</td>
</tr>
<tr>
<td></td>
<td>Feb. 28, 2023</td>
<td>Aug. 15, 2023</td>
</tr>
<tr>
<td>Spring III</td>
<td>April 17, 2023</td>
<td>May 16, 2023</td>
</tr>
<tr>
<td></td>
<td>June 30, 2023</td>
<td>Aug. 15, 2023</td>
</tr>
<tr>
<td>First quarter</td>
<td>July 26, 2022</td>
<td>Aug. 16, 2022</td>
</tr>
<tr>
<td></td>
<td>Sept. 30, 2022</td>
<td>Nov. 15, 2022</td>
</tr>
<tr>
<td>Second quarter</td>
<td>Oct. 17, 2022</td>
<td>Nov. 16, 2022</td>
</tr>
<tr>
<td></td>
<td>Nov. 30, 2022</td>
<td>Feb. 15, 2023</td>
</tr>
<tr>
<td>Third quarter</td>
<td>Jan. 17, 2023</td>
<td>Feb. 16, 2023</td>
</tr>
<tr>
<td></td>
<td>Feb. 28, 2023</td>
<td>May 15, 2023</td>
</tr>
<tr>
<td>Fourth quarter</td>
<td>April 17, 2023</td>
<td>May 16, 2023</td>
</tr>
<tr>
<td></td>
<td>June 30, 2023</td>
<td>Aug. 15, 2023</td>
</tr>
</tbody>
</table>

Note: Dependents can’t be enrolled in this plan beyond the student coverage period.

To enroll in your plan, visit bcbsm.com/msu.
Primary care
When you enroll with Blue Care Network, 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. 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.
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

All Blue Care Network 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.

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

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

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. Then click on Coverage under Manage my plan. See also Page 18 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 and Non-Preferred 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.

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
Blue Cross Online Visits℠

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

**Convenient online 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.

Online 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.

Online health 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 now**

**Mobile** – Get the BCBSM Online Visits℠ app.

**Web** – Go to bcbsmonlinevisits.com.

**Phone** – Call 1-844-606-1608.

Add your Blue Care Network health plan information.

**Important:** 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 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 Student Health Plan 2022-2023

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 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. 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 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

*The deductible and coinsurance may apply to services at Olin for visiting scholars, College of Law, College of Medicine and the optional practical training program.

<table>
<thead>
<tr>
<th>Benefit description</th>
<th>MSU Student Health Services at Olin Health Center</th>
<th>BCN network</th>
<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong>*</td>
<td>None – waived for services received at Olin Health Center</td>
<td>$150 per member/$300 per contract per benefit year</td>
<td>$300 per member/$600 per contract per benefit year</td>
</tr>
<tr>
<td>Fixed dollar copays</td>
<td>$10 for office visit, $10 per physical therapy visit, $10 per outpatient mental health visit</td>
<td>$10 copay for specialist visit, $100 per emergency room visit, $10 per outpatient mental health and substance use disorder visit, $10 per physical, occupational or speech therapy visit</td>
<td>$100 copay per emergency room visit</td>
</tr>
<tr>
<td>Coinsurance*</td>
<td>None</td>
<td>10% for select services as noted below</td>
<td>30% for select services as noted below</td>
</tr>
</tbody>
</table>

Out-of-pocket maximum – applies to deductibles, copays and coinsurance amounts for all covered services – including prescription drug copays.

Not included in the out-of-pocket maximum:
- Balanced-billed charges
- Health care this plan doesn’t cover
- Nonreferred or nonauthorized service
- Pediatric dental and vision

Preventive services – as defined by the Affordable Care Act and included in your Certificate of Coverage. Additional preventive and early detection services such as tobacco and depression screenings are included in your Certificate of Coverage.

<table>
<thead>
<tr>
<th>Preventive service</th>
<th>MSU Student Health Services at Olin Health Center</th>
<th>BCN network</th>
<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health maintenance exam</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
</tr>
<tr>
<td>Annual gynecological exam</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
</tr>
<tr>
<td>Pap smear screening – laboratory services only</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
</tr>
</tbody>
</table>
### Member’s responsibility: deductible, copays, coinsurance and dollar maximums

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

### Provider office services

<table>
<thead>
<tr>
<th>Benefit description</th>
<th>MSU Student Health Services at Olin Health Center</th>
<th>BCN network</th>
<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Olin primary care provider office visits</td>
<td>Covered – $10 copay per visit</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Online visits</td>
<td>Not applicable</td>
<td>Covered – $10 copay per visit through Blue Cross Online VisitsSM</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Other office visits – when referred for other than preventive services</td>
<td>Covered – $10 copay per visit</td>
<td>Covered – $10 copay after deductible</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
</tr>
</tbody>
</table>

### Emergency medical care

<table>
<thead>
<tr>
<th>Benefit description</th>
<th>MSU Student Health Services at Olin Health Center</th>
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<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital emergency room – copay waived when admitted as an inpatient</td>
<td>Not applicable</td>
<td>Covered – $100 copay, then 10% coinsurance</td>
<td>Covered – $100 copay, then 10% coinsurance</td>
</tr>
<tr>
<td>Urgent care services</td>
<td>Not applicable</td>
<td>Covered – 10% coinsurance after deductible</td>
<td>Covered – 30% coinsurance after deductible</td>
</tr>
<tr>
<td>Ambulance services – medically necessary ground and air service</td>
<td>Not applicable</td>
<td>Covered – 10% coinsurance</td>
<td>Covered – 10% coinsurance</td>
</tr>
</tbody>
</table>

### Diagnostic services

<table>
<thead>
<tr>
<th>Benefit description</th>
<th>MSU Student Health Services at Olin Health Center</th>
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<th>Out of network</th>
</tr>
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<tbody>
<tr>
<td>Laboratory and pathology tests</td>
<td>Covered – 100% through JVHL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic tests and X-rays</td>
<td>Covered – 100%; some services are not provided at Olin Health Center</td>
<td>Covered – 10% coinsurance after deductible</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
</tr>
<tr>
<td>Radiation therapy</td>
<td>Not applicable</td>
<td>Covered – 10% coinsurance after deductible</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
</tr>
<tr>
<td>High-technology scans – CT, MRI, PET; require preauthorization</td>
<td>Not applicable</td>
<td>Covered – 10% coinsurance after deductible</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
</tr>
</tbody>
</table>

### Maternity services provided by a physician

<table>
<thead>
<tr>
<th>Benefit description</th>
<th>MSU Student Health Services at Olin Health Center</th>
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</thead>
<tbody>
<tr>
<td>Postnatal care – See “Preventive services” section for routine prenatal care</td>
<td>Not applicable</td>
<td>Covered – $10 copay after deductible</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
</tr>
<tr>
<td>Delivery and nursery care</td>
<td>Not applicable</td>
<td>Covered – 10% coinsurance after deductible</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
</tr>
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### Member’s responsibility: deductible, copays, coinsurance and dollar maximums

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</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General nursing care, hospital services and supplies – require preauthorization</td>
<td>Not applicable</td>
<td>Covered – 10% coinsurance after deductible</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>Not applicable</td>
<td>Covered – 10% coinsurance after deductible</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
</tr>
<tr>
<td><strong>Alternatives to hospital care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled nursing care</td>
<td>Not applicable</td>
<td>Covered – 10% coinsurance after deductible</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
</tr>
<tr>
<td>Note: Must meet medical necessity guidelines for skilled care.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hospice care</strong></td>
<td>Not applicable</td>
<td>Covered – 10% coinsurance after deductible</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
</tr>
<tr>
<td><strong>Home health care</strong></td>
<td>Not applicable</td>
<td>Covered – 10% coinsurance after deductible</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
</tr>
<tr>
<td><strong>Surgical services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery – includes all related surgical services and anesthesia</td>
<td>Not applicable</td>
<td>Covered – 10% coinsurance after deductible</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
</tr>
<tr>
<td>Voluntary male sterilization – See “Preventive services” section for voluntary female sterilization</td>
<td>Not applicable</td>
<td>Covered – 10% coinsurance after deductible</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
</tr>
<tr>
<td>Elective abortion</td>
<td>Not applicable</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Human organ transplants and related services – subject to medical criteria; require preauthorization</td>
<td>Not applicable</td>
<td>Covered – 10% coinsurance after deductible</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
</tr>
</tbody>
</table>

### Benefit description

- **MSU Student Health Services at Olin Health Center**
- **BCN network**
- **Out of network**

### Benefit description

- **Surgical services, continued**
- **Reduction mammoplasty (subject to medical criteria)**
- **Male mastectomy (subject to medical criteria)**
- **Temporomandibular joint syndrome (includes physician’s charges for treatment of TMJ including occlusal splint)**
- **Orthognathic surgery**
- **Weight reduction procedures (subject to medical criteria) – one procedure per lifetime**
- **Mental health care and substance use disorder treatment**
  - **Inpatient mental health care**
    - Note: Services require preauthorization from BCN Behavioral Health Management
  - **Inpatient substance use disorder care**
    - Note: Services require preauthorization from BCN Behavioral Health Management
  - **Outpatient mental health care**
    - Three visits per lifetime are covered in full for enrolled students only when provided at the Olin Health Center.
  - **Outpatient substance use disorder care**
    - Not applicable

### Benefit description

- **Covered – $10 copay after deductible**
- **Covered – 10% coinsurance after deductible**
- **Covered – 30% coinsurance of the allowed amount after deductible**
**Member's responsibility: deductible, copays, coinsurance and dollar maximums**

<table>
<thead>
<tr>
<th>Benefit description</th>
<th>MSU Student Health Services at Olin Health Center</th>
<th>BCN network</th>
<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism spectrum disorders, diagnoses and treatment</td>
<td>Covered – $10 copay after deductible</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Applied behavioral analyses, or ABA, treatment</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>Note:</strong> Services require preauthorization from BCN Behavioral Health Management</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Outpatient physical therapy, speech therapy, occupational therapy</td>
<td>Covered – $10 copay after deductible, then 10% coinsurance when authorized</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Other covered services, including mental health services for autism spectrum disorder</td>
<td>See your outpatient mental health benefit and medical office visit benefit</td>
<td>See your outpatient mental health benefit and medical office visit benefit</td>
<td>See your outpatient mental health benefit and medical office visit benefit</td>
</tr>
<tr>
<td><strong>Other services</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Allergy testing, therapy and injections</td>
<td>Covered – 100% for allergy injections. Allergy testing and therapy not available at Olin Health Center.</td>
<td>Covered – 10% coinsurance after deductible. Office visit copay may apply.</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible. Office visit copay may apply.</td>
</tr>
<tr>
<td>Chiropractic treatment and spinal manipulation</td>
<td>Not applicable</td>
<td>Covered – $10 copay after deductible, then 10% coinsurance; office visit copay may apply</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
</tr>
<tr>
<td>30 visits per condition per member per benefit year; osteopathic and chiropractic visits combined</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Rehabilitative services – subject to meaningful improvement within 90 days</td>
<td>Covered – $10 copay (Physical therapy only; speech therapy and occupational therapy not performed at Olin Health Center.)</td>
<td>Covered – $10 copay after deductible, then 10% coinsurance; when authorized</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
</tr>
<tr>
<td>Outpatient physical therapy and occupational therapy – limited to a combined benefit maximum of 30 visits per condition per benefit year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient speech therapy – limited to 30 visits per benefit year</td>
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**Member's responsibility: deductible, copays, coinsurance and dollar maximums**

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<tr>
<td><strong>Other services, continued</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Habilitative services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Outpatient physical therapy and occupational therapy – limited to a combined benefit maximum of 30 visits per condition per benefit year</td>
<td>Covered – $10 copay (Physical therapy only; speech therapy and occupational therapy not performed at Olin Health Center.)</td>
<td>Covered – $10 copay after deductible, then 10% coinsurance; when authorized</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
</tr>
<tr>
<td>• Outpatient speech therapy – limited to 30 visits per benefit year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durable medical equipment – requires preauthorization through Northwood</td>
<td>Certain items are available at Olin Health Center. Member out-of-pocket costs apply.</td>
<td>Covered – 10% coinsurance after deductible</td>
<td>Covered – 10% coinsurance after deductible.</td>
</tr>
<tr>
<td>Prosthetic and orthotic appliances – requires preauthorization through Northwood</td>
<td>Certain items are available at Olin Health Center. Member out-of-pocket costs apply.</td>
<td>Covered – 10% coinsurance after deductible.</td>
<td>Covered – 10% coinsurance after deductible.</td>
</tr>
<tr>
<td>Diabetic supplies</td>
<td>Certain items are available at Olin Health Center. Member out-of-pocket costs apply.</td>
<td>Covered – 10% coinsurance after deductible through J&amp;B Medical Supply</td>
<td>Covered – 10% coinsurance after deductible through J&amp;B Medical Supply</td>
</tr>
<tr>
<td>Infertility – services to diagnose and surgically treat the underlying medical cause; coverage determined by type and place of service; comprehensive infertility includes:</td>
<td>Not applicable</td>
<td>Covered – 10% coinsurance after deductible; office visit copay may apply</td>
<td>Covered – 30% coinsurance of the allowed amount after deductible</td>
</tr>
<tr>
<td>• Ovulation induction with menotropins – limited to six cycles per lifetime</td>
<td></td>
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<td></td>
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<tr>
<td>• Intrauterine insemination – limited to six cycles per lifetime</td>
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<tr>
<td><strong>Pediatric vision</strong></td>
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</tr>
<tr>
<td>Eye exam – limited to one per calendar year through the last day of the year in which an individual turns age 19</td>
<td>Not applicable</td>
<td>Covered – 100% of the approved amount</td>
<td>Covered – 100% of the approved amount</td>
</tr>
<tr>
<td>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</td>
<td>Not applicable</td>
<td></td>
<td></td>
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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.

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

Preventative services such as dental cleanings and fluoride are covered at 100% of approved fees, with no deductible and a $0 copay with no coinsurance or dollar maximum.

Prescription drugs

Preferred and Non-Preferred Generic – $7.50 copay*
Preferred Brand – $15 copay*

*30-day supply; a 90-day retail supply is available for 2 times the copay

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- 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 Assistant](https://mibluevirtualassistant.bcbsm.com).

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Cash in on discounts
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