Young Adult Blue℠

PPO Benefits-at-a-Glance

	In-Network	Out-of-Network
Benefit		
Deductible*	$1,000	$1,000
Copay	30% in-network	50% out-of-network unless there is no network
Copay dollar maximums**	$2,500	$2,500
Preventive Services		
Mammography	Covered – 70% after deductible	Covered – 50% after deductible
Hospital Care at Participating Hospitals		
Covered up to 120 days; 60-day renewal, semi-private room	Covered – 70% after deductible	Covered – 50% after deductible
Chemotherapy	Covered – 70% after deductible	Covered – 50% after deductible
Outpatient physical therapy – 60 consecutive days per condition	Covered – 70% after deductible	Covered – 50% after deductible
Mental Health and Substance Abuse Care in Approved Facilities		
Inpatient facility charges for mental health and substance abuse care — up to 30 days; 60-day renewal	Covered – 70% after deductible	Covered – 50% after deductible
Outpatient and residential substance abuse care	Covered – 70% after deductible up to the state dollar amount, which changes yearly	Covered – 70% after deductible up to the state dollar amount, which changes yearly
Emergency Care		
Emergency room – approved criteria	Covered – 70% after deductible	Covered – 70% after deductible
Physician's services – approved diagnosis	Covered – 70% after deductible	Covered – 70% after deductible
Diagnostic Services		
Laboratory and pathology tests	Covered – 70% after deductible	Covered – 50% after deductible
Diagnostic tests and X-rays	Covered – 70% after deductible	Covered – 50% after deductible
Radiation therapy	Covered – 70% after deductible	Covered – 50% after deductible

	In-Network	Out-of-Network
Physician's Services		
Inpatient medical care, unlimited general days; 45 days for mental health and substance abuse; 60-day renewal	Covered – 70% after deductible	Covered – 50% after deductible
Consultations – inpatient	Covered – 70% after deductible	Covered – 50% after deductible
Surgery, technical surgical assistance and anesthesia	Covered – 70% after deductible	Covered – 50% after deductible
Voluntary sterilization	Covered – 70% after deductible	Covered – 50% after deductible

Human Organ Transplants		
Specified organ transplants – liver, heart, heart-lung and pancreas	Covered – up to $1 million per transplant type in designated facilities	
Bone marrow transplants	Covered – 70% after deductible	Covered – 50% after deductible
Kidney, cornea and skin	Covered – 70% after deductible	Covered – 50% after deductible

Other Services		
Hemodialysis – outpatient and home	Covered – 70% after deductible	Covered – 70% after deductible
Home health care	Covered – 70% after deductible	Covered – 70% after deductible
Hospice care	Covered – 70%	Covered – 70% after deductible
Prosthetic appliances	Covered – 70% after deductible	Covered – 50% after deductible

Payment of Benefits

Preferred hospitals (in the Blue Preferred PPO network): 100% of covered benefits, less applicable deductible and/or copays

Non-network hospitals (participate with BCBS but are not in the Blue preferred PPO network): 80% of the paid amount, less applicable deductible and/or copays

Non-participating hospitals (have no agreement with BCBSM to accept our approved amount): Inpatient care in acute-care, general hospitals – $70 a day, less applicable deductible and/or copays; inpatient care in other hospitals – $15 a day, less applicable deductible and/or copays; outpatient care – $25 per covered condition, less applicable deductible and/or copays

Preferred physicians: 100% of the scheduled payment amount, less any applicable deductible and/or copays

Non-network physicians: 80% of the scheduled payment amount, less any applicable deductible and/or copays. When the physician is not a BCBSM-participating physician and a non-network physician, you may be required to pay the difference between the approved amount and the physician's charge.

* Amounts applied to the deductible during the last three months of a calendar year will be credited toward the deductible requirements for the following year.

** Copay maximums are restricted to each calendar year (January 1 through December 31). Once the member meets the copay maximum for the year, covered services will be paid at 100% of the BCBSM approved amount for the remainder of the year.

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. For an official description of benefits, please see the applicable Blue Cross Blue Shield of Michigan certificate and riders. Payment amounts are based on Blue Cross Blue Shield of Michigan approved amount, less any applicable deductions and/or copay amounts required by the plan. The 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.