

MICHIGAN LABORERS' HEALTH CARE FUND
Benefits-at-a-Glance
November, 2004



NEW PROGRAM @ 11/1/04
Comprehensive Major Medical –
PPO

Preventive Services	In-Network*	Out-Of-Network**
Health Maintenance Exam or Gynecological Exam	Covered – 80%, one per calendar year, includes chest X-ray, EKG, and select lab procedures	Covered – 70%, one per calendar year, includes chest X-ray, EKG, and select lab procedures
Annual Gynecological Exam	Covered – 80%, one per calendar year in or out-of-network	Covered – 70% , one per calendar year in or out-of-network
Pap Smear Screening – laboratory services only	Covered – 80%, one per calendar year in or out-of-network	Covered – 70% , one per calendar year in or out-of-network
Well-Baby and Child Care	Covered – 80% through age 6	Covered – 70% through age 6
Immunizations	Covered – 80% no age limit	Covered – 70% no age limit
Fecal Occult Blood Screening	Covered – 80%, one per calendar year in or out-of-network	Covered – 70% , one per calendar year in or out-of-network
Flexible Sigmoidoscopy Exam	Covered – 80%, one per calendar year in or out-of-network	Covered – 70% , one per calendar year in or out-of-network
Prostate Specific Antigen (PSA) Screening	Covered – 80% one per calendar year in or out-of-network	Covered – 70% one per calendar year in or out-of-network
Mammography		
Mammography Screening	Covered – 80%, one baseline for ages 35-40, one per calendar year after age 40 in or out-of-network	Covered – 70% , one baseline for ages 34-40, one per calendar year after age 40 in or out-of-network
Office Visits	Covered – 80%	Covered – 70%
Outpatient and Home Visits	Covered – 80%	Covered – 70%
Office Consultations	Covered – 80%	Covered – 70%
Emergency Medical Care		
Hospital Emergency Room – approved emergency	Covered – 80%	Covered – 80%
Physician's Office – approved emergency	Covered – 80%	Covered – 80%
Ambulance Services	Covered – 80%	
Diagnostic Services		
Laboratory and Pathology Tests	Covered – 80%	Covered – 70%
Diagnostic Tests and X-rays	Covered – 80%	Covered – 70%
Radiation Therapy	Covered – 80%	Covered – 70%
Pre-Natal and Post-Natal Care	Covered – 80%	Covered – 70%
Delivery and Nursery Care	Covered – 80%	Covered – 70%
Hospital Care		
Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies	Covered – 80%	Covered – 70%
Inpatient Consultations	Covered – 80%	Covered – 70%
Chemotherapy	Covered – 80%	Covered – 70%
Skilled Nursing Care	Covered – 80%	
Hospice Care – limited to the lifetime dollar maximum which is adjusted periodically	Covered – 80% - up to maximums	
Home Health Care	Covered – 80%	
Surgery – includes related surgical services	Covered – 80%	Covered – 70%
Voluntary Sterilization	Covered – 80%	Covered – 70%
Specified Organ Transplants – in designated facilities only, when coordinated through the BCBSM Human Organ Transplant Program (800-242-3504)	Covered – 100% in designated facilities only . Up to \$1 million maximum per transplant type	

Bone Marrow – when coordinated through the BCBSM Human Organ Transplant Program (800-242-3504); specific criteria apply	Covered – 80%	Covered – 70%
Kidney, Cornea and Skin	Covered – 80%	Covered – 70%
Inpatient Mental Health Care and Substance Abuse Care	Covered – 80% -	Covered – 70% -
	30 days annually, 90 days lifetime combined in or out-of-network	
Outpatient Mental Health Care	Covered – 80% 25 visits annually; 90 visits lifetime combined in or out-of-network	Covered: 70%; 25 visits annually; 90 visits lifetime combined in or out-of-network
Outpatient Substance Abuse Care	Covered – 80% - Participating Provider Lifetime maximum \$3,000	

Other Services

Allergy Testing and Therapy	Covered – 80%	Covered – 70%
Chiropractic Spinal Manipulation	Covered – 100%, up to \$700 per calendar year	Covered – 90% , up to \$700 per calendar year
Outpatient Physical, Speech and Occupational Therapy	Covered – 80%	Covered – 70%
Durable Medical Equipment	Covered – 80%	
Private Duty Nursing	Covered – 80%	

Deductible – per calendar year	None	None
Copays Percent	20% for general services, mental health care, substance abuse care and private duty nursing.	30% for general services, mental health care, substance abuse care and private duty nursing. <i>Note: Services without a network are covered at the in-network level.</i>
Copay Dollar Maximums		
• Percent Copays – excludes mental health care, substance abuse care and private duty nursing copays	\$1,200 per family per calendar year.	Additional \$1,000 per family per calendar year.
Dollar Maximum per Member	\$5 million lifetime	

* **PPO In-Network** – Providers who have contracted with BCBSM’s PPO program are termed “Participating” or “In-Network” providers. In other words, these providers are part of the PPO Network. If you use the services of a PPO network provider, you will be responsible only for applicable copayments for approved services.

** **PPO Out-of-Network** – Providers who have not contracted with BCBSM’s PPO program are considered “Out-of-Network” providers. If you choose an “Out-of-Network” provider for services, additional copayments will be required plus any amount charged by the provider greater than BCBSM’s payment if the provider is also not part of BCBSM’s Traditional Network. If a PPO provider “refers” you out-of-network to a BCBSM Traditional participating provider, you will not be liable for additional copayments or costs above BCBSM’s approved payment. However, if you are referred to a provider who does not participate in BCBSM’s Traditional Network, you will be responsible for additional copayments plus any costs greater than BCBSM’s payment

NOTE: Those members enrolled in Medicare primary, or who have a dependent enrolled in Medicare primary are not subject to the PPO Network. Benefits are the same as for all other members.

This is intended as an easy-to-read summary. It is not a contract. An official description of benefits is contained in applicable Blue Cross Blue Shield certificate and riders. Payment amounts are based on the Blue Cross Blue Shield 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.