

Medical

Core

Basic Blue Cross and Blue Shield Benefits

Paid at 100% of Reasonable and Customary



**Blue Cross
Blue Shield**
of Michigan

The web site address for Blue Cross Blue Shield is www.bcbsm.com

Inpatient Hospital Days

- 365 days for general conditions
- 45 days for mental conditions
- 45 days for pulmonary tuberculosis
- Full number of days renew when member has not been hospitalized for 60 days.

Hospital Services

- Full payment for semi-private room
- All necessary services supplied and billed for by the hospital - including care in intensive, burn, and cardiac units.

Hospital Maternity Care

- Full payment of covered hospital services regardless of date of conception for all pregnancies
- includes routine nursery care for newborn
- children (when added to the contract) covered from birth for all hospital benefits.

Hospital Outpatient Care

- Full payment of hospital outpatient services
- use of operating and surgical treatment rooms following accidental injury or surgery
- 60 consecutive days of physical therapy - renewable annually or following surgery
- hemodialysis (use of an artificial kidney machine) in the outpatient department or in the home.

Hospital Emergency Care

Unlimited use of emergency room services for the initial examination and treatment of accidental and life threatening medical emergencies.

Substance Abuse

Hospital residential intermediate care for approved programs up to the unused portion of inpatient days for nervous/mental conditions; non-hospital residential intermediate care and outpatient care are covered up to the state law annual maximum. Inpatient physician care up to the unused portion of 45 inpatient medical care days available for nervous/mental conditions.

Surgical Services

- Reasonable amount for surgical services - wherever performed
- includes pre and post-operative care and anesthesia by operating physician.

Obstetrical Delivery

Reasonable amount for delivery of newborn - regardless of date of conception and initial examination of newborn.

Anesthesia

Reasonable amount for the administration of anesthesia by a qualified physician.

Consultations

Reasonable amount of a physician who assists the primary physician in diagnosis and treatment - when the member is a hospital bed patient.

Surgical Assistance

Reasonable amount for the services of another physician for complicated surgery when the member is a hospital bed patient and the hospital does not have assistance available.

Medical Care

- Reasonable amount for an unlimited number of days of medical care in a hospital
- 45 days for pulmonary tuberculosis
- 45 days for mental conditions.

Emergency First Aid

Reasonable amount for the initial examination and treatment of conditions resulting from accidental injury or life threatening medical emergency.

Diagnostic X-Ray

Reasonable amount for x-rays diagnosing illness or injury.

Diagnostic Laboratory and Pathology

Reasonable amount for electrocardiograms, electroencephalograms, pathological and radioisotope examinations, and all pregnancy related diagnostic laboratory services. No member's contribution required when performed in a hospital - except for electrocardiograms.

Radiation Therapy

Reasonable amount for treatment by x-rays, radon, radium, external radiation, or radioactive isotopes.

Care in a Convalescent Facility

- Provides up to 730 days of care in an approved convalescent facility for long-term illness. 90 days of care for nervous or mental conditions. 60-day renewal period benefits.
- Physician services for convalescent care not to exceed two visits per week for the total stay.
- Care for pulmonary tuberculosis is not covered.

Outpatient Psychiatric Care

Provides outpatient psychiatric care at the following schedule to a maximum of \$400 per person per calendar year.

- Visits 1 - 5, no member liability
- Visits 6 - 10, 15% member liability
- Visits 11 - 15, 30% member liability
- Visits 16 and over, 45% member liability.

Thereafter, outpatient psychiatric care is payable under Master Medical, subject to deductible and copay. Care in an approved outpatient facility, hospital, clinic, day or night care center, or community health care center includes benefits for professional and staff services, drugs and medications, electroshock therapy, and counseling for outpatient psychiatric care billed by a physician.

Added Maternity Benefits

Provides payments to physicians for pre- and post-natal care.

Payments to Physicians

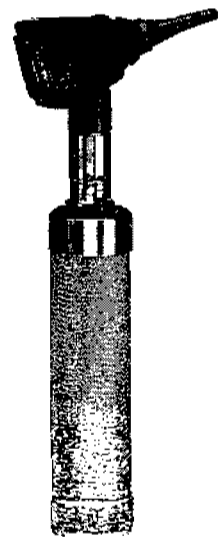
Pays the reasonable amount of a physician for covered services. In determining a reasonable amount, we take into consideration

1. the actual charge for the service
2. the usual or customary charge for the service, or
3. the amount other physicians usually charge for the same service.

Payments are made directly to participating physicians. The same reasonable amounts are paid for non-participating physicians - but payment is made directly to the member.

Filing Limitation

Claims for Basic coverage must be filed within two years of the date of service.



This is not a contract. It is a brief outline of benefits. Every effort has been made to ensure the accuracy of the benefits described. However, if statements in this description differ from the applicable Blue Cross and Blue Shield of Michigan contracts, certificates, and riders, then the terms and conditions of those contracts, certificates, and riders will prevail.

Medical

Core - (continued)

Master Medical Benefits

The Master Medical Program adds to your Basic Blue Cross and Blue Shield coverage to protect against the high cost of unusual, or long-term illness. Master Medical coverage has two parts, "Extended Benefits" and "Additional Benefits."

Master Medical benefits begin upon the exhaustion of the Basic Benefits described on page 8 - 9. Please note, Master Medical benefits require the satisfaction of a \$100 deductible for a one person contract or a \$200 deductible for a two or more person contract, and any applicable copayments thereafter.



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**Not a benefit when covered by other Prescription Drug, Office Visits, Medical Emergency Treatment, or Pre- and Post-Natal Care programs under your basic coverage.*

Extended Benefits

In unusual cases, you may need more days of inpatient care in a participating hospital than your basic Blue Cross and Blue Shield benefits provide. Master Medical Extended Benefits cover the additional days of hospital care for general medical conditions... including hospital services such as room, meals, laboratory services, and medications. Extended Benefits begin as soon as your basic hospital care days are used up. There are no deductibles or copayments for Extended Benefits.

Additional Benefits

At times, you may require other health care services or supplies which are generally outside the scope of the basic Blue Cross and Blue Shield benefits. Master Medical Additional Benefits help pay for many of these. You may apply for Additional Benefits as soon as you pay for or incur enough covered health care expenses to meet the **Deductible Amount:**

\$100 for one person -

\$200 for two or more persons in a calendar year. Master Medical will pay 80% of the reasonable cost and you make a copayment of 20% for health care services and supplies such as:

- Physician's home and office calls*
- Physician's services for speech and hearing therapy
- Physician's services for emergency first aid and medical emergencies*
- Physician's services for outpatient visits and outpatient consultations
- Physician's services for pre- and post-natal care*
- Functional prosthetic appliances (artificial limbs, braces)
- Non-functional prosthetic appliances (artificial eyes, ears)
- Durable medical equipment purchased or rented
- Dental services - required by accidental injury
- Dressings and cast materials
- Oxygen and therapeutic gases
- Hospital admissions for pulmonary tuberculosis

- Physical therapist's services
- Speech therapist's services
- Ambulance - ground or air
- Corrective shoes - attached to braces
- Medical supplies - as prescribed - syringes, needles, colostomy bags
- Prescription Drugs*
- Certain chiropractor services
- Contact lenses - following cataract surgery
- Blood
- Visiting nurse services - in your home
- Allergy testing

Master Medical Additional Benefits pay 75% (and you pay 25%) of the reasonable cost for the following:

- Treatment of Mental Disorders - inpatient, outpatient, outpatient mental health facilities, hospital day care and night care psychiatric services
- Private Duty Nursing - in the hospital or at home

Maximum Copay

After you have made copayments for covered services for general medical conditions that add up to \$1,000 per family, you will not be required to make any copayments for the remainder of the calendar year. This does not apply to copayments for the treatment of mental disorders or private duty nursing.

Carry-Over Deductible

Any covered medical expenses incurred during the last three months of a calendar year and applied to the deductible requirement for that year will be credited toward the deductible requirement of the next calendar year benefit period.

Master Medical Maximums

Maximum Benefits: All Conditions

Master Medical benefits for all covered medical services and supplies are limited to a \$1 million dollar lifetime maximum for any one member under current and prior Master Medical contracts.

Master Medical Limitations and Exclusions

- Extended Benefits are not available for pulmonary tuberculosis or substance abuse.
- Extended Benefits for treatment of general health conditions in a non-participating hospital are limited to the dollar amount provided by the basic hospital care program with no deductibles or copayments. Treatment of pulmonary tuberculosis or mental disorders in a non-participating hospital is considered as an Additional Benefit and limited to the dollar amount provided by the basic hospital care program and subject to Master Medical deductibles and copayments.
- Master Medical does not cover: care for occupational injury or disease or care obtainable from government agencies; charges for hospital rooms in excess of the hospital's regular charges; cost of transportation; routine physical, pre-employment or pre-marital examinations; eyeglasses, hearing aids, dentures; care in convalescent or nursing homes; services for cosmetic or beautifying purposes; services obtainable from any Blue Cross or Blue Shield Plan; miniature x-rays, screening or other procedures not necessary for diagnosis and generally accepted therapy; room rate differences - charges over and above the allowance of the basic contract; items for the personal comfort and convenience of the patient.

Filing Limitations

Claims for Master Medical coverage must be filed within 180 days of the end of the year in which service was received.



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