



Welcome to

MyBlueSM
My Life, My Health Plan

bcbsm.com/myblue



You selected **Keep Fit**SM as your new health plan.
Good thinking – you'll be rewarded for your healthy lifestyle.

You understand the importance of staying healthy. That's why you selected a health care plan that will reward you for your healthy lifestyle. You're now one step closer to receiving exclusive wellness incentives from Blue Cross Blue Shield of Michigan.

Use this welcome kit as a guide to completing the required steps to receive the wellness incentives.

In addition, your quality health benefits, helpful online resources and exclusive member discounts will become available to you once we receive your first payment.

Your opinions are important to us. Please help us continuously improve our enrollment process by giving us your feedback.

Tell us about your enrollment experience at bcbsm.com/mybluewelcome.

My rewards

With Keep FitSM, you can be rewarded for your healthy lifestyle. In addition to the quality of care you have come to expect from the Blues, your plan offers you the following wellness incentives if you meet the required health criteria:

- **Diminishing deductible.** The current deductible on your plan will be reduced the subsequent year when you meet the required health criteria outlined in your plan.
- **Fitness reward.** When you meet the required health criteria, you will also receive a fitness reward coupon.

As long as you meet the required health criteria, you'll continue to be eligible for these wellness incentives in upcoming years*. Think of it as our way of encouraging you to maintain your healthy lifestyle.

The charts below demonstrate the diminishing deductible and the fitness reward for the first, second and third (+) calendar year of your coverage.

Diminishing deductible Applies to inpatient in-network deductible		
CY1 standard deductible (single/family)	CY2 diminishing deductible (single/family)	CY3+ diminishing deductible (single/family)
\$1,500/\$3,000	\$1,250/\$2,500	\$1,000/\$2,000
\$2,500/\$5,000	\$2,000/\$4,000	\$1,500/\$3,000
\$5,000/\$10,000	\$4,000/\$8,000	\$3,000/\$6,000
\$7,500/\$15,000	\$6,000/\$12,000	\$4,500/\$9,000
\$10,000/\$20,000	\$8,000/\$16,000	\$6,000/\$12,000

Fitness reward (per contract)		
CY1	CY2	CY3+
\$0	\$50	\$100
\$0	\$50	\$100
\$0	\$50	\$100
\$0	\$50	\$100
\$0	\$50	\$100

*Blue Cross Blue Shield of Michigan reserves the right to extend the number of years the diminishing deductible and fitness rewards will be available.



Getting started

To find out if you are eligible to receive the wellness incentives, you and your spouse (if applicable) will be required to complete the following steps by Oct. 31 of each year:

Step 1: Complete and fax your qualification form

After receiving your welcome letter, we will send you a second letter that will include your qualification form and one for your spouse, if applicable.

Make an appointment with your physician to complete the member's measurements section of the form. You may want to do this during your annual preventive exam. When you schedule your appointment, ask if there are any laboratory tests your physician would like you to complete before your visit.

Fax your completed form to 1-866-392-6496. Keep your original fax and the fax confirmation sheet in a safe place.

Note: Your initial visit to complete the qualification form is covered as part of your plan's preventive benefit. Your form will only be processed if all fields are complete and legible, and your physician has signed the form.

Step 2: Meet the required health criteria

The following health measures were chosen because they are things that you can help control. They also have a huge impact on the likelihood that you may develop a chronic condition such as cardiovascular disease, cancer, diabetes or obesity.

Requirements	Health measure	Required standard criteria
Category 1 Must meet both standards	Body mass index	Less than 30
	Tobacco use	Non-smoker, may be verified with a nicotine test
Category 2 Must meet two of three standards	Cholesterol (low-density lipoprotein)	160 or less
	Blood pressure	140/90 or less
	Blood sugar	70 – 130, normal fasting blood sugar

Note: A normal A1C does not meet the normal blood sugar requirement.



Step 3: Complete your Succeed™ health assessment online

This secure, online health assessment at **bcbsm.com** helps you understand what steps you can take to improve or maintain your health. This is the final requirement that needs to be completed in order to receive your wellness incentives.

To take your health assessment online:

1. Log in to Member Secured Services at **bcbsm.com**.
2. Click on *Health and wellness* and then *Health Assessment*.
3. Click *Start Now* to start the questionnaire.

Note: If you are not registered for Member Secured Services, you can do so by going to **bcbsm.com** and using the information provided on the back of your ID card.

Information that will be helpful when you take the health assessment:

- Blood pressure*
- Cholesterol* (HDL and LDL and total)
- Glucose*
- Waist measurement
- Immunization record

*This information is on your qualification form.

After completing the online health assessment, you'll receive:

- A lifestyle score summarizing your health behaviors
- Tailored action plans to help you meet your health goals
- Online coaching that supports you while you make lifestyle changes

Note: Health assessments can only be completed every six months by members who are over the age of 18. If you have completed an online health assessment within the last six months, you do not need to complete another one. At any time throughout the year you may view the status of your wellness incentive eligibility by logging on to Member Secured Services at **bcbsm.com**.



You're not alone in your effort to adopt or maintain a healthy lifestyle. Keep Fit is more than just your health care plan. It's packed with complementary programs and services to help you get or stay healthy. And creating your online account on Member Secured Services at **bcbsm.com** puts these valuable resources at your fingertips.

Wellness and care management

Our BlueHealthConnection® program offers Web-based wellness information. Plus, BlueHealthConnection goes beyond the Web by offering health coaches, targeted outreach and case management to help you coordinate your health care and make more informed health care decisions. Call 1-800-845-5982 or log in to **bcbsm.com** to get started on your customized road to wellness.

Resources

With your online account, you have access to claims and eligibility information, cost and quality information on doctors and hospitals, health education resources, *Explanation of Benefits Payments* statements, and much more.

And when you're on the go, you can view your health information directly from your smart phone. With **Blue Mobile**™, all of your important health care information — from finding a doctor to viewing your benefits — can be done from your mobile phone 24/7.

To access Blue Mobile, follow these easy steps:

- Go to **bcbsm.com** from your desktop computer or laptop and sign up for Member Secured Services.
- Once registered, visit **bcbsm.com** from your mobile phone to log in and manage your account.



Informative publications

Living Healthy magazine is loaded with health tips, wellness ideas and lifestyle advice. It's delivered to you three times a year. We also offer two monthly electronic newsletters called **Living Health-e for Women** and **Living Health-e for Individual and Direct-billed Members**. You can sign up on bcbsm.com/myblueneews to receive them by email.

Member savings

As a member of the Michigan Blues, we're helping you save money and live healthier. Score big savings and special offers on a wide variety of healthy products and services from Michigan businesses with our **Healthy Blue XtrasSM** program, and at companies throughout the U.S. with **Blue365[®]**, our national savings program. From groceries and fitness gear to yoga and gym packages, you can find promotions on everything you need to support a healthy, balanced lifestyle.

Visit bcbsm.com/xtras to unlock these big savings on healthy products and services.



Keep **Fit**

My health plan

To make the most of your coverage and avoid paying out-of-network costs, find out if your doctor and pharmacy are in our provider network. You can search bcbsm.com, call Customer Service at 1-888-288-2738 or check with your provider. But you also have the freedom to choose an out-of-network provider.

In-Network	Out-of-Network
NOTE: For all members 19 years of age and older, all benefits, except preventive, are subject to a 180-day waiting period for pre-existing conditions.	

Benefit Highlights		
Annual deductible	Individual plan	
	Inpatient services (facility and professional):	
	\$1,500, \$2,500, \$5,000, \$7,500 or \$10,000 per individual contract per calendar year.	\$3,000, \$5,000, \$10,000, \$15,000 or \$20,000 per individual contract per calendar year.
	Outpatient and emergency services (facility and professional):	
	\$5,000, \$6,000, \$8,500, \$11,000 or \$13,500 per individual contract per calendar year.	\$10,000, \$12,000, \$17,000, \$22,000 or \$27,000 per individual contract per calendar year.
	Family plan (two or more members)	
	Inpatient services (facility and professional):	
	\$3,000, \$5,000, \$10,000, \$15,000 or \$20,000 per family contract per calendar year.	\$6,000, \$10,000, \$20,000, \$30,000 or \$40,000 per family contract per calendar year.
	Outpatient and emergency services (facility and professional):	
	\$10,000, \$12,000, \$17,000, \$22,000 or \$27,000 per family contract per calendar year.	\$20,000, \$24,000, \$34,000, \$44,000 or \$54,000 per family contract per calendar year.
NOTE: If one family member receives medical services (inpatient or outpatient), he or she must meet entire family deductible before any services are paid. Individual deductible does not apply to family plans.		
Coinsurance	Inpatient services (facility and professional):	
	30% of the BCBSM-approved amount	50% of the BCBSM-approved amount
	Outpatient and emergency services (facility and professional):	
No coinsurance		
Annual coinsurance maximum	Individual plan	
	Inpatient services (facility and professional):	
	\$3,500 per individual contract per calendar year.	\$7,000 per individual contract per calendar year.
	Outpatient and emergency services (facility and professional):	
	Not applicable	
	Family plan (two or more members)	
	Inpatient services (facility and professional):	
	\$7,000 per family contract per calendar year.	\$14,000 per family contract per calendar year.
	Outpatient and emergency services (facility and professional):	
	Not applicable.	Not applicable. <i>Out-of-network coinsurance does not contribute to in-network coinsurance maximum.</i>
NOTE: If one family member receives medical services (inpatient or outpatient), he or she must meet entire family deductible before any services are paid; he or she will then pay the 30% coinsurance until the family coinsurance maximum is met. Individual deductible and coinsurance maximums do not apply to family plans.		

	In-Network	Out-of-Network
Annual out-of-pocket maximum: NOTE: Members may satisfy the contract annual out-of-pocket maximum by meeting only the Inpatient deductible and coinsurance maximum, only the outpatient deductible or a combination of inpatient and outpatient.	Individual plan	
	\$5,000, \$6,000, \$8,500, \$11,000 or \$13,500 per individual contract per calendar year.	\$10,000, \$12,000, \$17,000, \$22,000 or \$27,000 per individual contract per calendar year.
	Family plan (two or more members)	
	\$10,000, \$12,000, \$17,000, \$22,000 or \$27,000 per family contract per calendar year.	\$20,000, \$24,000, \$34,000, \$44,000 or \$54,000 per family contract per calendar year.
	NOTE: If one family member receives medical services (inpatient or outpatient), he or she must meet entire family deductible before any services are paid, he or she will then pay the 30% coinsurance until the family coinsurance maximum is met. At that point, the annual out-of-pocket maximum is met for the family. The individual out-of-pocket maximum does not apply to family plans.	
Lifetime maximum per member	No lifetime maximum	
Fourth-quarter deductible carryover	Not applicable	
Preventive Services		
Preventive medical and immunizations	Covered – 100% with no deductible, coinsurance or flat dollar copay Includes: health maintenance exam, select laboratory services, gynecologic exam, Pap smear screening, and other adult preventive services and immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act.	Not covered
Mammography screening	Covered – 100% with no deductible, coinsurance or flat dollar copay	
Wellness Incentives		
Diminishing deductible	If selected health criteria are met by the subscriber (single contract) or subscriber and spouse (family contract), and an online health risk appraisal is submitted to BCBSM, your contract's deductible will be reduced in subsequent years. Details are available at bcbsm.com .	Not available
Fitness reward	If you earn the diminishing deductible, you will receive a fitness-related reward. Details are available at bcbsm.com .	Not available
Physician Office Services		
Office visits (medically-necessary)	Professional services: \$40 copay per visit with no outpatient deductible, 2 visits per member per calendar year. \$40 copay does not contribute to the contract's inpatient annual coinsurance maximum or outpatient deductible. Diagnostic and laboratory services performed in a physician's office are subject to the contract's outpatient deductible, except for preventive care laboratory services. After 2 office visits, additional office visits are paid by the member. After the contract's annual out-of-pocket maximum is met, up to 5 additional office visits per member per calendar year are covered. Professional services and diagnostic and laboratory services performed in the physician's office will be covered at \$40 copay per visit.	Not covered
Outpatient pre-surgical second opinion consultations	Included in the office visit benefit. Visits count toward the office visit limit.	Not covered
Office consultations	Not covered	

	In-Network	Out-of-Network
Emergency and Urgent Care Services		
Emergency services in an emergency room	Facility: Covered – 100% after outpatient deductible plus \$250 copay (copay waived if admitted) Professional: Covered – 100% after outpatient deductible	
Accidental injuries	Facility: Covered – 70% before inpatient deductible. Covered – 100% before outpatient deductible plus \$250 copay (copay waived if admitted) Professional: Covered – 70% before inpatient deductible. Covered – 100% before outpatient deductible	
Accidental injury deductible waiver	The inpatient and outpatient deductible is waived for an accidental injury and all covered services related to that injury. Coinsurance and flat-dollar copays apply. For emergency services and accidental injuries: If member visits an emergency room for a non-qualified medical emergency or accidental injury, the member will be responsible for payment of the facility services. Professional services will be processed as an outpatient office visit.	
Ambulance service: medically necessary, emergency ground transport and air ambulance	Covered – 100% after outpatient deductible	
Urgent care services	Facility: Covered – 100% after outpatient deductible plus \$75 copay Professional: Covered – 100% after outpatient deductible	
Diagnostic and Radiation Services		
Ultrasounds, laboratory tests, pathology, EKGs, diagnostic radiology and X-rays	Covered – 70% after inpatient deductible Covered – 100% after outpatient deductible	Covered – 50% after inpatient deductible Covered – 100% after outpatient deductible
Mammography (diagnostic)	Covered – 70% after inpatient deductible Covered – 100% after outpatient deductible	Covered – 50% after inpatient deductible Covered – 100% after outpatient deductible
Colonoscopy (diagnostic)	Covered – 70% after inpatient deductible Covered – 100% after outpatient deductible	Covered – 50% after inpatient deductible Covered – 100% after outpatient deductible
CT scans and MRIs (BCBSM participating facilities only)	Covered – 70% after inpatient deductible Covered – 100% after outpatient deductible	Covered – 50% after inpatient deductible Covered – 100% after outpatient deductible
Radiation therapy	Covered – 70% after inpatient deductible Covered – 100% after outpatient deductible	Covered – 50% after inpatient deductible Covered – 100% after outpatient deductible
Maternity Services		
Delivery and newborn care	Not covered	
Pre- and post-natal exams	Not covered	
Inpatient Hospital Care		
Semi-private room (BCBSM-approved facilities only), long term acute care hospital and skilled nursing facility	Covered – 70% after inpatient deductible, up to 180 days combined, per member per calendar year	Covered – 50% after inpatient deductible, up to 180 days combined, per member per calendar year
Inpatient consultations	Covered – 70% after inpatient deductible	Covered – 50% after inpatient deductible
Complications of pregnancy	Covered – 70% after inpatient deductible Covered – 100% after outpatient deductible	Covered – 50% after inpatient deductible Covered – 100% after outpatient deductible

	In-Network	Out-of-Network
Surgical Care - Hospital or outpatient		
Surgical care	Covered – 70% after inpatient deductible	Covered – 50% after inpatient deductible
	Covered – 100% after outpatient deductible	Covered – 100% after outpatient deductible
Physician surgical services	Covered – 70% after inpatient deductible	Covered – 50% after inpatient deductible
	Covered – 100% after outpatient deductible	Covered – 100% after outpatient deductible
Gender reassignment surgery and services	Not covered	
Bariatric surgery and services	Not covered	
Alternatives to Hospitalization		
Home health care (BCBSM participating providers only)	Covered – 100% after outpatient deductible up to 30 visits per member per calendar year	
Hospice care (BCBSM participating programs only)	Covered – 100% after inpatient or outpatient deductible	
Outpatient Services and Other Benefits		
Outpatient physical, occupational and speech therapy	Covered – 100% after outpatient deductible, 12 visits per member per calendar year, all therapies combined	Covered – 100% after outpatient deductible, 12 visits per member per calendar year, all therapies combined
Spinal manipulations	Not covered	
Orthotics	Not covered	
Chemotherapy (IV)	Covered – 70% after inpatient deductible	Covered – 50% after inpatient deductible
	Covered – 100% after outpatient deductible	Covered – 100% after outpatient deductible
Home infusion therapy (BCBSM participating providers only)	Covered – 100% after outpatient deductible	
Voluntary sterilization	Not covered	
Prosthetics: mandated only (BCBSM participating providers only)	Covered – 100% after outpatient deductible, mandated only	
Durable medical equipment	Not covered	
Allergy testing and therapy	Not covered	
Outpatient diabetes management program (monitors, lancets, test strips, pumps and supplies, etc.)	Covered – 100% after outpatient deductible. Insulin and syringes dispensed with insulin covered under prescription drug benefit.	Covered – 100% after outpatient deductible. Insulin and syringes dispensed with insulin covered under prescription drug benefit.
Outpatient diabetes training program	Covered – 100% after outpatient deductible	Covered – 100% after outpatient deductible
Contraceptives (oral medications, devices, injectables) and implants	Not covered	
Organ Transplantation		
Bone marrow transplants	Covered – 70% after inpatient deductible	Covered – 50% after inpatient deductible
	Covered – 100% after outpatient deductible	Covered – 100% after outpatient deductible
Kidney, cornea and skin transplants	Covered – 70% after inpatient deductible	Covered – 50% after inpatient deductible
	Covered – 100% after outpatient deductible	Covered – 100% after outpatient deductible
Specified organ transplant (BCBSM designated facilities only)	Covered – 70% after inpatient deductible Covered – 100% after outpatient deductible	

	In-Network	Out-of-Network
Mental Health and Substance Abuse Treatment		
Inpatient mental health (BCBSM-approved facilities only)	Covered – 70% after inpatient deductible, up to 30 days of unused 180 inpatient hospital days, per member per calendar year	Covered – 50% after inpatient deductible, up to 30 days of unused 180 inpatient hospital days, per member per calendar year
Outpatient mental health	Not covered	
Substance abuse: inpatient (residential) and outpatient services (BCBSM-approved facilities only)	Covered – 70% after inpatient deductible Covered – 100% after outpatient deductible	Covered – 50% after inpatient deductible Covered – 100% after outpatient deductible
Prescription Drugs		
Prescription drug deductible	\$1,000 per individual contract, \$2,000 per family contract	Not covered
Tier 1 - generic and specialty drugs	Generic: Covered – \$10 copay per prescription, before prescription drug deductible Specialty: Covered – 50% copay per prescription, before prescription drug deductible. \$100 minimum per prescription, no dollar maximum. 30-day supply limit.	Not covered
Tier 2 - formulary brand and specialty	Brand: Covered – 50% copay per prescription, after prescription drug deductible. \$25 minimum per prescription, no dollar maximum. Specialty: Covered – 50% copay per prescription, after prescription drug deductible. \$250 minimum per prescription, no dollar maximum. 30-day supply limit.	Not covered
Tier 3 - all non-formulary and specialty	Member pays 100%. Specialty @ 30-day supply limit. Member may purchase their prescriptions at the BCBSM-negotiated rate.	Not covered
Chemotherapy (oral)	Covered – Tier 1, 2 or 3, as applicable	Not covered
Contraceptives (oral, devices, injectables or implants)	Not covered, medically-necessary or to prevent pregnancy	Not covered
Outpatient diabetes management program (insulin and syringes dispensed with insulin)	Covered – Tier 1, 2 or 3, as applicable	Not covered

Exclusions and Limitations: Conditions covered by workers' compensation or similar law; services or supplies not specifically listed as covered under your benefit plan; services received before your effective date or after coverage ends; services you wouldn't have to pay for if you did not have this coverage; services or supplies that are not medically necessary; physical exams for insurance, employment, sports or school; any amounts in excess of BCBSM's approved amount; cosmetic surgery, admissions and hospitalizations; dental care, dental implants or treatment to the teeth except as specifically stated in your benefit plan; hearing aids; infertility services or related drugs; private duty nursing; eyeglasses or contact lenses; telephone, facsimile machine or any other type of electronic consultation; educational services, except as specifically provided or arranged by BCBSM or specifically stated in your benefit plan; nutritional counseling; care or treatment furnished in a nonparticipating hospital, except as specifically stated in your benefit plan; personal comfort items; custodial care; services or supplies supplied to any person not covered under your benefit plan; services while confined in a hospital or other facility owned or operated by state or federal government, unless required by law; voluntary abortions or sterilizations including vasectomies and vasectomy reversals; sleep studies and surgeries; medications, drugs or hormones to stimulate growth; genetic testing, except for the purpose of organ transplantation and bone marrow transplantation; RK, PRK, or LASIK; services provided by a professional provider to a family member; services provided by any person who ordinarily resides in the covered person's home or who is a family member; any drug, medicine or device that is not FDA-approved, unless required by law; vitamins, dietary products and any other nonprescription supplements; dental services, except for dental injury; appliances or supplies; war or any act of war, whether declared or not; communication or travel time, lodging or transportation, except as stated in your benefit plan; foot care services, except as stated in your benefit plan; health clubs or health spas, aerobic and strength conditioning, work hardening programs and related material and products for these programs; hair prosthesis, hair transplants or implants; experimental treatments, except as stated in your benefit plan; weight loss programs; and alternative medicines or therapies.

This document is intended to be an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. A complete description of benefits is contained in the applicable Blue Cross Blue Shield of Michigan certificate and riders. Payment amounts are based on the BCBSM-approved amount, less any applicable deductible and/or coinsurance amounts required by the plan. All covered benefits are subject to a pre-existing conditions waiting period, unless noted otherwise. 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.

Dental plan

	Personal Blue Dental DNoA® Preferred Network only	Personal Blue Dental Plus
	In-network	In-network and out-of-network
Copayments		
Class I — diagnostic and preventive services	25%	25%
Class II — basic restorative services	50%	50%
Class III — major restorative services	50%	50%
Dollar maximums, deductibles and waiting period		
Annual maximum	\$1,250 per member for all covered services	\$1,000 per member for all covered services
Deductible (Applied to basic and major restorative services; preventive services are not subject to the deductible.)	\$50 single/\$100 two-person and family contracts per calendar year	
Waiting period	There is a 6-month waiting period* for Class II — basic restorative services and Class III — major restorative services, applied on the effective date of coverage. Diagnostic and preventive services are not subject to a waiting period.	

*Health Insurance Portability and Accountability Act of 1996 guidelines do not apply to dental coverage. The waiting period will not be waived.

	Personal Blue Dental DNoA® Preferred Network only	Personal Blue Dental Plus
	In-network	In-network and out-of-network
Class I — Diagnostic and Preventive Services		
Oral exam	Covered - 75%, two per calendar year	
Bitewing X-rays	Covered - 75%, one set every 24 months for Personal Blue Dental Covered - 75%, one set every 12 months for Personal Blue Dental Plus	
Full-mouth or Panoramic X-rays	Covered - 75%, full mouth series once every 60 months; panoramic X-ray once every 84 months	
Prophylaxis (teeth cleaning)	Covered - 75%, twice per calendar year	
Flouride Treatment	Covered - 75%, once per calendar year through age 14	
Space Maintainers	Covered - 75%, once per quadrant of the mouth per lifetime, under age 19	
Palliative Emergency Treatment	Covered - 75%	
Pit and Fissure Sealants – for members age 16 or under	Covered - 75%, once per tooth every 36 months when applied to the first and second permanent molars	
Class II — Basic Restorative Services		
Fillings – permanent teeth	Covered – 50%, once every 48 months	
Fillings – primary teeth	Covered – 50%, once every 24 months	
Onlays, crowns and veneer fillings – permanent teeth	Covered – 50%, once every 84 months per tooth, payable for members age 12 or older	
Recementing of crowns, veneers, inlays, onlays and bridges	Covered – 50%, three times per tooth per calendar year after six months from original restoration	
Oral surgery including extractions	Covered – 50%	

	Personal Blue Dental DNoA® Preferred Network only	Personal Blue Dental Plus
	In-network	In-network and out-of-network
Root canal treatment – permanent tooth	Covered – 50%, limited to a once per tooth lifetime maximum, one retreatment per tooth allowed 12 months after the initial treatment, retreatment limited to a once per tooth lifetime maximum	
Scaling and root planing	Covered – 50%, once every 36 months per quadrant of the mouth	
Limited occlusal adjustments	Covered – 50%, limited occlusal adjustments covered up to five times in a 60-month period	
Occlusal biteguards	Covered – 50%, one every 60 months	
General anesthesia or IV sedation	Covered – 50%, when medically necessary and performed with oral or dental surgery	
Relining or rebasing of partials or complete dentures	Covered – 50%, once every 36 months per arch six months or more after initial delivery	
Tissue conditioning	Covered – 50%, once every 36 months per arch	
Repair and adjustment of partial or complete dentures	Covered – Included in fee for a new denture or partial within six months of initial delivery. After six months – covered at 50%.	
Class III – Major Restorative Services		
Removable dentures (complete and partial)	Covered – 50%, once every 60 months	
Bridges (fixed partial dentures) – for members age 16 or older	Covered – 50%, once every 60 months	
Endosteal implants – for members age 16 or older who are covered at the time of the actual implant placement	Covered – 50%, once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31	
Class IV – Orthodontic Services are not covered by these plans		
Note: For non-urgent, complex or expensive dental treatment such as crowns, bridges or dentures, members should encourage their dentist to submit the claim to Blue Cross for predetermination before treatment begins. Personal Blue Dental members: if you receive care from a non-network dentist, you will be billed for the entire charge. Personal Blue Dental Plus members: if you receive care from a nonparticipating dentist, you may be billed for the difference between our approved amount and the dentist's charge.		

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Didn't add a dental plan at enrollment?

That's ok – you still can. You already trust us with your medical health. Why not trust us with your dental health?

Adding **Personal Blue DentalSM** or **Personal Blue Dental PlusSM** coverage to your medical plan results in cost savings and convenience — not to mention a comprehensive health plan. It covers everything from routine cleanings to major restorations.

Questions about these dental plans or want to enroll?

Phone: 1-877-4MY-BLUE (469-2583)

Web: bcbsm.com/bluedental

Or contact your Blues-contracted agent



Keep **Fit**

What are my payment options?

- Our automatic bill payment plan allows you to transfer your premium payment automatically from your checking or savings account and eliminates a paper bill. If you choose to pay monthly, you must enroll in this plan. To enroll, visit **bcbsm.com** and follow these steps:
 1. Click on the *Member* tab.
 2. Click on *More*.
 3. Click on *Managing Your Coverage* from the Member Services menu on the left.
 4. Click on *How to Make a Payment*.
 5. Click on and complete the *Automatic Payment Enrollment Form*.
- To pay by mail, please send your check or money order to:

Blue Cross Blue Shield of Michigan
P.O. Box 553174
Detroit, MI 48255-3174

If you choose to pay on a quarterly schedule, you can choose either payment option.

When do I need to make a payment?

Your individual policy is a pre-paid plan, so you pay for your coverage in advance. If we don't receive your payment by the due date of your bill, your coverage will be put on hold. We will advise your doctor, hospital or pharmacy that you are responsible for any claims until we receive your payment. If we don't receive your payment within 30 days of the due date, your coverage will be cancelled and you must wait six months to reapply for any individual Blues product.

How do I make changes to my personal information?

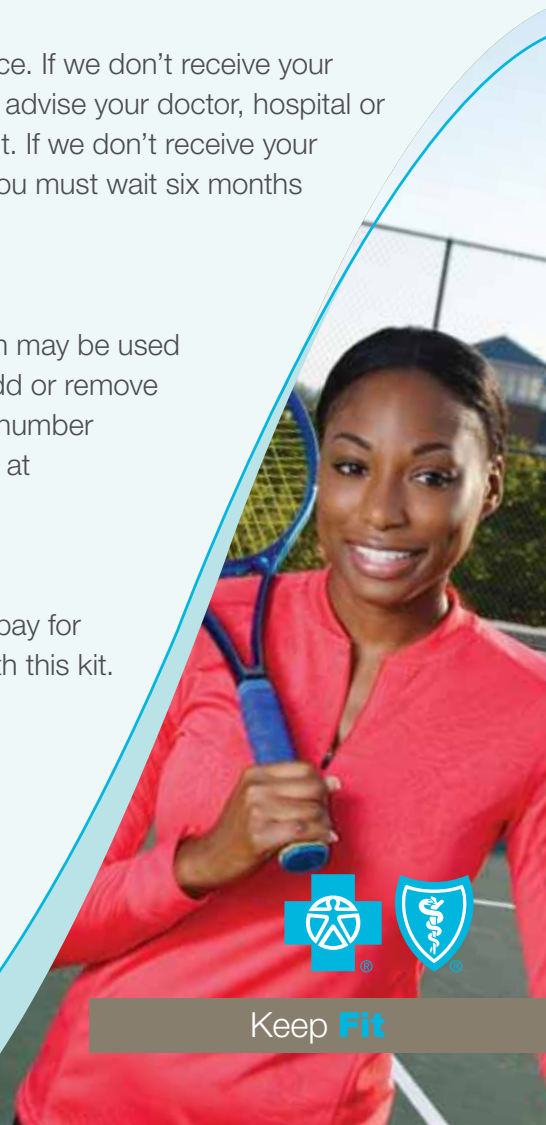
A *Change of Status Form* is available online at **bcbsm.com/myblue**. This form may be used to change your coverage options, billing address and phone number, and to add or remove dependents. Fill out the form, then mail or fax it to us using the address or fax number provided on the form. You may also call Individual Business Customer Service at 1-888-288-2738.

What is my deductible?

A deductible is an amount you must pay each year before your plan begins to pay for covered benefits. Your deductible is listed in the benefits summary included with this kit. Most benefits are subject to the deductible requirements.

What is my coinsurance?

A coinsurance is a percentage of the BCBSM-approved amount that is your responsibility when you receive care. Your coinsurance is listed in the benefits summary included with this kit.



What is my annual coinsurance maximum?

This is the highest dollar amount a member or a spouse, if applicable, pay in coinsurance each year. Your coinsurance maximum is listed in the benefits summary included with this kit.

What is my waiting period?

There is a 180-day waiting period for pre-existing conditions for individuals 19 years of age and older which applies to all benefits, unless noted otherwise. Your pre-existing waiting period may be waived if you've met HIPAA eligibility criteria and have had 18 months of creditable coverage. Please refer to the Terms and Conditions on page 16 of this kit or call the number on the back of your ID card to find out if this applies to you. You will need to send an **Application for Waiver of the Pre-Existing Waiting Period** and a *Certificate of Creditable Coverage* from your former health carrier to:

Mail:

Blue Cross Blue Shield of Michigan
Mail Code 1124
600 E. Lafayette Blvd.
Detroit, MI 48226

Fax:

Blue Cross Blue Shield of Michigan
313-983-2286

Individual Business Customer Service

Phone number: 1-888-288-2738

Hours of Operations

7 a.m. to 8 p.m. Monday through Friday
10 a.m. to 4 p.m. Saturday

I'm traveling outside of Michigan. Will I have health care coverage?

Blues members take their health care benefits with them — across the country and around the world. Under Find a Doctor, just click on National next to More Searches, or you can [click here](#). If you need help finding a doctor or hospital while you're traveling, call 1-800-810-BLUE (2583).

Are prescription drugs covered when I travel?

Your prescription drug coverage can also be used across the country and around the world. Coverage will vary based on network and non-network rules. If you use a pharmacy in our network or a retail pharmacy participating in the Medco network outside of Michigan, your prescription drug claims will be paid according to your plan benefits. If you are traveling outside of Michigan, check with the pharmacy to make sure they are in the Medco network before you fill your prescription.

You can find our approved list of prescription drugs by accessing the drug formulary online at bcbsm.com.



How can I get a copy of my certificates and riders?

A certificate is a legal document approved by Michigan's Office of Financial and Insurance Regulation. A rider is a legal document that amends a certificate by increasing, limiting, deleting or clarifying the scope of coverage. Your certificate lists the terms, benefits and limitations of your health care coverage, and includes any riders that amend the certificate. You can view and print copies of your certificates and riders through Member Secured Services at bcbsm.com.

TERMS AND CONDITIONS OF INDIVIDUAL COVERAGE

Thank you for choosing **Blue Cross Blue Shield of Michigan**. You have been approved for coverage based on the following terms and conditions:

- You are a resident of Michigan and live in the state at least six months of the year.
- You are not eligible for group coverage through an employer or your spouse's employer.
- You are not currently covered by another health plan, excluding Medicaid.
- You do not have Medicare and are not eligible for Medicare supplemental coverage.

BCBSM considers you to be eligible for group coverage if your employer or your spouse's employer pays any part of your premium.

Pre-existing conditions

A pre-existing condition is any medical condition for which medical advice, diagnosis, care or treatment was recommended or received in the six months prior to your coverage effective date.

Pre-existing condition waiting period

BCBSM does not provide coverage for treatment of a pre-existing condition for 180 days following the date we received your application.

You are subject to BCBSM's 180-day pre-existing condition waiting period if you are 19 years of age and older and if:

- You had no prior coverage or your previous coverage was an individual policy. If your previous individual coverage was with BCBSM, you may receive credit toward the waiting period for the number of days you were covered under the previous certificate, provided there was no lapse in coverage.
- You were covered under COBRA but have not exhausted your COBRA benefit.

You are not subject to BCBSM's 180-day pre-existing condition waiting period if (all of the following conditions must be met):

- Prior to your application for this coverage you were continuously covered under one or more health plans for a total of at least 18 months, with no more than a 62-day break. Coverage may include group health plans, individual health insurance, Medicare, Medicaid, public health plans, military or federal programs, Indian Health Services, freestanding prescription drug coverage or other health plans. Freestanding dental and vision coverage cannot be counted as prior health coverage.
- Your most recent health coverage was through a group health plan. (Please note that even though health coverage might be provided through an association or other organization, it is considered to be "individual" health insurance if it is not provided through an employer-sponsored group health plan. Also, a business owner and spouse are usually not considered employees of a business if no other employees take part in the health plan. If this is the case, the health plan cannot be defined as a group health plan but is instead an individual plan. If, however, the spouse of the business owner is a bona fide employee of the business, the plan may be a group health plan. Proof may be required of employee status.)
- You have elected and exhausted any COBRA coverage for which you or they were eligible.
- You're no longer eligible for group coverage, and you're not eligible for Medicare or Medicaid.
- Your prior coverage was not terminated due to premium nonpayment or fraud.

Please note: If you enroll in our Automated Payment Plan and encounter non-sufficient funds, your contract will be cancelled 30 days from your due date.

If you have any questions about the terms and conditions of your coverage, please call the Customer Service phone number on the back of your Blues ID card.

Terms and conditions are subject to change by Blue Cross Blue Shield of Michigan.



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association