



Welcome to

**MyBlue**<sup>SM</sup>  
My Life, My Health Plan

[bcbsm.com/myblue](http://bcbsm.com/myblue)



## Young Adult **Blue MAX**<sup>SM</sup>

An individual health plan from Blue Cross Blue Shield of Michigan.

You selected **Young Adult Blue Max**<sup>SM</sup> as your new health plan. Good thinking — you've just brought balance to your life.

You have a busy lifestyle, and we understand how important it is to have balance. And now that you've decided which health care plan is right for you, we want to make it as easy as possible for you to take full advantage of everything **Young Adult Blue Max** has to offer.

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

Balance is more than a state of mind, it's a lifestyle. And we've got you covered.

**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/mybluwelcome](http://bcbsm.com/mybluwelcome).**



# Getting started

Young Adult Blue Max is administered electronically, meaning nothing will be mailed to you directly. Everything you need, from making payments to tracking your bills, is handled online.

To manage your Blues account, visit **bcbsm.com** and click on *I am a member* to register for Member Secured Services. Once you are registered, click on the *Manage my plan* tab to learn about the online tools available to help you take control of your health and health care.

## Online EOBs

The online *Explanation of Benefit Payments* statement gives you immediate access to securely track your Blues claims.

### To view your online EOBs:

- From the *Manage my plan* page, click *Explanation of benefits statements (EOB)*.
- Under EOB Delivery Options, select *I would like to be able to view my EOBs online*.

## Claims

This feature allows you to view a history of your doctor visits, services you've received and how much we paid your health care providers.

### To view your claims:

- From the *Manage my plan* page, click *Claims*
- Enter in date of service to view desired claims or select *View Claims from Last 90 Days*



# My extras

Young Adult Blue Max 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 health care management

Our BlueHealthConnection® program offers Web-based wellness information and an online health assessment. 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.

## 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/mybluenews** to receive them by e-mail.



Young Adult **Blue MAX**

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](http://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
<b>NOTE:</b> All benefits, except preventive services and outpatient diabetes management training program, are subject to a 180-day waiting period for pre-existing conditions.		
<b>Benefit Highlights</b>		
<b>Annual deductible</b>	\$1,000 per individual contract per calendar year.	\$2,000 per individual contract per calendar year.
<b>% Coinsurance</b>	30 percent of the BCBSM-approved amount	50 percent of the BCBSM-approved amount
<b>Annual Coinsurance Maximum</b>	\$2,500 per individual contract. Flat-dollar copays do not contribute to the annual coinsurance maximum	\$3,500. Flat dollar copays do not contribute to the annual coinsurance maximum. Out-of-network coinsurance does not contribute to in-network coinsurance maximum
<b>Annual out-of-pocket maximum. The annual out-of-pocket maximum limits the amount a member is responsible for paying each year. Once the annual out-of-pocket maximum is met, most services are payable at 100% of the BCBSM-approved amount.</b>	\$3,500 per individual contract	\$5,500 per individual contract
<b>Lifetime maximum per member</b>	No lifetime maximum	
<b>Fourth-quarter deductible carryover</b>	Not applicable	
<b>Preventive Services</b>		
<b>Preventive medical and immunizations</b> 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.	Covered – 100% with no deductible, copay or coinsurance. 90-day benefit waiting period applies	Not covered
<b>Mammography screening</b>	Covered – 100% with no deductible, copay or coinsurance. 90-day benefit waiting period applies.	
<b>Preventive dental</b>	Covered – 100% with no deductible. One dental exam, cleaning and set (up to four bitewings) per calendar year. 90-day benefit waiting period applies.	
<b>Preventive vision (VSP network provider only)</b>	Covered – 100% with no deductible. One vision exam per calendar year. Discounts available on other vision services.	
<b>Physician Office Services</b>		
<b>Office visits</b>	Professional services: \$30 copay per visit with no deductible; 2 visits per calendar year. \$30 copay does not contribute to annual coinsurance maximum. Diagnostic and laboratory services performed in the physician office are subject to deductible and coinsurance, except for preventive care laboratory services.	Not covered

	In-Network	Out-of-Network
<b>Physician Office Services (cont.)</b>		
Outpatient pre-surgical second opinion consultations	Covered – 100% before deductible	Not covered
Office consultations	Not covered	
<b>Emergency and Urgent Care Services</b>		
Medical emergencies	Facility: Covered 70% after in-network deductible plus \$150 copay (waived if admitted); Professional: Covered 70% after in-network deductible	
Accidental injuries	Facility: Covered 70% before in-network deductible plus \$150 copay (waived if admitted); Professional: Covered 70% before in-network deductible	
Accidental injury deductible waiver	The deductible is waived for an accidental injury and all covered services related to that injury. Coinsurance and flat-dollar copays apply.	
Ambulance Service: medically necessary, emergency ground transport and air ambulance	Covered – 70% after in-network deductible	
Urgent Care	Facility: Covered 70% after deductible plus \$50 copay Professional: Covered 70% after deductible	Facility: Covered 50% after deductible plus \$50 copay Professional: Covered 50% after deductible
<b>Diagnostic and Radiation Services</b>		
Laboratory tests, Pathology, EKGs, Diagnostic radiology and X-rays	Covered – 70% after deductible	Covered – 50% after deductible
Mammography (diagnostic)	Covered – 70% after deductible	Covered – 50% after deductible
Colonoscopy (diagnostic)	Covered – 70% after deductible	Covered – 50% after deductible
CT scans and MRIs (BCBSM participating facilities only)	Covered – 70% after deductible	Covered – 50% after deductible
Radiation therapy	Covered – 70% after deductible	Covered – 50% after deductible
<b>Maternity Services</b>		
Delivery and newborn routine care	Not covered	
Pre- and post-natal exams	Not covered	
<b>Inpatient Hospital Care</b>		
Semi-private room (BCBSM-approved facilities only)	Covered – 70% after deductible, up to 180 days combined per calendar year	Covered – 50% after deductible, up to 180 days combined per calendar year
Long term acute care hospital (LTACH)		
Skilled nursing facility (SNF)		
Inpatient consultations	Covered – 70% after deductible	Covered – 50% after deductible
Complications of pregnancy	Covered – 70% after deductible	Covered – 50% after deductible
<b>Surgical Care – Hospital or Outpatient</b>		
Inpatient surgical care	Covered – 70% after deductible	Covered – 50% after deductible
Outpatient surgical care	Covered – 70% after deductible	Covered – 50% after deductible
Physician surgical services	Covered – 70% after deductible	Covered – 50% after deductible
Gender reassignment surgery and services	Not covered	
Bariatric surgery and services	Not covered	
<b>Alternatives to Hospitalization</b>		
Home health care (BCBSM participating providers only)	Covered – 70% after in-network deductible up to 30 visits per calendar year	
Hospice care (BCBSM participating programs only)	Covered 100% after in-network deductible	

	In-Network	Out-of-Network
<b>Outpatient Services and other benefits</b>		
Outpatient physical, occupational and speech therapy	Covered – 70% after deductible, 12 visits per calendar year, all therapies combined	Covered – 50% after deductible, 12 visits per calendar year, all therapies combined
Spinal manipulations	Not covered	
Orthotics	Not covered	
Chemotherapy (IV and oral)	Covered – 70% after deductible	Covered – 50% after deductible
Home infusion therapy (BCBSM participating providers only)	Covered – 70% after in-network deductible	
Voluntary sterilization	Not covered	
Prosthetics: mandated only (BCBSM-participating providers only)	Covered – 70% after in-network deductible	
Durable medical equipment	Not covered	
Allergy testing and therapy	Not covered	
Outpatient diabetes management: Insulin, disposable needles and syringes, monitors, lancets, test strips, pumps and supplies.	Covered – 70% after deductible	Covered – 50% after deductible
Outpatient diabetes management training	Covered – 100% with no deductible	
Contraceptives for the purpose of preventing pregnancy (oral medications, devices or injectables) and implants	Not covered	
<b>Organ Transplantation</b>		
Bone marrow transplants	Covered – 70% after deductible	Covered – 50% after deductible
Kidney, cornea and skin transplants	Covered – 70% after deductible	Covered – 50% after deductible
Specified organ transplant: (BCBSM-designated facilities only)	Covered – 100% after deductible	
<b>Mental Health and Substance Abuse Treatment</b>		
Inpatient mental health (BCBSM-approved facilities only)	Covered – 70% after deductible, up to 30 days of unused 180 inpatient hospital days, per calendar year	Covered – 50% after deductible, up to 30 days of unused 180 inpatient hospital days, per calendar year
Outpatient mental health	Not covered	
Substance abuse: Inpatient (residential) and outpatient. (BCBSM-approved facilities only)	Covered – 70% after deductible	Covered – 50% after deductible
<b>Prescription Drugs</b>		
You are eligible for the BCBSM affinity Rx program, which allows you to purchase prescription drugs at the BCBSM-negotiated rate rather than at full retail price.		

**NOTE:** Young Adult Blue Max is available for 19-30 year olds only. A 90-day benefit waiting period applies to preventive medical, mammography screening and preventive dental. The waiting period will be waived with proof of creditable coverage under HIPAA-eligibility.

**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 copay 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

	In-Network	In-Network and Out-of-Network
	<b>Personal Blue Dental</b> (DNoA Preferred Network Only)	<b>Personal Blue Dental Plus</b>
<b>Copays</b>		
<b>Class I – Preventive services</b>	25%	25%
<b>Class II – Basic restorative services</b>	50%	50%
<b>Class III – Major restorative services</b>	50%	50%
<b>Dollar maximums, deductibles and waiting period</b>		
<b>Annual maximum</b>	\$1,250 per member for all covered services	\$1,000 per member for all covered services
<b>Deductible</b> (Applied to basic and major restorative services; preventive services are not subject to the deductible.)	Per calendar year \$50 single/\$100 family (two or more people)	
<b>Waiting period</b>	6-month waiting period is applied on the effective date of dental coverage for basic and major restorative services; preventive services are not subject to a waiting period.	

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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 Dental** or **Personal Blue Dental Plus** 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](http://bcbsm.com/bluedental)

Or contact your Blues-contracted agent



# My questions

## What are my payment options?

As a Young Adult Blue Max member, you are required to pay your bill electronically. When you applied for Young Adult Blue Max coverage, you enrolled in an automatic payment plan that allows your premium payment to be automatically transferred from your checking or savings account.

## By when do I need to make my payment?

Your individual policy is a prepaid plan, so you pay for your coverage in advance. If we don't receive your electronic 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 re-apply for any individual Blues product.

**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.

## 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 booklet. Most benefits are subject to the deductible requirements.

Your accumulated deductible does not carry over from one product to another should you choose to switch to another MyBlue<sup>SM</sup> product.

## What is my copayment?

A copay is a flat-dollar amount or a percentage of the BCBSM-approved amount that is your responsibility when you receive care. Your copays are listed in the benefits summary included with this booklet.

## What is my annual copay maximum?

Your annual copay maximum is listed in the benefits summary included with this booklet.

## What is my waiting period?

For individuals 19 years of age and older, there is a 180-day waiting period for pre-existing conditions. Your pre-existing waiting period may be waived if you've met Health Insurance Portability and Accountability Act of 1996 eligibility criteria and have had 18 months of creditable coverage. Please refer to the Terms and Conditions on Page 9 of this kit or call the number on the back of your Blues 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:

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

## Can I get a discount on prescription drugs?

You have access to our Affinity Rx program, which allows you to purchase your prescription drugs at our negotiated rate. No special card is needed and there are no additional fees. Just show your Blues ID card to your pharmacist and request the discount. In Michigan, 98 percent of pharmacies participate with us and will provide your prescription drugs at our discounted rate. Discounts vary, but you can save even more by choosing generic drugs when they're available.

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

Your 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. The 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](http://bcbsm.com).

## TERMS AND CONDITIONS OF INDIVIDUAL COVERAGE

Thank you for choosing **Blue Cross Blue Shield of Michigan's Young Adult Blue** plan. 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

For individuals 19 years of age and older, 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.
- 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):

- You are 18 years of age or younger.
- 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.

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.



**Blue Cross  
Blue Shield**  
of Michigan