



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

U-M Health MNA PPO Community BlueSM PPO ASC Effective Date: On or after January 2026 Benefits-at-a-glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten. If your group is self-funded, please see any other plan documents your group uses. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Prior authorization for Select Services - Services listed in this BAAG are covered when provided in accordance with Certificate requirements and, when required, receive prior authorization or approved by BCBSM except in an emergency.

Note: A list of services that require approval **before** they are provided is available online at bcbsm.com/importantinfo. Select **Approving covered services**.

Pricing information for various procedures by in-network providers can be obtained by calling the customer service number listed on the back of your BCBSM ID card and providing the procedure code. Your provider can also provide this information upon request.

Prior authorization for Specialty Pharmaceuticals - BCBSM will pay for FDA-approved specialty pharmaceuticals that meet BCBSM's medical policy criteria for treatment of the condition. The prescribing physician must contact BCBSM to request prior authorization of the drugs. **If prior authorization is not sought, BCBSM will deny the claim and all charges will be the member's responsibility.**

Specialty pharmaceuticals are biotech drugs including high cost infused, injectable, oral and other drugs related to specialty disease categories or other categories. BCBSM determines which specific drugs are payable. This may include medications to treat asthma, rheumatoid arthritis, multiple sclerosis, and many other diseases as well as chemotherapy drugs used in the treatment of cancer, but excludes injectable insulin.

Provider Networks

Your health care benefits include three provider networks or tiers

- **Tier 1: Sparrow MNA PPO PLUS**
Members will experience the **least** out-of-pocket cost when facility and professional services are provided at Sparrow MNA PPO PLUS. This network is also referred to as **Tier 1** throughout the coverage specifications.
- **Tier 2: BCBSM PPO In-network Facility and Professional Providers**
When services are performed by a provider who is part of BCBSM's PPO in-network, members will experience **greater** out-of-pocket costs. This tier is referred to as **Tier 2** throughout the coverage specifications.
- **Tier 3: Out-of-network Facility and Professional Providers**
Members are subject to the **greatest** out-of-pocket expenses when treatment is sought and received from non-panel providers without an authorized referral or in absence of an emergency. This tier is referred to as **Tier 3** throughout the coverage specifications.

Blue Cross provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.

ADM HCR-RXOC; ASCMOD 11437MED; AT ASC; CB ASC; CB-MTC \$30 ASC; CB-OCSM-12 ASC; CB-SP-OV \$30ASC; CB-UC- \$45 ASC; CBC 30%-IN ASC; CBC 50%-ON ASC; CBPCP-OV\$30 ASC; DC 26-ME ASC; EHB-VCO-ES ASC; NFAX-3 ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Eligibility Information

| Members | Eligibility Criteria |
|---|---|
| Dependents | <ul style="list-style-type: none"> Subscriber's legal spouse Dependent children: related to you by birth, marriage, legal adoption or legal guardianship; eligible for coverage through the last day of the month the dependent turns age 26 |
| No-fault automobile accidents, option 3 | <p>Clarifies how payment for medical services will be coordinated between BCBSM and a member's motor vehicle insurance carrier when a member is involved in a motor vehicle accident.</p> <p>In all instances:</p> <ul style="list-style-type: none"> BCBSM will be the secondary plan when paying benefits for injuries that are a direct or indirect result of a motor vehicle accident, regardless of the provisions contained in a member's no-fault motor vehicle insurance policy, and BCBSM will not duplicate benefits available under a member's no-fault motor vehicle insurance policy. <p>Note: The BCBSM payment, when combined with any payment a member receives under their no-fault motor vehicle insurance policy, will not be more than 100 percent of the BCBSM approved amount for covered services.</p> |

Member's responsibility (deductibles, copays, coinsurance and dollar maximums)

| Benefits | PPO Network | | Tier 3 - Out-of-Network |
|--|--|---|---|
| | Tier 1 - Sparrow MNA PPO PLUS | Tier 2 - BCBSM PPO In-Network Providers | |
| Deductible | None | \$300 for one member, \$600 for the family (when two or more members are covered under your contract) each calendar year Note: Deductible may be waived for covered services performed in a Tier 2 physician's office and for covered mental health and substance use disorder services that are equivalent to an office visit and performed in an in-network physician's office. | \$300 for one member, \$600 for the family (when two or more members are covered under your contract) each calendar year Note: Deductible may be waived for covered services performed in a Tier 3 physician's office and for covered mental health and substance use disorder services that are equivalent to an office visit and performed in an in-network physician's office. |
| Flat-dollar copays | <ul style="list-style-type: none"> \$15 copay for office visits and office consultations \$15 copay for medical online visits \$25 copay for urgent care visits \$5 copay for outpatient physical, speech and occupational therapy \$50 copay for emergency room visits | <ul style="list-style-type: none"> \$30 copay for office visits and office consultations \$30 copay for medical online visits \$45 copay for urgent care visits \$50 copay for emergency room visits | <ul style="list-style-type: none"> \$30 copay for office visits and office consultations \$30 copay for medical online visits \$45 copay for urgent care visits \$50 copay for emergency room visits |
| Coinsurance amounts (percent copays) | <ul style="list-style-type: none"> 20% of approved amount for select covered services (coinsurance waived for covered services performed in a Tier 1 physician's office) | <ul style="list-style-type: none"> 10%, 20%, 25%, 30% or 50% of approved amount for select covered services (coinsurance waived for covered services performed in a Tier 2 physician's office) | <ul style="list-style-type: none"> 10%, 20%, 25%, 30% or 50% of approved amount for select covered services (coinsurance waived for covered services performed in a Tier 3 physician's office) |
| Note: Coinsurance amounts apply once the deductible has been met. | | | |

ADM HCR-RXOC;ASCMOD 11437MED;AT ASC;CB ASC;CB-MTC \$30 ASC;CB-OCSM-12 ASC;CB-SP-OV \$30ASC;CB-UC- \$45 ASC;CBC 30%-IN ASC;CBC 50%-ON ASC;CBPCP-OV\$30 ASC;DC 26-ME ASC;EHB-VCO-ES ASC;NFAX-3 ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

| Benefits | PPO Network | | Tier 3 - Out-of-Network |
|---|--|--|--|
| | Tier 1 - Sparrow MNA PPO PLUS | Tier 2 - BCBSM PPO In-Network Providers | |
| Annual out-of-pocket maximums - applies to deductibles, flat-dollar copays and coinsurance amounts for all covered services - including cost-sharing amounts for prescription drugs, if applicable | \$1,800 for one member, \$3,600 for the family (when two or more members are covered under your contract) each calendar year | \$1,800 for one member, \$3,600 for the family (when two or more members are covered under your contract) each calendar year | \$1,800 for one member, \$3,600 for the family (when two or more members are covered under your contract) each calendar year |
| Lifetime dollar maximum | None | | |

| Preventive care services | | | |
|---|--|---|-------------------------|
| Benefits | PPO Network | | Tier 3 - Out-of-Network |
| | Tier 1 - Sparrow MNA PPO PLUS | Tier 2 - BCBSM PPO In-Network Providers | |
| Health maintenance exam - includes chest x-ray, EKG, cholesterol screening and other select lab procedures | 100% (no deductible or copay/coinsurance) Note: Additional well-women visits may be allowed based on medical necessity. One per member per calendar year | 100% (no deductible or copay/coinsurance) Note: Additional well-women visits may be allowed based on medical necessity. | Not covered |
| Gynecological exam | 100% (no deductible or copay/coinsurance) Note: Additional well-women visits may be allowed based on medical necessity. Two per member per calendar year | 100% (no deductible or copay/coinsurance) Note: Additional well-women visits may be allowed based on medical necessity. | Not covered |
| Pap smear screening - laboratory and pathology services | 100% (no deductible or copay/coinsurance) One per member per calendar year | 100% (no deductible or copay/coinsurance) | Not covered |
| Voluntary sterilization of female reproductive organs | 100% (no deductible or copay/coinsurance) | 100% (no deductible or copay/coinsurance) | Not covered |
| Prescription contraceptive devices - includes insertion and removal of an intrauterine device by a licensed physician | 100% (no deductible or copay/coinsurance) | 100% (no deductible or copay/coinsurance) | Not covered |
| Contraceptive injections | 100% (no deductible or copay/coinsurance) | 100% (no deductible or copay/coinsurance) | Not covered |
| Well-baby and Well-child visits | 100% (no deductible or copay/coinsurance) <ul style="list-style-type: none"> 8 visits, birth through 12 months 6 visits, 13 months through 23 months 6 visits, 24 months through 35 months 2 visits, 36 months through 47 months Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit | 100% (no deductible or copay/coinsurance) | Not covered |

ADM HCR-RXOC;ASCMOD 11437MED;AT ASC;CB ASC;CB-MTC \$30 ASC;CB-OCSM-12 ASC;CB-SP-OV \$30ASC;CB-UC- \$45 ASC;CBC 30%-IN ASC;CBC 50%-ON ASC;CBPCP-OV\$30 ASC;DC 26-ME ASC;EHB-VCO-ES ASC;NFAX-3 ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

| Benefits | PPO Network | | Tier 3 - Out-of-Network |
|---|--|---|-------------------------|
| | Tier 1 - Sparrow MNA PPO PLUS | Tier 2 - BCBSM PPO In-Network Providers | |
| Adult and childhood 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 | 100% (no deductible or copay/coinsurance) | 100% (no deductible or copay/coinsurance) | Not covered |
| Fecal occult blood screening | 100% (no deductible or copay/coinsurance) One per member per calendar year | 100% (no deductible or copay/coinsurance) | Not covered |
| Flexible sigmoidoscopy exam | 100% (no deductible or copay/coinsurance) One per member per calendar year | 100% (no deductible or copay/coinsurance) | Not covered |
| Prostate specific antigen (PSA) screening | 100% (no deductible or copay/coinsurance) One per member per calendar year | 100% (no deductible or copay/coinsurance) | Not covered |
| Routine mammogram and related reading | 100% (no deductible or coinsurance) Note: Subsequent medically necessary mammograms performed during the same calendar year are subject to your deductible and coinsurance. One per member per calendar year | 100% (no deductible or coinsurance) Note: Subsequent medically necessary mammograms performed during the same calendar year are subject to your deductible and coinsurance. | Not covered |
| Colonoscopy - routine or medically necessary | 100% (no deductible or copay/coinsurance) for the first billed colonoscopy Note: Subsequent colonoscopies performed during the same calendar year are subject to your deductible and coinsurance. for the first billed colonoscopy One per member per calendar year | 100% (no deductible or copay/coinsurance) for the first billed colonoscopy Note: Subsequent colonoscopies performed during the same calendar year are subject to your deductible and coinsurance. for the first billed colonoscopy Note: Subsequent colonoscopies performed during the same calendar year are subject to your deductible and coinsurance. | Not covered |

| Physician office services | | | |
|--|----------------------------------|--|--|
| Benefits | PPO Network | | Tier 3 - Out-of-Network |
| | Tier 1 - Sparrow MNA PPO PLUS | Tier 2 - BCBSM PPO In-Network Providers | |
| Office visits - must be medically necessary Note: This includes mental health and substance use disorder services equivalent to medical office visits. | \$15 copay for each office visit | \$30 copay after Tier 2 deductible for each office visit | \$30 copay after Tier 3 deductible for each office visit |
| ADM HCR-RXOC;ASCMOD 11437MED;AT ASC;CB ASC;CB-MTC \$30 ASC;CB-OCSM-12 ASC;CB-SP-OV \$30ASC;CB-UC- \$45 ASC;CBC 30%-IN ASC;CBC 50%-ON ASC;CBPCP-OV\$30 ASC;DC 26-ME ASC;EHB-VCO-ES ASC;NFAX-3 ASC | | | |

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

| Benefits | PPO Network | | Tier 3 - Out-of-Network |
|---|---|---|---|
| | Tier 1 - Sparrow MNA PPO PLUS | Tier 2 - BCBSM PPO In-Network Providers | |
| Online visits - by physician must be medically necessary Note: Online visits by a vendor are not covered. Not all services delivered virtually are considered an online visit, but may be considered telemedicine. Telemedicine services will be subject to the applicable cost share associated with the service provided. | \$15 copay per online visit | \$30 copay after Tier 2 deductible per online visit | \$30 copay after Tier 3 deductible per online visit |
| Outpatient and home medical care visits - must be medically necessary | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |
| Office consultations - must be medically necessary | \$15 copay for each office consultation | \$30 copay after Tier 2 deductible for each office consultation | \$30 copay after Tier 3 deductible for each office consultation |
| Urgent care visits - must be medically necessary | \$25 copay per urgent care visit | \$45 copay per urgent care visit | \$45 copay per urgent care visit |

| Emergency medical care | | | |
|--|---|---|---|
| Benefits | PPO Network | | Tier 3 - Out-of-Network |
| | Tier 1 - Sparrow MNA PPO PLUS | Tier 2 - BCBSM PPO In-Network Providers | |
| Hospital emergency room | \$50 copay per visit (copay waived if admitted or for an accidental injury) | \$50 copay per visit (copay waived if admitted or for an accidental injury) | \$50 copay per visit (copay waived if admitted or for an accidental injury) |
| Ambulance services - must be medically necessary | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 2 deductible |

| Diagnostic services | | | |
|-----------------------------------|---|---|-----------------------------|
| Benefits | PPO Network | | Tier 3 - Out-of-Network |
| | Tier 1 - Sparrow MNA PPO PLUS | Tier 2 - BCBSM PPO In-Network Providers | |
| Laboratory and pathology services | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |
| Diagnostic tests and x-rays | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |
| Therapeutic radiology | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |

| Maternity services provided by a physician or certified nurse midwife | | | |
|---|---|---|---|
| Benefits | PPO Network | | Tier 3 - Out-of-Network |
| | Tier 1 - Sparrow MNA PPO PLUS | Tier 2 - BCBSM PPO In-Network Providers | |
| Prenatal care visits | 100% (no deductible or copay/coinsurance) | 100% (no deductible or copay/coinsurance) | 100% (no deductible or copay/coinsurance) |

ADM HCR-RXOC;ASCMOD 11437MED;AT ASC;CB ASC;CB-MTC \$30 ASC;CB-OCSM-12 ASC;CB-SP-OV \$30ASC;CB-UC- \$45 ASC;CBC 30%-IN ASC;CBC 50%-ON ASC;CBPCP-OV\$30 ASC;DC 26-ME ASC;EHB-VCO-ES ASC;NFA3-3 ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

| Benefits | PPO Network | | Tier 3 - Out-of-Network |
|--|---|---|---|
| | Tier 1 - Sparrow MNA PPO PLUS | Tier 2 - BCBSM PPO In-Network Providers | |
| Postnatal care visit | 100% (no deductible or copay/coinsurance) | 100% (no deductible or copay/coinsurance) | 100% (no deductible or copay/coinsurance) |
| Delivery and nursery care | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |
| Note: For facility services See "Hospital Care" | | | |

| Hospital care | | | |
|--|---|---|-----------------------------|
| Benefits | PPO Network | | Tier 3 - Out-of-Network |
| | Tier 1 - Sparrow MNA PPO PLUS | Tier 2 - BCBSM PPO In-Network Providers | |
| Semiprivate room, inpatient physician care, general nursing care, hospital services and supplies | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |
| Note: Nonemergency services must be rendered in a participating hospital. | | | |
| | Unlimited days | | |
| Inpatient consultations | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |
| Chemotherapy | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |

| Alternatives to hospital care | | | |
|---|---|---|-----------------------------|
| Benefits | PPO Network | | Tier 3 - Out-of-Network |
| | Tier 1 - Sparrow MNA PPO PLUS | Tier 2 - BCBSM PPO In-Network Providers | |
| Skilled nursing care - must be in a participating skilled nursing facility | 100% (no deductible or copay/coinsurance) | 50% after Tier 2 deductible | 50% after Tier 3 deductible |
| Limited to a maximum of 100 days per member, per calendar year | | | |
| Hospice care | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |
| Up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods - provided through a participating hospice program only ; limited to dollar maximum that is reviewed and adjusted periodically (after reaching dollar maximum, member transitions into individual case management) | | | |
| Home health care: <ul style="list-style-type: none"> must be medically necessary must be provided by a participating home health care agency limited to a maximum of 60 visits per member per calendar year | 100% (no deductible or copay/coinsurance) | 50% after Tier 2 deductible | 50% after Tier 3 deductible |

ADM HCR-RXOC;ASCMOD 11437MED;AT ASC;CB ASC;CB-MTC \$30 ASC;CB-OCSM-12 ASC;CB-SP-OV \$30ASC;CB-UC- \$45 ASC;CBC 30%-IN ASC;CBC 50%-ON ASC;CBPCP-OV\$30 ASC;DC 26-ME ASC;EHB-VCO-ES ASC;NFAX-3 ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

| Benefits | PPO Network | | Tier 3 - Out-of-Network |
|---|---|---|-----------------------------|
| | Tier 1 - Sparrow MNA PPO PLUS | Tier 2 - BCBSM PPO In-Network Providers | |
| Infusion therapy: <ul style="list-style-type: none"> • must be medically necessary • must be given by a participating Home Infusion Therapy (HIT) provider or in a participating freestanding Ambulatory Infusion Center (AIC) • may use drugs that require prior authorization - consult with your doctor | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |

| Surgical services | | | |
|---|---|---|---|
| Benefits | PPO Network | | Tier 3 - Out-of-Network |
| | Tier 1 - Sparrow MNA PPO PLUS | Tier 2 - BCBSM PPO In-Network Providers | |
| Surgery - includes related surgical services and medically necessary facility services by a participating ambulatory surgery facility | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |
| Presurgical consultations | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |
| Voluntary sterilization of male reproductive organs | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |
| Note: For voluntary sterilization of female reproductive organs, see "Preventive care services." | | | |
| Sterilization reversal for male and female reproduction organs | 100% (no deductible or copay/coinsurance) | 75% (no deductible) | 75% (no deductible) |
| Elective Abortion Services Note: Limits elective abortion procedures to one pregnancy termination per lifetime per covered person. Note: Abortions are not covered if rendered in a location where abortions are not legal. | \$100 copay | \$100 copay | \$100 copay |
| Bariatric surgery | 100% (no deductible or copay/coinsurance) | 90% (no deductible), not to exceed \$1,000 maximum payment amount | 90% (no deductible), not to exceed \$1,000 maximum payment amount |

ADM HCR-RXOC;ASCMOD 11437MED;AT ASC;CB ASC;CB-MTC \$30 ASC;CB-OCSM-12 ASC;CB-SP-OV \$30ASC;CB-UC- \$45 ASC;CBC 30%-IN ASC;CBC 50%-ON ASC;CBPCP-OV\$30 ASC;DC 26-ME ASC;EHB-VCO-ES ASC;NFAX-3 ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Human organ transplants

| Benefits | PPO Network | | Tier 3 - Out-of-Network |
|---|---|---|---|
| | Tier 1 - Sparrow MNA PPO PLUS | Tier 2 - BCBSM PPO In-Network Providers | |
| Specified human organ transplants - must be in a designated facility and coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504) | 100% (no deductible or copay/coinsurance) | 100% (no deductible or copay/coinsurance) | 100% (no deductible or copay/coinsurance) |
| Bone marrow transplants - must be coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504) | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |
| Specified oncology clinical trials Note: BCBSM covers clinical trials in compliance with PPACA. | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |
| Kidney, cornea and skin transplants | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |

Behavioral Health Services (Mental Health and Substance Use Disorder)

Note: Some mental health and substance use disorder services are considered by BCBSM to be equivalent to an office visit or medical online visit. When a mental health or substance use disorder service is considered by BCBSM to be equivalent to an office visit or medical online visit, we will process the claim under your Physician Office Services.

| Benefits | PPO Network | | Tier 3 - Out-of-Network |
|---|---|---|-----------------------------|
| | Tier 1 - Sparrow MNA PPO PLUS | Tier 2 - BCBSM PPO In-Network Providers | |
| Inpatient mental health care and inpatient substance use disorder treatment Note: Facility services are covered in participating facilities only. | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |
| Unlimited days | | | |
| Residential psychiatric treatment facility: <ul style="list-style-type: none"> covered mental health services must be performed in a residential psychiatric treatment facility treatment requires prior authorization subject to medical criteria | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |
| Outpatient mental health care: <ul style="list-style-type: none"> Facility and clinic Note: Facility services are covered in participating facilities only. | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |
| <ul style="list-style-type: none"> Online visits - for services equivalent to a medical online visit Note: Online visits by a vendor are not covered. | \$15 copay per online visit | \$30 copay per online visit | \$30 copay per online visit |

ADM HCR-RXOC;ASCMOD 11437MED;AT ASC;CB ASC;CB-MTC \$30 ASC;CB-OCSM-12 ASC;CB-SP-OV \$30ASC;CB-UC- \$45 ASC;CBC 30%-IN ASC;CBC 50%-ON ASC;CBPCP-OV\$30 ASC;DC 26-ME ASC;EHB-VCO-ES ASC;NFAX-3 ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

| Benefits | PPO Network | | Tier 3 - Out-of-Network |
|---|---|---|-----------------------------|
| | Tier 1 - Sparrow MNA PPO PLUS | Tier 2 - BCBSM PPO In-Network Providers | |
| <ul style="list-style-type: none"> Physician's office <p>Note: For services equivalent to a medical office visit. See "Physician Office Services".</p> | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |
| Outpatient substance use disorder treatment - in approved facilities only | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |

| Autism spectrum disorders, diagnoses and treatment | | | |
|--|-------------------------------|---|-------------------------|
| Benefits | PPO Network | | Tier 3 - Out-of-Network |
| | Tier 1 - Sparrow MNA PPO PLUS | Tier 2 - BCBSM PPO In-Network Providers | |
| Applied behavior analysis (ABA) treatment - subject to prior authorization <p>Note: Prior to seeking ABA treatment, the member must be evaluated by an interdisciplinary team including, but not limited to, a physician, behavioral health specialist, and a speech and language specialist for the services to be authorized. This interdisciplinary evaluation can be performed at an approved autism evaluation center (AAEC).</p> | Not covered | Not covered | Not covered |
| Outpatient physical therapy, speech therapy and occupational therapy for autism spectrum disorder | Not covered | Not covered | Not covered |
| Other covered services, including nutritional counseling and mental health services, for autism spectrum disorder | Not covered | Not covered | Not covered |

ADM HCR-RXOC;ASCMOD 11437MED;AT ASC;CB ASC;CB-MTC \$30 ASC;CB-OCSM-12 ASC;CB-SP-OV \$30ASC;CB-UC- \$45 ASC;CBC 30%-IN ASC;CBC 50%-ON ASC;CBPCP-OV\$30 ASC;DC 26-ME ASC;EHB-VCO-ES ASC;NFAX-3 ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Other covered services

| Benefits | PPO Network | | Tier 3 - Out-of-Network |
|---|---|---|---|
| | Tier 1 - Sparrow MNA PPO PLUS | Tier 2 - BCBSM PPO In-Network Providers | |
| Outpatient Diabetes Management Program (ODMP) | 100% after (no deductible or copay/coinsurance) for diabetes medical supplies | 70% after Tier 2 deductible for diabetes medical supplies | 70% after Tier 3 deductible for diabetes medical supplies |
| Note: Screening services required under the provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. Note: When you purchase your diabetic supplies via mail order you will lower your out-of-pocket costs. | 100% (no deductible or copay/coinsurance) for diabetes self-management training | 100% (no deductible or copay/coinsurance) for diabetes self-management training | 100% (no deductible or copay/coinsurance) for diabetes self-management training |
| Allergy testing and therapy | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |
| Chiropractic spinal manipulation and osteopathic manipulative therapy | 100% (no deductible or copay/coinsurance) | 50% after Tier 2 deductible | 50% after Tier 3 deductible |
| | Limited to a combined 12-visit maximum per member per calendar year | | |
| Outpatient physical, speech and occupational therapy - provided for rehabilitation | \$5 copay | 70% after Tier 2 deductible | 70% after Tier 3 deductible |
| | Limited to a combined 60-visit maximum per member per calendar year | | |
| Durable medical equipment | 100% (no deductible or copay/coinsurance) | 50% after Tier 2 deductible | 50% after Tier 3 deductible |
| Note: DME items required under the preventive benefit provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. For a list of preventive DME items that PPACA requires to be covered at 100%, call BCBSM. | | | |
| Prosthetic and orthotic appliances | 100% (no deductible or copay/coinsurance) | 50% after Tier 2 deductible | 50% after Tier 3 deductible |
| Private duty nursing care | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |
| Acupuncture treatment | 100% (no deductible or copay/coinsurance) | 70% after Tier 2 deductible | 70% after Tier 3 deductible |
| Note: Limited to 20 visits per member per year | | | |
| Cardiac rehabilitation - Limited to combined 60 visits per member, per calendar year | \$5 copay | 70% after Tier 2 deductible | 70% after Tier 3 deductible |
| Hair prosthesis | 80% (no deductible) | 80% (no deductible) | 80% (no deductible) |
| Prescription drugs | Not covered | Not covered | Not covered |

ADM HCR-RXOC;ASCMOD 11437MED;AT ASC;CB ASC;CB-MTC \$30 ASC;CB-OCSM-12 ASC;CB-SP-OV \$30ASC;CB-UC- \$45 ASC;CBC 30%-IN ASC;CBC 50%-ON ASC;CBPCP-OV\$30 ASC;DC 26-ME ASC;EHB-VCO-ES ASC;NFAX-3 ASC

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.