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

General Motors
Group Number: 83200 Package Code(s): 031, 041
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PPO - UAW Traditional Care Network
Effective Date: 01/01/2021
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. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

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

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

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

Benefits	In-Network	Out-of-Network
Deductibles - per calendar year The full family deductible must be met under a two person or family contract before benefits are paid for any person on the contract.	None	None
Copays • Fixed Dollar Copays	$12.50 copay for: • Online and Retail health center visits $25 copay for: • Office visits $50 copay for : • Urgent care services $100 copay for : • Facility medical emergency	$50 copay for : • Urgent care services $100 copay for : • Facility medical emergency
Coinsurance • Percent Coinsurance	0%	10%
Annual out-of-pocket maximums The full family out of pocket maximum must be met before it is considered satisfied.	None	$250 per member $500 per family
Lifetime dollar maximum	No Lifetime Maximum	

Note: Services without a network are covered at the in-network level.

Preventive Care Services

Benefits	In-Network	Out-of-Network

Health Maintenance Exam - beginning age 18	Covered - 100%	Covered - 90%
Annual Gynecological Exam - two per calendar year, in addition to health maintenance exam	Covered - 100%	Covered - 90%
Pap Smear Screening - one per calendar year	Covered - 100%	Covered - 90%
Mammography Screening - 1 per calendar year includes 3D Mammography	Covered - 100%	Covered - 90%
Contraceptive Methods and Counseling	Covered - 100%	Covered - 90%
Prostate Specific Antigen (PSA) screening - 1 per calendar year	Covered - 100%	Covered - 90%
Endoscopic Exams - limitations apply	Covered - 100%	Covered - 90%
Well Child Care • 8 visits per calendar year, birth through 12 months • 6 visits per calendar year, 13 months through 23 months • 6 visits per calendar year, 24 months through 35 months • 2 visits per calendar year, 36 months through 47 months • 1 visit per calendar year, age 4 years through adult (Included as part of the Well/Baby/Child visits/HME) Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit	Covered - 100%	Covered - 90%
Immunizations - pediatric and adult	Covered - 100%	Covered - 90%

Physician Office Services

Benefits	In-Network	Out-of-Network
Office Visits	Covered - 100% after $25 copay	Not Covered
Telemedicine Visits	Covered - 100% after $12.50 copay	Not Covered
Blue Cross Online Visits Note: Services are payable when rendered through Blue Cross Online Visits[SM]	Covered - 100% after $12.50 copay	Not Covered
Retail Health Clinic	Covered - 100% after $12.50 copay	Not Covered
Office Consultations	Covered - 100% after $25 copay	Not Covered
Pre-Surgical Consultations	Covered - 100% after $25 copay	Not Covered

Emergency Medical Care

Benefits	In-Network	Out-of-Network
Hospital Emergency Room Qualified medical emergency	Covered - 100% after $100 copay; copay waived if admitted	Covered - 100% after $100 copay; copay waived if admitted
Non-Emergency use of the Emergency Room	Not Covered	Not Covered
Urgent Care Services	Covered - 100% after $50 copay	Covered - 100% after $50 copay
Ambulance Services - Medically Necessary Transport	Covered - 100%	Covered - 100%

Diagnostic Services

Benefits	In-Network	Out-of-Network
MRI, MRA, PET, CAT Scans and Nuclear Medicine	Covered - 100%	Covered - 90%
Diagnostic Tests, X-rays, Laboratory and Pathology	Covered - 100%	Covered - 90%
Radiation Therapy and Chemotherapy	Covered - 100%	Covered - 90%

Maternity Services Provided by a Physician

Benefits	In-Network	Out-of-Network
Prenatal Care Visits	Covered - 100%	Covered - 90%
Postnatal Care Visits	Covered - 100%	Covered - 90%
Delivery and Nursery Care	Covered - 100%	Covered - 90%

Hospital Care

Benefits	In-Network	Out-of-Network
Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies 365 day with 60 renewal	Covered - 100%	Covered - 90%
Inpatient Medical Care	Covered - 100%	Covered - 90%

Alternatives to Hospital Care

Benefits	In-Network	Out-of-Network
Pre-Hospice Care Limited to a Lifetime Maximum of 28 visits	Covered - 100%	Covered - 90%
Hospice Care Limited to lifetime maximum of 365 days	Covered - 100%	Covered - 90%
Home Health Care Limited to maximum of 3 days with a 365 day renewal period per calendar year	Covered - 100%	Covered - 90%
Skilled Nursing Limited to 2 days for each unused Inpatient day	Covered - 100%	Covered - 90%

*Non-Participating Providers are not covered.

Surgical Services

Benefits	In-Network	Out-of-Network
Surgery (includes related surgical services)	Covered - 100%	Covered - 90%
Sterilization - males only excludes reversal sterilization	Covered - 100%	Covered - 90%
Sterilization - females only excludes reversal sterilization	Covered - 100%	Covered - 90%

Human Organ Transplants

Benefits	In-Network	Out-of-Network
Specified Organ Transplants In designated facilities only, when coordinated through BCBSM Human Organ Transplant Program (800-242-3504)	Covered - 100%	Covered - 90%
Kidney, Cornea, Bone Marrow and Skin	Covered - 100%	Covered - 90%

Behavioral Health Services (Mental Health and Substance Use Disorder)

Benefits	In-Network	Out-of-Network
Inpatient Mental Health Care and Substance Use Disorder Treatment	Services are administered by another vendor. Please see your ID card.	Services are administered by another vendor. Please see your ID card.

Outpatient Mental Health Care and Substance Use Disorder Treatment	Services are administered by another vendor. Please see your ID card.	Services are administered by another vendor. Please see your ID card.

Other Covered Services

Benefits	In-Network	Out-of-Network
Cardiac Rehabilitation, when coordinated through Case Management. Please see your ID card.	Covered - 100%	Covered - 90%
Chiropractic Excludes Spinal Manipulation	Covered - 100%	Covered - 90%
Durable Medical Equipment	Covered - 100%	Covered - 90%
Prosthetic and Orthotic Devices	Covered - 100%	Covered - 90%
Private Duty Nursing Care	Not Covered	Not Covered
Allergy Testing and Therapy	Not Covered	Not Covered
Facility Clinic Visit	Not Covered	Not Covered

Therapy Services

Benefits	In-Network	Out-of-Network
Physical, Therapy Limited to 60 visits combined, OT & ST	Services are administered by another vendor. Please see your ID card.	Services are administered by another vendor. Please see your ID card.
Occupational and Speech Therapy Limited to 60 visits combined, PT	Covered - 100%	Covered - 90%

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. Cost-sharing may differ when you obtain covered services outside of Michigan. 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.