

Welcome to **MyBlue**SM
My Life, My Health Plan

Blue Traditional[®] Options A and C

Blue Traditional offers the quality benefits and valuable services you've come to expect from Michigan's most trusted name in health care.

Choose from Options A and C for a comprehensive medical plan accepted by 95 percent of Michigan physicians.

- No deductible
- Affordable copayments
- Large medical service provider network

Visit bcbsm.com/myblue to learn more about BCBSM's suite of individual health care plans designed to fit your needs at any stage in life.



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

Blue Traditional Benefits-at-a-Glance

Benefit	Option A	Option C
Annual Deductible	None	None
Copays	As noted	20%
Annual copay dollar maximums*	Not applicable	\$1,000
Lifetime Maximum (per member)	\$5 million	\$5 million
Preventive Services		
Well-baby care	Not covered	Not covered
Immunizations	Not covered	Not covered
Mammography screening	Covered, less \$5 or 10% copay	Covered – 80%
Hospital Care (BCBSM-approved facilities only)		
Covered up to 120 days; 60-day renewal; semi-private room	Covered – 100%	Covered – 80%
Chemotherapy	Covered – 100%	Covered – 80%
Outpatient physical therapy – 60 consecutive days per condition	Covered – 100%	Covered – 80%
Mental Health and Substance Abuse Care in Approved Facilities		
Inpatient facility charges for mental health — up to 30 days	Covered – 100%	Covered – 80%
Outpatient and residential substance abuse care	Covered – 100%	Covered – 80%
	Up to annual amount required by state	
Emergency Services		
Medical emergencies and accidental injuries	Covered – 100%	Covered – 80%
Ambulance service: medically necessary, emergency ground transport and air ambulance	Covered – 100%	Covered – 80%
Diagnostic Services		
Laboratory and pathology tests	Covered, less \$5 or 10% copay	Covered – 80%
Diagnostic tests and X-rays	Covered, less \$5 or 10% copay	Covered – 80%
Radiation therapy	Covered, less \$5 or 10% copay	Covered – 80%
Physician's Services		
Home, outpatient and office visits	Not covered	Not covered
Consultations – inpatient	Covered – 100%	Covered – 80%
Surgery, technical surgical assistance and anesthesia	Covered – 100%	Covered – 80%
Voluntary sterilization	Covered – 100%	Covered – 80%
Maternity care – delivery and routine newborn exam only	Covered – 100%	Covered – 80%
Human Organ Transplants		
Specified organ transplants – liver, heart, heart-lung and pancreas	Covered – 100%	Covered – 100%
	Up to \$1 million maximum for each specified organ transplant type, included in the \$5 million lifetime maximum (BCBSM-designated facilities only)	
Bone marrow transplants	Covered – 100%	Covered – 80%
Kidney, cornea and skin	Covered – 100%	Covered – 80%
Other Services		
Home health care (BCBSM-participating providers only)	Covered – 100%	Covered – 80%
Hospice care up to the annual maximum (BCBSM-participating providers only)	Covered – 100%	Covered – 80%
	Up to the dollar maximum required by the state (changes each year)	
Prosthetic appliances (BCBSM-participating providers only)	Covered – 100%	Covered – 80%

*Copay maximums are restricted to each calendar year (Jan. 1 through Dec. 31). Once the member meets the copay maximum for the year, covered services will be paid at 100 percent of the BCBSM-approved amount for the remainder of the year.

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.