

## BCN Classic HMO for Large Groups 00239393-0001-0002 MONTCALM COMMUNITY COLLEGEonal limitations 2 Nation 7/1/2023

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Services must be provided or arranged by the member's primary care physician or health plan.

Note: The Deductible will apply to certain services

Deductible -(Coinsurance and select fixed dollar copays as defined by your plan documents, apply once the deductible has been met.)	\$3,000 individual/\$6,000 family per benefit year
Fixed Dollar Copays	\$5 for allergy injections
	\$30 for office visits
	\$60 for urgent care visits
	\$250 for emergency room visits
	\$50 for referral physician visits
Coinsurance	50% for select services as noted below
	20% for select services as noted below
Medical Annual Coinsurance Maximum (ACM)	\$2,500 per member/\$5,000 per family per benefit year
	Services that DO NOT apply to the ACM: Deductible, Flat Dollar Copays, Infertility, Male Mastectomy, Reduction Mammoplasty, Male Sterilization, Elective Abortion, TMJ, Orthognathic Surgery, Weight Reduction, DME, P&O, Diabetic Supplies, Prescription Drugs

Preventive services	
Health Maintenance Exam	100%
Annual Gynecological Exam	100%
Pap Smear Screening	100%
	100%

Surgical services	
Surgery - includes all related surgical services and anesthesia	80% after deductible
	50% after deductible

Prescription drugs	
Prescription Drugs - (Certain diabetic supplies are covered through the pharmacy benefit if you have BCN pharmacy coverage. Applicable pharmacy costsharing will apply.)	Tier 1 - \$30 copay, Tier 2 - \$60 copay, Tier 3 - \$80 copay, Tier 4 - 20% coinsurance (max \$200), Tier 5 -20% coinsurance (max \$300); 30 day supply.
	Applicable tier copay applies to select diabetic supplies. Needles and syringes when dispensed with covered injectable drug or self-administered chemo drug are covered in full.
	Sexual Dysfunction Drugs - 50% coinsurance
	A and B rated drugs defined as preventive medications on the Preferred Drug List are covered in full for generic and select brand name drugs.
	Women's Contraceptives - Tier 1 - 100%, Tier 2 - Tier 2 Copayment/Coinsurance above applies, Tier 3 - Tier 3 Copayment/Coinsurance above applies