

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

Effective Date: tible, **do**surance an d**om**ents, the **e sloalst**rued

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 copey applies to calcut dishetic supplies. Needles and swinger when dispensed
	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