

UAW/GM **Active Employees** Health Care Plans

Benefit Provision	Traditional Care Network Active Employee Plan
Group Number	83200
Network	PPO Network
Deductible	0
Coinsurance	In-Network – 0 Out-of-Network – 10%
Out-of-Pocket Maximums	In-Network - 0 Out-of-Network – \$250 Single/\$500 Family
Enrollment Segments	UAW Hourly Actives, hired before September 15, 2007 and new Hire Core employees
Inpatient-Semiprivate Room and Board, X-ray, Lab, Other Hospital Services	In-Network – Covered 100% Out-of-Network – Covered Apply to out-of-network coinsurance <u>Cosmetic Admission</u> Effective 6/1/06 coverage was eliminated for inpatient and outpatient hospital services (e.g., room and board, lab, x-ray, etc.) provided in conjunction with non-covered plastic, cosmetic and reconstructive surgeries.
Surgery	In-Network – Covered 100% Out-of-Network – Covered Apply to out-of-network coinsurance
Inpatient - Doctor Visits	In-Network – Covered 100% Out-of-Network – Covered Apply to out-of-network coinsurance
Physical, Functional Occupational and Speech Therapy	In-Network – Covered 100% Out-of-Network – Covered Apply to out-of-network coinsurance A combined total 60 physical, functional occupational and/or speech therapy visits per condition in any calendar year. Children under 6 years of age are entitled to a separate 60 visit speech therapy benefit.
Maternity Care	In-Network – Covered 100% Out-of-Network – Covered Apply to out-of-network coinsurance
Skilled Nursing Facility	In-Network – Covered 100% Out-of-Network – Covered Apply to out-of-network coinsurance Michigan does not have a PPO network of SNF, therefore reimbursement is based on par/non-par. Par – Covered 100% Non-Par - Not Covered

UAW/GM **Active Employees** Health Care Plans

Benefit Provision	Traditional Care Network Active Employee Plan
Home Health Care	<p>In-Network – Covered 100%</p> <p>Out-of-Network – Covered Apply to out-of-network coinsurance</p> <p>Michigan does not have a PPO HHC network, therefore reimbursement is based on par/non-par.</p> <p>Par – Covered 100%</p> <p>Non-Par - Not Covered</p>
Hospice Care	<p>Entitled to 2 days of hospice care for each remaining inpatient hospital day. Lifetime maximum of 210 days.</p> <p>Benefit period may be extended beyond 210 days if the enrollee obtains authorization from the carrier’s case management.</p> <p>In-Network – Covered 100%</p> <p>Out-of-Network – Covered Apply to out-of-network coinsurance</p> <p>Michigan does not have a PPO network of HC, therefore reimbursement is based on par/non-par.</p> <p>Par – Covered 100%</p> <p>Non-Par - Not Covered</p>
Office Visits	<p>In-Network – Covered \$25 copay per visit for up to 5 visits per family. 6th and over visits are subject to 100% copay based on the allowed amount.</p> <p>Out-of-Network – Not Covered</p> <p>Exception: advance referral or out-of-area waiver</p> <p>\$25 copay does not apply to the out-of-pocket maximum</p>
Well Baby Care	<p>In-Network - 6 visits in the first year are covered at 100%</p> <p>Out-of-Network – Covered Apply to out-of-coinsurance</p>
Immunizations Vaccinations	<p>Follow ACIP guidelines</p> <p>In-Network – Covered 100%</p> <p>Out-of-Network – Covered Apply to out-of-network coinsurance New in 2007: HPV, Meningitis, Rotavirus, Hepatitis A</p>

UAW/GM **Active Employees** Health Care Plans

Benefit Provision	Traditional Care Network Active Employee Plan
Early Detection Screenings: PSA Screening, Pap Smear, Mammogram (Flexible Sigmoidoscopy, Barium Enema, Colonoscopy)	In-Network – Covered 100% Out-of-Network – Covered Apply to out-of-network coinsurance
MRI	No outpatient frequency limit, subject to Program precertification requirements In-Network – Covered 100% Out-of-Network – Covered Apply to out-of-network coinsurance
Ambulance Ground/Air/Boat	In-Network – Covered 100% Out-of-Network – Covered 100% Services without transport are covered. Transferring (one-way or round trip) a hospital inpatient, or patient seen in the emergency room, from one hospital to another local hospital when lack of needed treatment facilities, equipment or staff physicians' exists at the first hospital. Transport a hospital inpatient to non-hospital facility for a covered CAT scan, MRI or PET examination. Emergency transportation: air and boat covered only when ground ambulance or other means of transport could not be used without endangering the patient's health.
Facility	In-Network – Covered 100% Out-of-Network – Covered 100%
Emergency Physician	In-Network – Covered 100% Out-of-Network – Covered 100%
Precertification	Centralized in Michigan Except: Anthem Midwest (IN, KY, OH) and MMO who will handle own precertification.
Case Management	Centralized at BCBS of Michigan except for Anthem Midwest (IN, KY, OH) and MMO who will handle own Case Management
Radiology Management	Radiology Management Program in Michigan, Ohio, Indiana and Kentucky only
Laboratory Program	Quest in Michigan only