

Saginaw Valley State University
Support Staff
Group Health Insurance Comparison Chart

The following chart provides an overview of the Support Staff Health Insurance Plans offered by SVSU. It is not intended to be a full description of coverage. Please refer to the Plan Benefits Summary for detailed information.

	HealthPlus POS "PD"		HealthPlus (HMO)	MESSA (SUPERCARE I)
	In-Network (PCP-Directed)	Out-of-Network (Self-directed)		
Customer Service Numbers	1-800-332-9161		1-800-332-9161	1-800-292-4910
Group Numbers	318100		318100	66583
Plan Features				
Plan Maximums				
Individual Deductible	NONE	NONE	NONE	\$50
Family Deductible	NONE	NONE	NONE	\$100
Individual Out-of-Pocket Max	NONE	\$1,500	NONE	\$1,000
Family Out of Pocket Max	NONE	\$3,000	NONE	\$1,000
Physicians Services				
Office Visits	\$20 co-pay	20% co-pay	\$0 co-pay	Covered 90% if medically necessary up to R&C
Periodic Physical Exams and Preventative Health Visits	\$20 co-pay	20% co-pay	\$0 co-pay	Not Covered
Mammography	\$0 co-pay	Lab and Radiology - 20% co-pay	\$0 co-pay	Covered 100% up to R&C, One per Calendar Year, if age 40 or older
Maternity Care, including Prenatal and Postpartum Care	\$0 co-pay		20% co-pay	\$0 co-pay
Well-Baby and Child Care	\$20 co-pay	20% co-pay	\$0 co-pay	Not Covered
Immunizations	\$0 co-pay	20% co-pay	\$0 co-pay	Not Covered
Allergy Services	\$0 co-pay	20% co-pay	\$0 co-pay	Covered 90% up to R&C/Testing may be covered at 100% (Maximum reimbursement is \$625 per calendar year)

	HealthPlus POS "PD"		HealthPlus (HMO)	MESSA
	Level 1	Level 2		
Customer Service Numbers	1-800-332-9161		1-800-332-9161	1-800-292-4910
Group Numbers	318100		318100	66583
Inpatient Hospital Services				
Inpatient Hospital	\$0 co-pay	20% co-pay*	\$0 co-pay	Covered 100%
Inpatient Surgery	\$0 co-pay	20% co-pay	\$0 co-pay	PAR - Covered 100% Non PAR - covered 100% up to R&C
Outpatient Hospital				
Outpatient Surgery	\$0 co-pay	20% co-pay	\$0 co-pay	Covered - 100% up to R&C
Outpatient Lab & X-Ray	\$0 co-pay	Radiology - 20% co-pay	\$0 co-pay	Covered 100% up to R&C
Emergency Services				
Urgent Care Facility	\$25	\$25	\$0 if treated within 24 hours of injury, or when authorized by a Plan Physician. \$15 Co-pay per visit for other use.	Covered 90% up to R&C Accident/Injury - Covered 100% up to R&C
			Out-of-Area - \$0 Co-pay	
Emergency Room	\$100 \$0 if admitted	\$100 \$0 if admitted	In Area - \$0 when admitted to Hospital. \$15 Co-payment per Visit for other use.	Accident/Injury - Covered 100% up to R&C
			Out-of-Area - \$0 Co-payment	Illness - Covered 90% up to R&C
Ambulance	\$25	\$25	\$0 for Co-payment for immediate transportation in conjunction with and accident or other life threatening situation, or when authorized in advance by HealthPlus. \$25 Co-payment per occurrence for other use.	Covered 90% up to R&C
Mental Health and Substance Abuse Treatment				
Inpatient Mental Health Care	\$0 co-pay	50% co-pay*	\$0 co-pay	PAR - 100% up to R & C
	Limited to 60 days per member per calendar year			

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Customer Service Numbers	1-800-332-9161		1-800-332-9161	1-800-292-4910
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Mental Health and Substance Abuse Treatment Cont....				
Inpatient Substance Abuse Care	\$0 co-pay	50% co-pay*	\$0 co-pay	PAR - 100% up to R & C
Outpatient Mental Health Care	\$20 co-pay	50% co-pay	\$10 co-pay	90% up to R & C (Maximum 50 visits per calendar year)
	Limited to 60 visits per member per calendar year			
Outpatient Substance Abuse Care	\$20 co-pay	50% co-pay	\$10 co-pay	90% up to R & C
Prescription Drugs				
Generic	\$15 co-pay	\$15 co-pay **	\$0 co pay	\$2.00
Brand Name	\$30 co-pay	\$30 co-pay **	\$0 co pay	\$2.00
Fertility Drugs	50%	50%**		Not Covered
Mail Order	Available - Contact HealthPlus Customer Service for Details	Available - Contact HealthPlus Customer Service for Details	Available - Contact HealthPlus Customer Service for Details	\$0 co-pay (90 day supply)
Miscellaneous Services				
Home Health Care	\$0 co-pay	50% co-pay	\$0 co-pay	Covered 100% up to R&C, each benefit period
Skilled Nursing	\$0 co-pay	50% co-pay	\$0 co-pay	PAR - 90% covered
	Limited to 730 days per member per lifetime			NON PAR - 90% covered up to \$45 maximum daily charge
Hospice	\$0 co-pay	\$0 co-pay	\$0 co-pay	Covered 100% up to R&C \$5,000 maximum for the family unit
Durable Medical Equipment	\$0 co-pay	50% co-pay	\$0 co-pay	90% up to R & C

* Hospital Coverage for level 2 shall be reduced by \$500 for each hospital admission which is not authorized either in advance, or within 24-hours of an emergency admission.

** not covered at non-affiliated pharmacies