

Saginaw Valley State University

Faculty

Group Health Insurance Comparison Chart 2011-2012

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

Plans:	MESSA Choices II PPO			MESSA (SUPER CARE I)		
Coverage:						
	<small>Total; University Contribution; Employee Cost</small>			<small>Total; University Contribution; Employee Cost</small>		
Single Coverage	\$586.59	<u>\$586.59</u>	\$0	\$676.09	<u>\$624.00</u>	\$52.09
2-Person Coverage	\$1,317.95	<u>\$1,088.00</u>	\$229.95	\$1,519.33	<u>\$1,088.00</u>	\$431.33
Family Coverage	\$1,464.22	<u>\$1,232.00</u>	\$232.22	\$1,687.97	<u>\$1,232.00</u>	\$455.97
Plans:	MESSA Choices II PPO			MESSA (SUPER CARE I)		
	In-Network (PCP-Directed)		Out-of-Network (Self-directed)			
Customer Service Numbers	1-800-292-4910					
Group Numbers	66583					
Plan Features:						
Plan Maximums:						
Individual Deductible	NONE		\$250 per calendar year, no carryover provisions	\$100 per calendar year, includes carryover provision		
Family Deductible	NONE		\$500 per calendar year, no carryover provisions	\$200 per calendar year, includes carryover provision		
Out of Pocket Maximum:	NONE- due to minimal co-payments and 100% coverage for most services		\$2,000 individual/ \$4,000 Family	\$1,000 total (single or family)		
Lifetime Maximum	Unlimited		Unlimited	Unlimited		
Physicians Services:						
Office Visits	\$5 co-pay; 100% of the approved amount for initial exam for accidental injury or medical emergency		80% of the approved amount, after deductible; 100% of the approved amount for initial exam for accidental injury or medical emergency	90% of the approved amount, after deductible; 100% of the approved amount (within 90 days) for accidental injury.		
Periodic Physical Exams and Preventative Health Visits	100% of the approved amount, one per calendar year		Not Covered	(Deductible Waived)		
Mammography	100% of the approved amount, one baseline between age 35-40. One per calendar year over age 40.		80% of approved amount after deductible; one baseline between ages 35-40. One per calendar year over age 40.	100% of the approved amount, one baseline between ages 35-49. One per calendar year over age 40.		
Maternity Care, including Prenatal and Postpartum Care	100%		80% of the approved amount, after deductible.	100% of the approved amount		
Well-Baby and Child Care	100% of the approved amount; 6 visits per year through age 1 2 visits per year- ages 2 and 3 1 visit per year- age 4 through 15		Not Covered	Not Covered		

	MESSA Choices II PPO		MESSA (SUPER CARE I)
	In-Network (PCP-Directed)	Out-of-Network (Self-directed)	
Customer Service Numbers	1-800-292-4910		
Group Numbers	66583		
Physicians Services, continued			
Immunizations	100% of the approved amount	80% of the approved amount, after deductible	Not Covered
Allergy Services	100% of the approved amount	80% of the approved amount, after deductible	90% of the approved amount, after deductible.
Inpatient Hospital Services:			
Inpatient Hospital	100% of the approved amount	80% of the approved amount, after deductible	100% of the approved amount for: -Semi-private room -Medically necessary private room 100% of the approved semi-private room rate plus \$5.00 per day for private room (not medically necessary)
Inpatient Surgery	100% of the approved amount	80% of the approved amount, after deductible	100% of the approved amount
Outpatient Hospital:			
Outpatient Surgery	100% of the approved amount	80% of the approved amount, after deductible	100% of the approved amount
Outpatient Lab & X-Ray	100% of the approved amount	80% of the approved amount, after deductible	100% of the approved amount
Emergency Services:			
Urgent Care Facility	\$10 co-payment; 100% of the approved amount for initial exam for accidental/medical emergency	80% of the approved amount, after deductible; 100% of the approved amount for initial exam for accidental/medical emergency	- 90% of the approved amount, after deductible -90% of the approved amount for life-threatening emergency care -100% of the approved amount (within 90 days) for accidental injury
Emergency Room	\$25 co-payment	\$25 co-payment	
Ambulance	100% of the approved amount	100% of the approved amount	90% of the approved amount, after deductible
Mental Health and Substance Abuse Treatment:			
Inpatient Mental Health Care	100% of the approved amount	80% of the approved amount after deductible	100% of the approved amount
	Limited to 60 days per member per calendar year		
Inpatient Substance Abuse Care	100% of the approved amount	80% of the approved amount after deductible	100% of the approved amount
Outpatient Mental Health Care	90% of the approved amount	80% of the approved amount	90% up to R & C (Maximum 50 visits per year)
	Combined limit of 50 panel and non-panel visits per member, per calendar year.		
Outpatient Substance Abuse Care	90% of the amount; combined limit of 50 panel and non-panel visits per member, per calendar year. No yearly visit maximum for substance abuse treatment received at a licensed substance abuse facility	80% of the approved amount; combined limit of 50 panel and non-panel visits per member, per calendar year. No yearly visit maximum for substance abuse treatment received at a licensed substance abuse facility	90% of the approved amount after deductible; 50 visit maximum per member, per calendar year. No yearly visit maximum for substance abuse treatment received at a licensed substance abuse facility

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Customer Service Numbers	1-800-292-4910		
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Prescription Drugs:			
Generic	\$10.00 co-payment	75% of the approved amount, minus the co-payment	\$10.00 Generic co-payment
Brand Name	\$20.00 co-payment	75% of the approved amount, minus the co-payment	\$20.00 Brand Name co-payment
Mail Order	\$20.00 Generic co-payment for 90 day supply \$40.00 Brand Name co-payment for 90 day supply	Not Covered	\$20.00 Generic co-payment for 90 day supply \$40.00 Brand Name co-payment for 90 day supply
Miscellaneous Services:			
Home Health Care	100% of the approved amount	100% of the approved amount	100% of the approved amount
Skilled Nursing	100% of the approved amount up to 120 days per calendar year	100% of the approved amount up to 120 days per calendar year	90% of the approved amount, after deductible
Hospice	100% of the approved amount, limited to a maximum which is adjusted periodically	100% of the approved amount, limited to a maximum which is adjusted periodically	100% of the approved amount, limited to a maximum which is adjusted periodically
Durable Medical Equipment	100% of the approved amount	100% of the approved amount	90% of the approved amount, after deductible

* 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-covered pharmacies