

**Saginaw Valley State University**  
**Administrative Professional/Public Safety**  
**Group Health Insurance Comparison Chart**

*The following chart provides an overview of the AP 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.*

	Health Plus (POS) PX			Health Plus (HMO)	BCBS Traditional	BCBS Community Blue (PPO)	
	Level 1	Level 2	Level 3 *			In-Network	Out-of-Network
Customer Service Numbers	1-800-332-9161			1-800-332-9161	1-800-637-2227	1-800-637-2227	
Group Numbers	318100			318100	68859	68859	
<b>Plan Features</b>							
<b>Plan Maximums</b>							
Individual Deductible	NONE	NONE	NONE	NONE	Basic Coverage \$0 Master Medical - \$100	\$0	\$250
Family Deductible	NONE	NONE	NONE	NONE	Basic Coverage \$0 Master Medical - \$200	\$0	\$500
Individual Out-of-Pocket Max	NONE	\$1,500	\$1,500	NONE	Basic - NONE	\$0	\$2,000
Family Out of Pocket Max	NONE	\$3,000	\$3,000	NONE	Master Medical - \$1000 Family	N/A	\$4,000
<b>Physicians Services</b>							
Office Visits	\$10 co-pay	20% co-pay	20% co-pay	\$0 co-pay	Covered 90% under master medical after deductible	\$10 co-pay	Covered - 80% after deductible, must be medically necessary
Periodic Physical Exams and Preventative Health Visits	\$10 co-pay	Not Covered	Not Covered	\$0 co-pay	Not Covered	Covered 100%, one per calendar year, includes select lab and Diagnostic procedures***	Not Covered
Mammography	\$0 co-pay	Lab - \$0 co-pay Radiology - 20% co pay	20% co-pay	\$0 co-pay	Not Covered	Covered 100%	Covered - 80% after deductible
	Primary Care Physician Directed					One per calendar year, no age restrictions	
Maternity Care, including Prenatal and Postpartum Care	\$0 co-pay	20% co-pay	20% co-pay	\$0 co-pay	Covered 100%	Covered 100%	Covered 80% - after deductible
Well-Baby and Child Care	\$10 co-pay	Not Covered	Not Covered	\$0 co-pay	Not Covered	Covered 100%*** 6 visits per year through age 1 2 visits per year, age 2 through 3 1 visit per year, age 4 through 15	Not Covered
Immunizations	\$0 co-pay	Not Covered	Not Covered	\$0 co-pay	Not Covered	Covered 100% up to age 16	Not Covered
Allergy Services	\$0 co-pay	20% co-pay	20% co-pay	\$0 co-pay	Covered - 90% under master medical after deductible	Covered 100%	Covered - 80% after deductible

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<b>Inpatient Hospital Services</b>							
Inpatient Hospital	\$0 co-pay	20% co-pay	20% co-pay**	\$0 co-pay	Covered 100%, up to 365 days, 60-day renewal, additional days under MM at 100%	Covered 100%	Covered - 80% after deductible
						Unlimited Days	
Inpatient Surgery	\$0 co-pay	20% co-pay	20% co-pay**	\$0 co-pay	Covered 100%	Covered 100%	Covered - 80% after deductible
<b>Outpatient Hospital</b>							
Outpatient Surgery	\$0 co-pay	20% co-pay	20% co-pay	\$0 co-pay	Covered 100%	Covered 100%	Covered - 80% after deductible
Outpatient Lab & X-Ray	\$0 co-pay	Lab - \$0 co-pay Radiology - 20% co-pay	20% co-pay	\$0 co-pay	Covered 100%	Covered 100%	Covered - 80% after deductible
<b>Emergency Services</b>							
Urgent Care Facility	\$25	\$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 100%	Covered - \$10 co-pay, waived if admitted or for an accidental injury	Covered - 80% after deductible, waived if admitted or for an accidental injury
				Out-of-Area - \$0 Co-pay			
Emergency Room	\$50 \$0 if admitted	\$50 \$0 if admitted	\$50 20% co-pay if admitted	In Area - \$0 when admitted to Hospital. \$15 Co-payment per Visit for other use.	Covered 100%	Covered - \$25 co-pay, waived if admitted or for an accidental injury	Covered - \$25 co-pay, waived if admitted or for an accidental injury
				Out-of-Area - \$0 Co-payment			
Ambulance	\$25	\$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 Health Plus. \$25 Co-payment per occurrence for other use.	Covered 100% -	Covered 100%	Covered 100%
				Medically necessary approved charges only			
<b>Mental Health and Substance Abuse Treatment</b>							
Inpatient Mental Health Care	\$0 co-pay	50% co-pay	50% co-pay**	\$0 co-pay	Covered - 100%, up to 45 days, 60-day renewal, additional days under MM at 75% after deductible	Covered 80%	Covered 80% after deductible
	Limited to 45 days per member per calendar year					Unlimited days	

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<b>Mental Health and Substance Abuse Treatment Cont....</b>							
Inpatient Substance Abuse Care	\$0 co-pay	50% co-pay	50% co-pay**	\$0 co-pay	Covered 100%, unused mental health care days, no MM coverage	Covered 80%	Covered 80% after deductible
						Unlimited days Up to \$15,000 annually and \$30,000 lifetime for substance abuse care	
Outpatient Mental Health Care	\$20 co-pay	50% co-pay	50% co-pay**	\$10 co-pay	Covered 75% under MM after deductible	Facility, Clinic, and Physician's Office - Covered 80%	Facility and Clinics - Covered 80%
	Limited to 20 visits per member per calendar year						Physicians Office - Covered 80% after deductible
Outpatient Substance Abuse Care	\$20 co-pay	50% co-pay	50% co-pay**	\$10 co-pay	Covered 100%	Covered 80%	Covered 80% after deductible
						Up to the state-dollar amount which is adjusted annually	
<b>Prescription Drugs</b>							
Generic	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$0 co-pay	\$5 co-pay	\$10 co-pay	\$10 co-pay
Brand Name	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$0 co-pay	\$5 co-pay	\$20 co-pay	\$20 co-pay
Fertility Drugs	50%	Not Covered	Not Covered	\$0 co-pay - when reviewed by physician			
Mail Order	Available - Contact HealthPlus Customer Service for Details	Available - Contact HealthPlus Customer Service for Details	Available - Contact HealthPlus Customer Service for Details	Available - Contact HealthPlus Customer Service for Details	\$5 co-pay	\$10 co-pay for Generic/ \$20 co-pay for Brand Name	\$10 co-pay for Generic/ \$20 co-pay for Brand Name
						90 Day Supply	
<b>Miscellaneous Services</b>							
Home Health Care	\$0 co-pay	20% co-pay	20% co-pay	\$0 co-pay	Covered - 100%	Covered 100%	Covered 100%
Skilled Nursing	\$0 co-pay	\$0 co-pay	20% co-pay	\$0 co-pay	Covered up to 730 days based on available hospital days remaining	Covered 100%	Covered 100%
	Limited to 730 days per member per lifetime					Up to 120 days per calendar year	
Hospice	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	Covered - 100%		
						Limited to the lifetime dollar maximum which is adjusted annually by the state	
Durable Medical Equipment	\$0 co-pay	\$0 co-pay	20% co-pay	\$0 co-pay	Covered 90% under MM after deductible	Covered - 100%	Covered - 100%

\* Plus charges in excess of the fees Health Plus considers reasonable.

\*\* Hospital coverage under level 3 shall be reduced by \$500 for each hospital admission which is not authorized either in advance, or within twenty-four (24) hours of an emergency admission.

\*\*\* Services limited to \$500 per member per calendar year