

Saginaw Valley State University

Faculty

Group Health Insurance Comparison Chart

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 Plan Benefits Summary for detailed information.

| | Health Plus (POS) PX | | | Health Plus (HMO) | MESSA |
|--|---------------------------------|---|--------------|-------------------|---|
| | Level 1 | Level 2 | Level 3 * | | |
| 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 | NONE | \$50 |
| Family Deductible | NONE | NONE | NONE | NONE | \$100 |
| Individual Out-of-Pocket Max | NONE | \$1,500 | \$1,500 | NONE | \$1,000 |
| Family Out of Pocket Max | NONE | \$3,000 | \$3,000 | NONE | \$1,000 |
| Physicians Services | | | | | |
| Office Visits | \$10 co-pay | 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 | \$10 co-pay | Not Covered | Not Covered | \$0 co-pay | Not Covered |
| Mammography | \$0 co-pay | Lab - \$0 co-pay Radiology - 20%co-pay | 20% co-pay | \$0 co-pay | Covered 100% up to R&C, One per Calendar Year, if age 40 or older |
| | Primary Care Physician Directed | | | | |
| Maternity Care, including Prenatal and Postpartum Care | \$0 co-pay | 20% co-pay | 20% co-pay | \$0 co-pay | Covered 100% up to R&C |
| Well-Baby and Child Care | \$10 co-pay | Not Covered | Not Covered | \$0 co-pay | Not Covered |
| Immunizations | \$0 co-pay | Not Covered | Not Covered | \$0 co-pay | Not Covered |
| Allergy Services | \$0 co-pay | 20% 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) |
| Inpatient Hospital Services | | | | | |
| Inpatient Hospital | \$0 co-pay | 20% co-pay | 20% co-pay** | \$0 co-pay | Covered 100% |
| Inpatient Surgery | \$0 co-pay | 20% co-pay | 20% co-pay** | \$0 co-pay | PAR - Covered 100% Non PAR covered 100% up to R&C |

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| Outpatient Hospital | | | | | |
| Outpatient Surgery | \$0 co-pay | 20% co-pay | 20% co-pay | \$0 co-pay | Covered - 100% up to R&C |
| Outpatient Lab & X-Ray | \$0 co-pay | Lab - \$0 co-pay Radiology - 20% co-pay | 20% co-pay | \$0 co-pay | Covered 100% up to R&C |
| Emergency Services | | | | | |
| 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 90% up to R&C |
| | | | | 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. | Accident/Injury - Covered 100% up to R&C |
| | | | | Out-of-Area - \$0 Co-payment | Illness - Covered 90% up to R&C |
| 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 90% up to R&C |
| Mental Health and Substance Abuse Treatment | | | | | |
| Inpatient Mental Health Care | \$0 co-pay | 50% co-pay | 50% co-pay** | \$0 co-pay | PAR - 100% up to R&C |
| | Limited to 45 days per member per calendar year | | | | |
| Inpatient Substance Abuse Care | \$0 co-pay | 50% co-pay | 50% co-pay** | \$0 co-pay | PAR - 100% up to R&C |

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| Mental Health and Substance Abuse Treatment Cont.... | | | | | |
| Outpatient Mental Health Care | \$20 co-pay | 50% co-pay | 50% co-pay** | \$10 co-pay | 90% up to R & C (Maximum 50 visits per calendar year) |
| | Limited to 20 visits per member per calendar year | | | | |
| Outpatient Substance Abuse Care | \$20 co-pay | 50% co-pay | 50% co-pay** | \$10 co-pay | 90% up to R & C |
| Prescription Drugs | | | | | |
| Generic | \$10 co-pay | \$10 co-pay | \$10 co-pay | \$0 co pay | \$2 co-pay |
| Brand Name | \$20 co-pay | \$20 co-pay | \$20 co-pay | \$0 co pay | \$2 co-pay |
| Fertility Drugs | 50% | Not Covered | Not Covered | \$0 co-pay - when reviewed by physician | 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 | Available - Contact HealthPlus Customer Service for Details | \$2 co-pay (90 day supply) |
| Miscellaneous Services | | | | | |
| Home Health Care | \$0 co-pay | 20% co-pay | 20% co-pay | \$0 co-pay | Covered 100% up to R&C, each benefit period |
| Skilled Nursing | \$0 co-pay | \$0 co-pay | 20% 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 | \$0 co-pay | Covered 100% up to R&C, \$5,000 maximum for the family unit |
| Durable Medical Equipment | \$0 co-pay | \$0 co-pay | 20% co-pay | \$0 co-pay | 90% up to R & C |

* 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