

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.

	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 Illness - Covered 90% up to R&C
				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 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	\$2.00
Brand Name	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$0 co pay	\$2.00
Fertility Drugs	50%	Not Covered	Not Covered		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