

Saginaw Valley State University

Administrative Professional/University Police

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.

	HealthPlus POS "PE"		BCBS Community Blue (PPO)	
	In-Network (PCP-Directed)	Out of Network (Self Directed)	In-Network	Out-of-Network
Customer Service Numbers	1-800-332-9161		1-800-258-8000	
Group Numbers	318100		68859	
Plan Features				
Plan Maximums				
Individual Deductible	NONE	NONE	\$0	\$250
Family Deductible	NONE	NONE	\$0	\$500
Individual Out-of-Pocket Max	NONE	\$1,500	\$0	\$2,000
Family Out of Pocket Max	NONE	\$3,000	N/A	\$4,000
Physicians Services				
Office Visits	\$20 co-pay	20% co-pay	\$20 co-pay	Covered - 80% after deductible, must be medically necessary
Periodic Physical Exams and Preventative Health Visits	\$20 co-pay	20% co-pay	Covered 100%, one per calendar year, includes select lab and Diagnostic procedures***	Not Covered
Mammography	\$0 co-pay	20% co-pay	Covered 100%	Covered - 80% after deductible
			One per calendar year, no age restrictions	
Maternity Care, including Prenatal and Postpartum Care	\$0 co-pay	20% co-pay	Covered 100%	Covered 80% - after deductible

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Physicians Services, continued				
Immunizations	\$0 co-pay	20% co-pay	Covered 100% up to age 16	Not Covered
Allergy Services	\$0 co-pay	20% co-pay	Covered 100%	Covered - 80% after deductible
Inpatient Hospital Services				
Inpatient Hospital	\$0 co-pay	20% co-pay*	Covered 100%	Covered - 80% after deductible
			Unlimited Days	
Inpatient Surgery	\$0 co-pay	20% co-pay	Covered 100%	Covered - 80% after deductible
Outpatient Hospital				
Outpatient Surgery	\$0 co-pay	20% co-pay	Covered 100%	Covered - 80% after deductible
Outpatient Lab & X-Ray	\$0 co-pay	20% co-pay	Covered 100%	Covered - 80% after deductible
Emergency Services				
Urgent Care Facility	\$25	\$25	Covered - \$20 co-pay	Covered - 80% after deductible, must be medically necessary
Emergency Room	\$100 \$0 if admitted	\$100 \$0 if admitted	Covered - \$100 co-pay, waived if admitted or for an accidental injury	Covered - \$100 co-pay, waived if admitted or for an accidental injury

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Emergency Services, continued				
Ambulance	\$25	\$25	Covered 100%	Covered 100%
Mental Health and Substance Abuse Treatment				
Inpatient Mental Health Care	\$0 co-pay	50% co-pay*	Covered 80%	Covered 50% after deductible
	Limited to 60 days per member per calendar year		Unlimited days	
Inpatient Substance Abuse Care	\$0 co-pay	50% co-pay*	Covered 80%	Covered 50% 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	Facility, Clinic, and Physician's Office - Covered 80%	Facility and Clinics - Covered 50%
	Limited to 60 visits per member per calendar year			Physicians Office - Covered 50% after deductible
Outpatient Substance Abuse Care	\$20 co-pay	50% co-pay	Covered 80%	Covered 50% after deductible

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Prescription Drugs				
Generic	\$10 co-pay	NA	\$10 co-pay	\$10 co-pay
Brand Name	\$40 co-pay	NA	\$40 co-pay	\$40 co-pay
Fertility Drugs	50%	NA		
Mail Order	A 90-day supply is available at Participating Retail Pharmacies through the "Ask for 90" program or by Mail Order Service through Express Scripts for two co-payments	A 90-day supply is available at Participating Retail Pharmacies through the "Ask for 90" program or by Mail Order Service through Express Scripts for two co-payments	\$20 co-pay for Generic/ \$80 co-pay for Brand Name	\$20 co-pay for Generic/ \$80 co-pay for Brand Name
Miscellaneous Services				
Home Health Care	\$0 co-pay	50% co-pay	Covered 100%	Covered 100%
			Unlimited Visits	
Skilled Nursing	\$0 co-pay	50% co-pay	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	Covered 100%	Covered 100%
			Limited to dollar maximum which is adjusted periodically	
Durable Medical Equipment	\$0 co-pay	50% co-pay	Covered - 100%	Covered - 100%

* 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

*** Preventative Services Unlimited