

**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.*

	HealthPlus POS "PE"		HealthPlus (HMO) "I"	BCBS Community Blue (PPO)		BCBS Traditional
	In-Network (PCP-Directed)	Out-of-Network (Self-directed)		In-Network	Out-of-Network	
Customer Service Numbers	1-800-332-9161		1-800-332-9161	1-800-258-8000		1-800-258-8000
Group Numbers	318100		318100	68859		68859
Plan Features						
<b>Plan Maximums</b>						
Individual Deductible	NONE	NONE	NONE	\$0	\$250	Basic Coverage \$0 Master Medical - \$50
Family Deductible	NONE	NONE	NONE	\$0	\$500	Basic Coverage \$0 Master Medical - \$100
Individual Out-of-Pocket Max	NONE	\$1,500	NONE	\$0	\$2,000	Basic - NONE
Family Out of Pocket Max	NONE	\$3,000	NONE	N/A	\$4,000	Master Medical - \$1000 Family
<b>Physicians Services</b>						
Office Visits	\$20 co-pay	20% co-pay	\$0 co-pay	\$20 co-pay	Covered - 80% after deductible, must be medically necessary	Covered 90% under master medical after deductible
Periodic Physical Exams and Preventative Health Visits	\$20 co-pay	20% co-pay	\$0 co-pay	Covered 100%, one per calendar year, includes select lab and Diagnostic procedures***	Not Covered	Not Covered
Mammography	\$0 co-pay	Lab and Radiology - 20% co-pay	\$0 co-pay	Covered 100%	Covered - 80% after deductible	Covered (one per year)
Maternity Care, including Prenatal and Postpartum Care	\$0 co-pay	20% co-pay	\$0 co-pay	Covered 100%	Covered 80% - after deductible	Covered 100%
Well-Baby and Child Care	\$20 co-pay	20% co-pay	\$0 co-pay	Covered 100%	Not Covered	Not Covered
Immunizations	\$0 co-pay	20% co-pay	\$0 co-pay	Covered 100% up to age 16	Not Covered	Not Covered
Allergy Services	\$0 co-pay	20% co-pay	\$0 co-pay	Covered 100%	Covered - 80% after deductible	Covered - 90% under master medical after deductible

	HealthPlus POS "PE"		HealthPlus (HMO) "I"	BCBS Community Blue (PPO)		BCBS Traditional
	Level 1	Level 2		In-Network	Out-of-Network	
Customer Service Numbers	1-800-332-9161		1-800-332-9161	1-800-258-8000		1-800-258-8000
Group Numbers	318100		318100	68859		68859
<b>Inpatient Hospital Services</b>						
Inpatient Hospital	\$0 co-pay	20% co-pay*	\$0 co-pay	Covered 100%	Covered - 80% after deductible	Covered 100%, up to 365 days, 60-day renewal, additional days under MM at 100%
				Unlimited Days		
Inpatient Surgery	\$0 co-pay	20% co-pay	\$0 co-pay	Covered 100%	Covered - 80% after deductible	Covered 100%
<b>Outpatient Hospital</b>						
Outpatient Surgery	\$0 co-pay	20% co-pay	\$0 co-pay	Covered 100%	Covered - 80% after deductible	Covered 100%
Outpatient Lab & X-Ray	\$0 co-pay	Radiology - 20% co-pay	\$0 co-pay	Covered 100%	Covered - 80% after deductible	Covered 100%
<b>Emergency Services</b>						
Urgent Care Facility	\$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 - \$20 co-pay	Covered - 80% after deductible, must be medically necessary	Covered 100%
			Out-of-Area - \$0 Co-pay			
Emergency Room	\$100 \$0 if admitted	\$100 \$0 if admitted	In Area - \$0 when admitted to Hospital. \$15 Co-payment per Visit for other use.	Covered - \$100 co-pay, waived if admitted or for an accidental injury	Covered - \$100 co-pay, waived if admitted or for an accidental injury	Covered 100%
			Out-of-Area - \$0 Co-payment			
Ambulance	\$25	\$25	\$0 for Co-payment for immediate transportation in conjunction with an accident or other life threatening situation, or when authorized in advance by HealthPlus. \$25 Co-payment per occurrence for other use.	Covered 100%	Covered 100%	Covered
<b>Mental Health and Substance Abuse Treatment</b>						
Inpatient Mental Health Care	\$0 co-pay	50% co-pay*	\$0 co-pay	Covered 80%	Covered 50% after deductible	Covered - 100%, up to 45 days, 60-day renewal, additional days under MM at 75% after deductible
	Limited to 60 days per member per calendar year			Unlimited days		

	HealthPlus POS "PE"		HealthPlus (HMO) "I"	BCBS Community Blue (PPO)		BCBS Traditional
	Level 1	Level 2		In-Network	Out-of-Network	
Customer Service Numbers	1-800-332-9161		1-800-332-9161	1-800-258-8000		1-800-258-8000
Group Numbers	318100		318100	68859		68859
<b>Mental Health and Substance Abuse Treatment Cont....</b>						
Inpatient Substance Abuse Care	\$0 co-pay	50% co-pay*	\$0 co-pay	Covered 80%	Covered 50% after deductible	Covered 100%, unused mental health care days, no MM coverage
Outpatient Mental Health Care	\$20 co-pay	50% co-pay	\$10 co-pay	Facility, Clinic, and Physician's Office - Covered 80%	Unlimited days	Covered 75% under MM after deductible
	Limited to 60 visits per member per calendar year				Facility and Clinics - Covered 50%	
Outpatient Substance Abuse Care	\$20 co-pay	50% co-pay	\$10 co-pay	Covered 80%	Covered 50% after deductible	Covered 100% Up to the state-dollar amount which is adjusted annually
<b>Prescription Drugs</b>						
Generic	\$10 co-pay	NA	\$0 co pay	\$10 co-pay	\$10 co-pay	\$2 co-pay
Brand Name	\$40 co-pay	NA	\$0 co pay	\$40 co-pay	\$40 co-pay	\$2 co-pay
Fertility Drugs	50%	NA				
Mail Order	A 90 day supply is available at Participating Retail Pharmacies through the "As for 90" program or by Mail Order Service through Express Scripts for two co-payments.	NA	A 90 day supply is available at Participating Retail Pharmacies through the "As 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	NA
<b>Miscellaneous Services</b>						
Home Health Care	\$0 co-pay	50% co-pay	\$0 co-pay	Covered 100%	Covered 100%	Covered - 100%
Skilled Nursing	\$0 co-pay	50% co-pay	\$0 co-pay	Covered 100%	Covered 100%	Covered up to 730 days based on available hospital days
	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	Covered 100%	Covered 100%	Covered 100%
Durable Medical Equipment	\$0 co-pay	50% co-pay	\$0 co-pay	Limited to dollar maximum which is adjusted periodically		Limited to the lifetime dollar maximum which is adjusted annually by the state
				Covered - 100%	Covered - 100%	Covered 90% under MM 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-affiliated pharmacies