

# Grand Valley Health Plan HMO

## For the Employees of State of Michigan

The Grand Valley Health Plan services listed below are covered when provided, arranged, or authorized by affiliated physicians at affiliated Health Centers and hospitals.

### HMO Benefit Summary

<b>Deductible</b>	None
<b>Office Visit Co-pay</b> <i>(with medical providers i.e., Specialist, Physician, Physician Assistant or Nurse Practitioner, Behavioral Health, Nutritional Counseling, Occupational Therapy, Speech Therapy, Physical Therapy –copay does not apply for obstetrical care)</i>	\$10.00 copay
<b>Out of Pocket Maximum</b>	Not applicable
<b>Lifetime Maximum</b>	None
<b>Claim Forms</b>	None
<b>Primary Care Services</b>	
Preventative Service <i>(Immunizations, Vaccinations, Health Education Classes)</i>	Covered in full
Nutritional Counseling	\$10.00 copay
Integrative Holistic Health Services <i>(Acupuncture, Chiropractic, Massage Therapy)</i>	\$10.00 copayment, up to a maximum of 20 visits per contract year when coordinated through GVHP's Integrated Holistic Health Care Services
Office Visits	\$10.00 copay
Prenatal Care (Obstetrical)	Covered in full
Lab & X-ray	Covered in full
Physical, Speech & Occupational Therapy <i>(short term limited to 60 total visits per member per contract year)</i>	\$10.00 copay
Voluntary Sterilization	Covered, \$500 per member
<b>Secondary Care Services</b>	
Specialist Care	\$10.00 copay
Lab & X-ray	Covered in full
In Office Surgery	\$10.00 copay
Allergy Testing	\$10.00 copay
Allergy Serum	Covered up to \$500 maximum per member per contract year
Infertility Diagnosis & Treatment	Covered at 50% copay, \$2000 maximum benefit per member per lifetime. <i>(in vitro fertilization is not a covered benefit)</i>
Hemo Dialysis	Covered at 80%
<b>Facility Services</b>	
<b>Inpatient</b>	
Semi-private Room, Ancillary Service, Physician Charges, Lab, Pathology, Diagnostic & Therapeutic Radiology, Anesthesia	Covered in full
<b>Outpatient</b>	
Recovery room, Ancillary Service, Physician Charges, Lab, Pathology, Diagnostic & Therapeutic Radiology, Anesthesia	Covered in full

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## ***Behavioral Health***

### ***(Mental Health/Substance Abuse)***

#### Outpatient Mental Health

*(short term crisis intervention, maximum of 20 visits in a contract year.)*

*Individual and group sessions \$10.00 copay – education classes covered in full*

#### Inpatient Mental Health

*Covered, up to a maximum of 45 days per member per contract year*

#### Substance Abuse (Inpatient/Outpatient)

*(Maximum benefit – up to state mandated amount per member per year.)*

*Acute detoxification covered 45 days residential treatment program in a contract year*

## ***Pharmacy Services***

#### Outpatient Prescriptions including Insulin & syringes

*(90-day supply of certain designated medications available for one copayment at a GVHP pharmacy.)*

*Covered, \$5.00 generic/\$10.00 brand when filled at a participating GVHP pharmacy and prescribed by a participating practitioner*

#### Oral Contraceptives

*Covered, \$5.00 generic/\$10.00 brand when filled at a participating GVHP pharmacy and prescribed by a participating practitioner*

#### Contraceptive Devices and Supplies

*Provides coverage for diaphragms, IUD's, contraceptive implants, injectable contraceptives and professional services in connection with their administration.*

#### Enhanced Coverage

*Prescription medications in this category include but are not limited to smoking cessation, diet, and sexual dysfunction medications (Coverage only available when filled at a GVHP Pharmacy). The medications covered in this category are subject to a 50 percent co-insurance up to a combined maximum benefit of \$1000 per member per contract year.*

## ***Vision***

#### Eye exam, prescription lenses, frame and contacts.

*Discounts available at any SVS Shoppe*

#### Corrective Laser Eye Surgery

*Covered up to a maximum lifetime benefit of \$755.00 per eye*

## ***Hearing***

#### Audiometric exam and evaluation

*Covered in full up to \$100 per exam.*

#### Hearing Aid

*Provided once every 36 months, up to \$700 per ear. Basic models only.*

## ***Emergency Care***

#### Emergency room visit

*(copay does not apply if admitted to hospital.)*

*Covered with \$50 copay*

#### Urgent Care Centers

*(all other urgent care centers subject to \$25.00 copay.)*

*\$10.00 copay at GVHP Urgent Care Center*

#### Ambulance

*Covered after \$50.00 copayment*

## ***Other Services***

#### Skilled Home Health Care

*Covered in full in lieu of hospitalization*

#### Skilled Nursing Facility

*(maximum 45 days in a contract year.)*

*Covered in full*

#### Prosthetic Devices

*(medically necessary, repair/replacement for normal wear & tear.)*

*Covered in full*

#### Orthotics

*(medically necessary, repair/replacement for normal wear & tear.)*

*Covered 50%*

#### Durable Medical Equipment

*Covered 100%*

#### Human Organ Transplants

*Covered in full, subject to program guidelines & approved facilities*

#### Extended Coverage for Dependent Children

*Full-time students are covered up to age 25. Out-of-area sick care covered up to 70% of GVHP fee schedule with member responsible for any remaining balance.*

- Affiliated hospitals include St. Mary's Hospital, Spectrum Health-Blodgett, Spectrum Health –Butterworth and Metropolitan Hospital.
- Affiliated ambulatory/outpatient surgical center is Grand Valley Surgical Center.

This information is provided in summary for ease of comparison only. Refer to your plan booklet for details. In the event there is a discrepancy between the information presented here and the plan document or carrier's contract, the plan document or contract controls.

**Expires 10/03/2010**

\*\* Subject to approval by the State of Michigan, Department of Consumer Industry.