

The Wellness Plan
Summary of Benefits
For: State of Michigan Employees

PHYSICIAN OFFICE SERVICES

Primary Care Physician \$10.00 Copay

Annual Physicals

Routine Office Visits

Well Baby Care

Immunizations, Injections

Specialists \$10.00 Copay

Family Planning Counseling,
Sterilization

Infertility Evaluation

Prenatal & Postnatal Care

HOSPITAL (INPATIENT) SERVICES

Days of Care Unlimited

Semi-Private (when available)
- Private if Medically Necessary Covered In Full

Surgery & Related Services Covered In Full

Pharmaceuticals & Anesthesia Covered In Full

Physician Services Covered In Full

Intensive Care Covered In Full

Lab Tests & X-Rays Covered In Full

Rehabilitation (Physical,
Occupational, Speech) 45 Inpatient Days
Per 12 consecutive months

EMERGENCY CARE

Emergency Ambulance Covered In Full
For Emergency Conditions

Physician Services Covered In Full
For Emergency Conditions

Hospital Emergency Room \$50.00 Copay (waived if admitted thru ER)

Out-Of-Area Emergency Care \$50.00 Copay (waived if admitted thru ER)

Urgent Care Covered In Full (medically necessary out of service area)

SPECIAL (OUTPATIENT) SERVICES

Vision & Hearing Exams Covered In Full

Rehabilitation (Physical,
Occupational, Speech) 20 Visits per member per therapy occurrence per 12 consecutive months

Skilled Nursing Facility 730 Days
Per 12 consecutive months

Chiropractic Services 18 visits per 12 months, if medically necessary

Hospice Care Covered In Full (for terminal conditions)

Health Education Covered In Full

Oral Surgery Covered in Full (excludes routine dental services)

WELLNESS PROGRAMS

Designed to get you well and keep you well... FREE

Smoking Cessation Childbirth Education

Hypertension Education Weight Control

Asthma Nutritional Education

Diabetes Education Stress Management

MENTAL HEALTH

45 Inpatient Days per 12 consecutive months Covered In Full

35 Outpatient Visits per 12 consecutive months Covered In Full

SUBSTANCE ABUSE

Inpatient Detoxification 7 Days, renewable after 60 continuous days' non-confinement

Inpatient Days State of Michigan ordered benefit levels

Outpatient Visits State of Michigan ordered benefit levels

PHARMACY

Covered \$5.00 Copay (Generic)
Covered \$10.00 Copay (Brand)

OTHER

Sterilization Covered In Full

Home Health Care Covered In Full

Anti-Cancer Treatment Covered In Full

Durable Medical Equipment Covered In Full

GENERAL PROVISIONS

Claims Forms None

Conversion Option Yes

Enrollment of Dependent Children Yes, to end of year in which child turns 19; Fulltime students to 25

Coverage for Disabled Children Yes

***In order to obtain some services, you may need a referral or a prior authorization from The Wellness Plan. Please talk to your Primary Care Physician or Pharmacist for assistance.**

***Some wellness programs may have a small initiation fee. Please call Customer Services at 1-800-875-WELL for assistance.**

***Physician's prescription, ordering, recommendation, or approval of certain services does not necessarily satisfy the plan's criteria.**

