

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

Deductible	None
Office Visit Co-pay <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>	\$20.00 copay
Out of Pocket Maximum	Not applicable
Lifetime Maximum	None
Claim Forms	None
Primary Care Services	
Preventative Service <i>(Immunizations, Vaccinations, Health Education Classes)</i>	Covered in full
Nutritional Counseling	\$20.00 copay
Integrative Holistic Health Services <i>(Acupuncture, Chiropractic, Massage Therapy)</i>	\$20.00 copayment, up to a maximum of 20 visits per contract year when coordinated through GVHP's Integrated Holistic Health Care Services
Office Visits	\$20.00 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>	\$20.00 copay
Voluntary Sterilization	Covered, \$500 per member
Secondary Care Services	
Specialist Care	\$20.00 copay
Lab & X-ray	Covered in full
In Office Surgery	\$20.00 copay
Allergy Testing	\$20.00 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>(invitro fertilization is not a covered benefit)</i>
Hemo Dialysis	Covered at 80%
Facility Services	
Inpatient	
Semi-private Room, Ancillary Service, Physician Charges, Lab, Pathology, Diagnostic & Therapeutic Radiology, Anesthesia	Covered in full Newborn must be added within 30 days of birth.
Outpatient	
Recovery room, Ancillary Service, Physician Charges, Lab, Pathology, Diagnostic & Therapeutic Radiology, Anesthesia	Covered in full

Grand Valley Health Plan

Behavioral Health

(Mental Health/Substance Abuse)

Outpatient Mental Health
(short term crisis intervention)

Individual and group sessions \$20.00 copay –
education classes covered in full

Inpatient Mental Health

Covered in full

Substance Abuse (Inpatient/Outpatient)

\$20.00 copay applies to outpatient visits only.

Pharmacy Services

Outpatient Prescriptions including Insulin & syringes
(90-day supply of certain designated medications available for two copayment at
a GVHP pharmacy.)

Covered, \$10.00 generic/\$30.00 brand when filled at a participating
GVHP Pharmacy and prescribed by a participating practitioner.
\$60.00 to be paid by the subscriber or covered dependent toward the
purchase of brand name drugs when a generic is available. This
includes Dispense as Written "DAW" prescriptions when a generic is
available.

Oral Contraceptives

Covered, \$10.00 generic/\$30.00 brand when filled at a participating
GVHP Pharmacy and prescribed by a participating practitioner.
\$60.00 to be paid by the subscriber or covered dependent toward the
purchase of brand name drugs when a generic is available. This
includes Dispense as Written "DAW" prescriptions when a generic is
available.

Contraceptive Devices and Supplies

Provides coverage for diaphragms, IUD's, contraceptive implants,
injectible 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

Emergency Care

Emergency room visit
(copay does not apply if admitted to hospital.)

Covered with \$200 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

Grand Valley Health Plan (GVHP) allows the designation of a primary care provider. You have the right to designate any Primary Care Provider (PCP) who is listed in our Provider Directory and who is available to accept you or your family members. Children may designate a pediatrician as their PCP. Until you make a PCP designation, Grand Valley Health Plan, will designate one for you. For information on how to select a PCP, contact GVHP Customer Services at 616-949-2410 or visit www.gvhp.com. In addition, you do not need prior authorization from Grand Valley Health Plan or from any other person (including a Primary Care Provider) in order to obtain access to obstetrical or gynecological care from a health care professional that is listed in our Provider Directory and who specializes in obstetrics or gynecology. However, this Practitioner is still required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact GVHP Customer Services at 616-949-2410 or visit www.gvhp.com.

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 09/30/2012

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