

HMO Comparison Chart for those hired on or after 4/1/2010

Plans	Deductibles, Copayments and Maximums	
	Deductibles	Fixed dollar and percent copayments
 <p>Blue Cross Blue Shield Blue Care Network of Michigan</p> <p><small>Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association</small></p> <p>Blue Care Network (BCN)</p>	None	<p>\$20 - Office visits and urgent care center services.</p> <p>\$200 - Emergency room services (waived if admitted)</p>
 <p>Health Alliance Plan (HAP)</p>	None	<p>\$20 - Office visits and urgent care center services.</p> <p>\$200 - Emergency room services (waived if admitted)</p>
 <p>HealthPlus</p> <p><small>The Right Plan for a Healthier You™</small></p> <p>Health Plus</p>	None	<p>\$20 - Office visits and urgent care center services.</p> <p>Lesser of \$200 or 50% - Emergency room services (waived if admitted)</p>
 <p>Total Health Care</p>	None	<p>\$20 - Office visits and urgent care center services.</p> <p>\$200 - Emergency room services (waived if admitted)</p>
 <p>McLaren HEALTH PLAN</p> <p>McLaren Health Plan</p>	None	<p>\$20 - Office visits and urgent care center services.</p> <p>\$200 - Emergency room services (waived if admitted)</p>
 <p>Physicians Health Plan</p> <p>Physicians Health Plan (PHP)</p>	None	<p>\$20 - Office visits and urgent care center services.</p> <p>\$200 - Emergency room services (waived if admitted)</p>
 <p>Grand Valley Health Plan</p> <p>Grand Valley Health Plan</p>	None	<p>\$10 - GVHP urgent care center services. \$25 - All other Urgent Care Centers</p> <p>\$20 - Office Visits</p> <p>\$50 - Emergency room services (waived if admitted)</p>
 <p>PriorityHealth</p> <p>Priority Health</p>	None	<p>\$20 - Office visits and urgent care center services.</p> <p>\$200 - Emergency room services (waived if admitted)</p>

HMO Comparison Chart for those hired on or after 4/1/2010

Plans	Physician Office Services	
	Office Visits	Specialist Care
 <p>Blue Care Network (BCN)</p>	Covered - \$20 copay	Covered - \$20 copay
 <p>Health Alliance Plan (HAP)</p>	Covered - \$20 copay	Covered - \$20 copay
 <p>Health Plus</p>	Covered - \$20 copay	Covered - \$20 copay
 <p>Total Health Care</p>	Covered - \$20 copay	Covered - \$20 copay
 <p>McLaren Health Plan</p>	Covered - \$20 copay	Covered - \$20 copay
 <p>Physicians Health Plan (PHP)</p>	Covered - \$20 copay	Covered - \$20 copay
 <p>Grand Valley Health Plan</p>	Covered - \$20 copay	Covered - \$20 copay
 <p>Priority Health</p>	Covered - \$20 copay	Covered - \$20 copay

HMO Comparison Chart for those hired on or after 4/1/2010

Plans	Preventive Services					
	Health Maintenance Exam	Annual Gynecological Exam	Pap Smear Screening	Immunizations	Well-Baby and Child Care	Infertility counseling and treatment
 <p>Blue Care Network (BCN)</p>	Covered - 100%	Covered - 100%	Covered - 100% (lab only)	Covered - 100%	Covered - 100%	Covered - 100% (excludes in-vitro fertilization)
 <p>Health Alliance Plan (HAP)</p>	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100% (up to 24 months of age)	Covered - 100%
 <p>Health Plus</p>	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100% Please see summary for number of allowed well child visits with no copay.	Covered - 100%
 <p>Total Health Care</p>	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100% (pediatric)	Covered - 100%	Not covered
 <p>McLaren Health Plan</p>	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
 <p>Physicians Health Plan (PHP)</p>	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100% Limited \$10,000 per CY
 <p>Grand Valley Health Plan</p>	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered 50% copay, \$2000 max benefit per member per lifetime
 <p>Priority Health</p>	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%

HMO Comparison Chart for those hired on or after 4/1/2010

Plans	Services in Hospital								
	Number of days of care	Semi-private room, intensive care, surgery, general nursing care, hospital services and supplies	Surgery & All Related Surgical Services	Anesthesia	Laboratory Tests & X-Rays	Inpatient consultations	Chemotherapy	Radiation Therapy	Hemodialysis
 Blue Care Network (BCN)	Unlimited Days	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
 Health Alliance Plan (HAP)	Unlimited Days	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
 Health Plus	Unlimited Days	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
 Total Health Care	Unlimited Days	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
 McLaren Health Plan	Unlimited Days	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100% including Antineoplastic Drugs	Covered - 100%	Covered - 100%
 Physicians Health Plan (PHP)	Unlimited Days	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
 Grand Valley Health Plan	Unlimited Days	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
 Priority Health	Unlimited Days	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%

HMO Comparison Chart for those hired on or after 4/1/2010

Plans	Surgical Services					
	Inpatient includes related surgical services	Outpatient includes related surgical services	Certain Surgeries & Treatments	Sterilization	LASIK Surgery	Human Organ Transplant Procedures
 <p>Blue Cross Blue Shield Blue Care Network of Michigan</p> <p><small>National corporations and independent business of the Blue Cross and Blue Shield Association</small></p> <p>Blue Care Network (BCN)</p>	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Not Covered	Covered - 100% in designated facilities and/or subject to medical criteria
 <p>hap</p> <p>Health Alliance Plan (HAP)</p>	Covered - 100%	Covered - 100%	Covered - \$1,000 copay - Bariatric Surgery & Related Services. One procedure per lifetime.	Covered - 100%	Not Covered	Covered
 <p>HealthPlus</p> <p><small>The Right Plan for a Healthier You</small></p> <p>Health Plus</p>	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Not Covered	Covered - 100%
 <p>TOTAL HEALTH CARE</p> <p><small>U.S.A.</small></p> <p>Total Health Care</p>	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Not Covered	Covered - 100%
 <p>McLaren</p> <p>HEALTH PLAN</p> <p>McLaren Health Plan</p>	Covered - 100%	Covered - 100%	Covered - 100% - Bariatric, Reduction Mammoplasty, Blepharoplasty of Upper Eyelids, Panniculectomy, Surgical Treatment of Male Gynecomastia, Sleep apnea treatment procedures. Prior approval required for some.	Covered - 100%	MSEA ONLY Covered - 100%	Covered - 100%
 <p>Physicians Health Plan</p> <p>Physicians Health Plan (PHP)</p>	Covered - 100%	Covered - 100%	Bariatric Surgery - Covered 10% coinsurance up to \$1,000 copay	Covered 100% - Female	MSEA ONLY Covered 100% - Limited to \$755 for both eyes per lifetime	Covered - 100% in designated facilities
 <p><small>Grand Valley</small> Health Plan</p> <p>Grand Valley Health Plan</p>	Covered - 100%	Covered - 100%	Covered - 100%	Covered - \$500 per member	Covered - maximum lifetime benefit per eye - \$755	Covered - 100% subject to program guidelines and approved facilities.
 <p>PriorityHealth</p> <p>Priority Health</p>	Covered - 100%	Covered - 100% - Prior approval required for certain radiology examinations.	Covered - 100% - Bariatric, Skin Disorder Treatments, Reconstructive surgery, Varicose veins treatments, Sleep apnea treatment procedures. Prior approval required for some.	Vasectomy 100% in provider's office Or 100% in connection with other covered inpatient/outpatient surgery. Tubal Ligation - See preventive care services for benefit and coverage level.	Not Covered	Covered - 100%. Prior authorization required.

HMO Comparison Chart for those hired on or after 4/1/2010

Plans	Emergency Care - Medical and Accidental Injury			
	Hospital Emergency Room	Physician's Office	Urgent Care Facility	Ambulance - medically necessary
 <p>Blue Care Network (BCN)</p>	Covered - \$200 - copay (waived if admitted)	Covered - \$20 copay	Covered - Lesser of \$20 copay or 50% of treatment costs.	Covered - 100% (ground and air)
 <p>Health Alliance Plan (HAP)</p>	Covered - \$200 - copay (waived if admitted)	Covered - \$20 copay	Covered - \$20 copay	Covered - 100%
 <p>Health Plus</p>	Covered - Lesser of \$200 copay or 50% services render (waived if admitted)	Covered - \$20 copay	Covered - \$20 copay	Covered - \$25 copay
 <p>Total Health Care</p>	Covered - \$200 - copay (waived if admitted)	Covered - \$20 copay	Covered - 100% - participating facilities/\$20 copay	Covered - \$75 copay
 <p>McLaren Health Plan</p>	Covered - \$200 - copay (waived if admitted)	Covered - \$20 copay	Covered - \$20 copay	Covered - 100% (ground and air)
 <p>Physicians Health Plan (PHP)</p>	Covered - \$200 - copay (waived if admitted)	Covered - \$20 copay	Covered - \$20 copay	Covered - 100%
 <p>Grand Valley Health Plan</p>	Covered - \$200 - copay (waived if admitted)	Covered - \$20 copay	Covered - \$10 copay at GVHP Urgent Care/\$25 all others.	Covered - \$50 copay
 <p>Priority Health</p>	Covered - \$200 - copay (waived if admitted)	Covered - \$20 copay	Covered - \$20 copay	Covered - 100% (ground and air)

HMO Comparison Chart for those hired on or after 4/1/2010

Plans	Maternity Services		
	Pre-Natal and Post-Natal Care	Delivery in Hospital	Newborn Baby Care in Hospital
 <p>Blue Care Network (BCN)</p>	Covered - \$20 copay per visit	Covered - 100%	Covered - 100%
 <p>Health Alliance Plan (HAP)</p>	Covered - 100% - Pre-Natal/\$20 copay per visit - Post-Natal	Covered - 100%	Covered - 100%
 <p>Health Plus</p>	Covered - 100% - first visit may have copay	Covered - 100%	Covered - 100%
 <p>Total Health Care</p>	Covered - \$20 copay (one time copay)	Covered - 100%	Covered - 100%
 <p>McLaren Health Plan</p>	Covered - 100%	Covered - 100%	Covered - 100%
 <p>Physicians Health Plan (PHP)</p>	Covered - 100%	Covered - 100%	Covered - 100%
 <p>Grand Valley Health Plan</p>	Covered - 100%	Covered - 100%	Covered - 100%
 <p>Priority Health</p>	Covered - \$20 copay/visit. A max co-pay of \$60 per pregnancy.	Covered - 100%	Covered - 100%

HMO Comparison Chart for those hired on or after 4/1/2010

Plans	Diagnostic Services		
	Laboratory and pathology tests	Radiology Examinations and Laboratory Procedures (In a non-hospital facility)	Diagnostic tests and X-rays
 <p>Blue Care Network (BCN)</p>	Covered - 100%	Covered - 100%	Covered - 100%
 <p>Health Alliance Plan (HAP)</p>	Covered - 100%	Covered - 100%	Covered - 100%
 <p>Health Plus</p>	Covered - 100%	Covered - 100%	Covered - 100%
 <p>Total Health Care</p>	Covered - 100%	Covered - 100%	Covered - 100%
 <p>McLaren Health Plan</p>	Covered - 100%	Covered - 100%	Covered - 100%
 <p>Physicians Health Plan (PHP)</p>	Covered - 100%	Covered - 100%	Covered - 100%
 <p>Grand Valley Health Plan</p>	Covered - 100%	Covered - 100%	Covered - 100%
 <p>Priority Health</p>	Covered - 100%	100% Coverage. Prior approval is required for certain radiology examinations.	Covered - 100%

HMO Comparison Chart for those hired on or after 4/1/2010

Plans	Prescription Drugs	
	Retail Pharmacy (30 days supply)	Mail Order Pharmacy (90-day supply)
 <p>Blue Care Network (BCN)</p>	\$10 – Generic/\$30 - Brand-name formulary/\$60- Brand-name non-formulary (includes contraceptives)	\$20 – Generic/\$60 - Brand-name formulary/\$120 - Brand-name non-formulary (includes contraceptives)
 <p>Health Alliance Plan (HAP)</p>	\$10 – Generic/\$30 - Brand-name formulary/\$60- Brand-name non-formulary	\$20 – Generic/\$60 - Brand-name formulary/\$120 - Brand-name non-formulary
 <p>Health Plus</p>	\$0 select generic maintenance/preventive/\$10 – Generic/\$30 - Brand-name formulary/\$60- Brand-name non-formulary (includes birth control pills)	\$0 select generic maintenance/preventive/\$10 – Generic/\$30 - Brand-name formulary/\$60- Brand-name non-formulary (includes birth control pills)
 <p>Total Health Care</p>	\$10 – Generic/\$30 - Brand-name formulary/\$60- Brand-name non-formulary (includes contraceptives)	\$20 – Generic/\$60 - Brand-name formulary/\$120- Brand-name non-formulary (includes contraceptives)
 <p>McLaren Health Plan</p>	\$10 – Generic/\$30 - Brand-name formulary/\$60- Brand-name non-formulary (includes contraceptives)	\$20 – Generic/\$60 - Brand-name formulary/\$120 - Brand-name non-formulary (includes contraceptives)
 <p>Physicians Health Plan (PHP)</p>	\$10 – Generic/\$30 - Brand-name formulary/\$60- Brand-name non-formulary (includes contraceptives)	\$20 – Generic/\$60 - Brand-name formulary/\$120 - Brand-name non-formulary (includes contraceptives)
 <p>Grand Valley Health Plan</p>	\$10 – Generic/\$30 - Brand-name formulary/\$60- Brand-name non-formulary (includes contraceptives)	\$20 – Generic/\$60 - Brand-name formulary/\$120 - Brand-name non-formulary (includes contraceptives)
 <p>Priority Health</p>	\$10 – Generic/\$30 - Brand-name formulary/\$60- Brand-name non-formulary (generic contraceptives 100%)	\$20 – Generic/\$60 - Brand-name formulary/\$120 - Brand-name non-formulary (generic contraceptives 100%)

HMO Comparison Chart for those hired on or after 4/1/2010

Plans	Alternatives to Hospital Care		
	Skilled Nursing Care in a nursing home	Home Health Care	Hospice Care
 <p>Blue Care Network (BCN)</p>	Covered - 100% (limited to 730 days)	Covered - 100% in facility or \$20 copay per each home visit	Covered - 100%
 <p>Health Alliance Plan (HAP)</p>	Covered - 100% (limited to 730 days; Renewable after 60 days)	Covered - 100% (Does not include PT/OT/ST)	Covered - 100% - Limited to 210 days per lifetime
 <p>Health Plus</p>	Covered - 100%	Covered - 100%	Covered - 100%
 <p>Total Health Care</p>	Covered - 100% - Limited to 120 days/ calendar year	Covered - 100% - Limited to 100 visits/year	Covered - 100%
 <p>McLaren Health Plan</p>	Covered - 100%	Covered - 100% - Up to 60 days per episode per year	Covered - 100%
 <p>Physicians Health Plan (PHP)</p>	Covered - 100% - Limited to 100 visits/year	Covered - 100% - Limited to 60 visits/year	Covered - 100%
 <p>Grand Valley Health Plan</p>	Covered - 100% (limited to 45 days)	Covered - 100% (in lieu of hospitalization)	Limited to 60 days per lifetime of member
 <p>Priority Health</p>	Covered - 100% (limited to 730 days)	Covered - 100% (including Hospice Services, excluding Rehabilitative Medicine)	Covered - 100% (limited to 730 days)

HMO Comparison Chart for those hired on or after 4/1/2010

Plans	Mental Health Care	
	Outpatient Psychiatric Services	Inpatient Psychiatric Hospital Services
 <p>Blue Care Network (BCN)</p>	Covered - 100% when authorized by BCN	Covered - 100% when authorized by BCN
 <p>Health Alliance Plan (HAP)</p>	Covered - \$20 copay	Covered - 100%
 <p>Health Plus</p>	Covered - \$20 copay per visit	Covered - 100%
 <p>Total Health Care</p>	Covered - 100%	Covered - 100%
 <p>McLaren Health Plan</p>	Covered - \$20 copay per visit	Covered - 100%
 <p>Physicians Health Plan (PHP)</p>	Covered - 100% - after 20 visits copay of \$20/visit applies	Covered - 100%
 <p>Grand Valley Health Plan</p>	Covered - 100% for education classes/\$20 copay for individual/group sessions.	Covered - 100%
 <p>Priority Health</p>	Covered - 100%; \$20 Copayment per visit	Covered - 100% prior approval required.

HMO Comparison Chart for those hired on or after 4/1/2010

Plans	Alcoholism and Drug Abuse	
	Outpatient substance abuse care	Inpatient Alcoholism and Drug Abuse
 <p>Blue Care Network (BCN)</p>	Covered - 100% when authorized by BCN	Covered - 100% when authorized by BCN
 <p>Health Alliance Plan (HAP)</p>	Covered - \$20 copay	Covered - 100%
 <p>Health Plus</p>	Covered - \$20 copay per visit	Covered - 100%
 <p>Total Health Care</p>	Covered - 100%	Covered - 100%
 <p>McLaren Health Plan</p>	Covered - \$20 copay per visit	Covered - 100%
 <p>Physicians Health Plan (PHP)</p>	Covered - 100% - after 35 visits copay of \$20/visit applies	Covered - 100%
 <p>Grand Valley Health Plan</p>	Covered - \$20 copay per visit	24 hour substance abuse services provided in a facility that provides structured, supervised treatment for persons dependent on alcohol or drugs.
 <p>Priority Health</p>	Covered - 100%; \$20 Copayment per visit	Covered - 100% prior approval required.

HMO Comparison Chart for those hired on or after 4/1/2010

Appliances & Prosthetic Devices (Leg Braces, Artificial Limbs, etc.)

Plans	Prosthetics & Orthotics	Durable Medical Equipment (Wheelchairs, Hospital Beds, Crutches, etc.)
 Blue Care Network (BCN)	Covered - 100%	Covered - 100%
 Health Alliance Plan (HAP)	Covered - 100% - approved equipment based on HAP's guidelines	Covered - 100% - approved equipment based on HAP's guidelines
 Health Plus	Covered - 100%	Covered - 100%
 Total Health Care	Covered - 100% - when medically necessary	Covered - 100% - when medically necessary
 McLaren Health Plan	Covered - 100%	Covered - 100%
 Physicians Health Plan (PHP)	Covered - 100%	Covered - 100%
 Grand Valley Health Plan	Prosthetics - covered - 100% Orthotics - covered - 50%	Covered - 100%
 Priority Health	Covered - 100%	Covered - 100%

HMO Comparison Chart for those hired on or after 4/1/2010

Plans	Vision Services		Hearing Services	
	Vision screening	Eyeglasses	Hearing Screening / Examination	Hearing Aids
 Blue Care Network (BCN)	When performed in physician's office - Covered - 100% - \$20 copay may apply	Not Covered	When performed in physician's office - Covered - 100% - \$20 copay may apply	Covered 100% - limited to one every 36 months (including binaural)
 Health Alliance Plan (HAP)	Covered - 100% (\$20 office copay may apply)	Not Covered	Covered - 100% (\$20 office copay may apply)	Covered 100% - Authorized conventional hearing aids
 Health Plus	Not Covered	Not Covered	Covered - 100%	Covered - 100%
 Total Health Care	Covered - 100% - limited to one eye exam per year	Covered - 100% - limited to one pair every two years	Covered - 100%	Covered - 100% - limited to one every three years. (including binaural)
 McLaren Health Plan	Covered - 100%	Not covered	Covered - 100%	Covered - 100%, one every 36 months
 Physicians Health Plan (PHP)	Covered - 100% - Limit 1 exam per calendar year	Not Covered	Preventive for newborns only; Covered - 100%	Covered 100% - limited to either one monaural to max benefit of \$880 or one binaural to a max of \$1600; every 36 months
 Grand Valley Health Plan	Not Covered - Discount provided at SVS Shoppe	Not Covered - Discount provided at SVS Shoppe	Hearing screenings are covered to determine the need for hearing examination. Hearing Examinations are covered in full up to \$100.00 per audiometric examination and evaluation	\$700 per ear every 36 months
 Priority Health	Not Covered	Not Covered	One hearing exam, one audiometric exam every 36 months. Exams covered 100%	One basic hearing aid per ear every 36 months. Covered 100% to a max. of \$500 per hearing aid

HMO Comparison Chart for those hired on or after 4/1/2010

Plans	Chiropractic Services (Manipulations or adjustments; diagnostic radiological services; evaluation and treatment)
 <p>Blue Care Network (BCN)</p>	Chiropractic spinal manipulation when referred by PCP - Covered - \$20 copay
 <p>Health Alliance Plan (HAP)</p>	Not Covered
 <p>Health Plus</p>	Covered - \$20 copay per visit, referral required
 <p>Total Health Care</p>	Covered - 100% - 20 visits per year \$20 - copay
 <p>McLaren Health Plan</p>	Covered - 100% - Up to \$1500 per person per year
 <p>Physicians Health Plan (PHP)</p>	Covered - 100% - 20 visits per year \$20 - copay
 <p>Grand Valley Health Plan</p>	Covered - 100% - 20 visits per year \$20 - copay
 <p>Priority Health</p>	\$20 Copayment up to a combined benefit maximum of 30 visits (combined with Therapy) per Contract Year.

HMO Comparison Chart for those hired on or after 4/1/2010

Plans	Other Services								
	Allergy testing and therapy	Nutritional & Health education and counseling	Mammography Screening	Temporomandibular Joint Syndrome (TMJS)	Orthognathic Surgery	Oral Surgery	Outpatient Physical, Speech and Occupational Therapy	Cardiac Rehabilitation and Pulmonary Rehabilitation	Private Duty Nursing
 <p>Blue Care Network (BCN)</p>	Covered - 100% - \$20 copay may apply	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - \$20 copay; limited to 60 visits per medical episode per plan year	Covered - \$20 copay	Not Covered
 <p>Health Alliance Plan (HAP)</p>	Covered - 100% - \$20 copay may apply	Covered - 100%	Covered - 100%	Covered	Covered	Covered for accidental injury	Covered - 100% up to 60 combined visits per benefit period. May be rendered at home.	Covered	Not Covered
 <p>Health Plus</p>	Covered - 100% - \$20 copay may apply	Covered - 100%	Covered - 100%	Not Covered	Covered - 100% prior to age 21 for congenital defects	Covered - 100% following accident or injury	Covered - 100%	Covered - 100%	Not Covered
 <p>Total Health Care</p>	Covered - 100% - Allergy injections \$20 - copay	Covered - 100%	Covered - 100%	Not covered	100 % when medically necessary	100 % when medically necessary	Covered - 100%	Covered - 100%	Covered - 100%
 <p>McLaren Health Plan</p>	Covered - 100% - \$10 copay may apply	Covered - 100%	Covered - 100%	Covered - 100% - (Surgical Fees)	Covered - 100% - (Surgical Fees)	Covered - 100%	Covered - 100% - Up to 60 visits per condition per year	Covered - 100%	Not Covered
 <p>Physicians Health Plan (PHP)</p>	Dependent on where services are received. Please see Certificate of Coverage.	Dependent on where services are received. Please see Certificate of Coverage.	Covered - 100%	Dependent on where services are received. Must meet criteria and medical necessity. Please see Certificate of Coverage.	Dependent on where services are received. Must meet criteria and medical necessity. Please see Certificate of Coverage.	As medically necessary such as injury from an accident. Removal of wisdom teeth is excluded. Please see Certificate of Coverage.	Covered - \$20 copay per visit limited to combined (with pulmonary) 60 visits per calendar year	Covered - \$20 copay per visit limited to 36 visits per calendar year	Not Covered
 <p>Grand Valley Health Plan</p>	Covered -\$20 copay for testing/ \$500 max per member per year for Allergy Serum.	Covered - \$20 copay	Covered - 100%	Not Covered	50% Co-insurance	Covered - 100%	Covered 100% after \$10/visit- Up to 60 visits per member per year	Covered - 100%	Covered - 100%
 <p>Priority Health</p>	100% Coverage for testing, injections and serum. \$20 Copay may apply.	\$20 Copayment per visit - Up to six visits per Contract Year.	Covered - 100%	Covered - 50%	Covered - 50%	Covered - 100% for medical treatment, office copayment may apply - see Certificate of Coverage for details	\$20 Copayment up to a combined benefit maximum of 30 visits (combined with Chiropractic Manipulation) per Contract Year.	\$20 Copayment up to a combined benefit maximum of 30 visits per Contract Year.	Covered - 100%

HMO Comparison Chart for those hired on or after 4/1/2010

Plans	Miscellaneous		
	Conversion Option	Pre-existing Condition	Worldwide Coverage (Emergency care only)
 <p>Blue Care Network (BCN)</p>	Covered - 100%	Covered - 100%	Covered - 100%
 <p>Health Alliance Plan (HAP)</p>	Covered - 100%	Covered - 100%	\$200 Copay (waived if admitted)
 <p>Health Plus</p>	Covered - 100%	Covered - 100%	Covered - 100%
 <p>Total Health Care</p>	Covered - 100%	Covered - 100%	Covered - 100%
 <p>McLaren Health Plan</p>	Covered - 100%	Covered - 100%	Covered - 100%
 <p>Physicians Health Plan (PHP)</p>	Covered - 100%	Covered - 100%	Covered - 100%
 <p>Grand Valley Health Plan</p>	Covered - 100%	Covered - 100%	Covered - 100%
 <p>Priority Health</p>	Covered - 100%	Covered - 100%	Covered - \$200 copay (waived if admitted)