HealthPlus OF MICHIGAN
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HMO Benefit Summary ~ PP

(plan formerly known as KW)
For State Employees Hired Prior to 4/1/2010

This is intended to serve as an easy-to-read summary of benefits. It is not a contract. It does not modify or take the place of the Subscriber Contract and/or applicable rider(s). Services must be obtained from participating plan physicians and providers. **Please refer to the Subscriber Contract and applicable rider(s) for a complete description of the specific benefits available.**

Services	Member Responsibility Level 1 (PCP-Directed)	Member Responsibility Level 2 (Self-Directed)
Preventive Services *(Self Referral to Affiliated Providers for Preventive Services is allowed as Level 1 Benefit.)*		
Periodic Routine Physical Exam *(Limited to one per benefit year with no member copay; office visit copay applies to additional visits)*	$0 Copayment per Visit	50% Coinsurance
Annual Gynecological Exam (through PCP or self-referral to HPM Affiliated Gynecologist) *(Limited to one per benefit year with no member copay; office visit copay applies to additional visits)*	$0 Copayment per Visit	50% Coinsurance
Routine Well-Baby and Well Child Care – • 7 visits per benefit year newborn to age 12 months; • 6 visits per benefit year 13 months-23 months; • 3 visits per benefit year 24 months-47 months; • 1 visit per benefit year 4 years-17 years; • Office visit copay applies to any additional visits	$0 Copayment per Visit	50% Coinsurance
Pediatric and Adult Immunizations in accordance with accepted medical practice	$0 Copayment	50% Coinsurance
Breast Cancer Screening Mammograms	$0 Copayment	50% Coinsurance*
Prostate Cancer Screening	$0 Copayment	50% Coinsurance
Lab and Pathology associated with Preventive Services	$0 Copayment	50% Coinsurance
Additional Covered Preventive Services *(See your benefit rider and the HealthPlus website at www.healthplus.org for other covered preventive services)*	$0 Copayment	50% Coinsurance
Physician Services *(Some services under Level 1 may require a referral. Please refer to your Benefit Rider.)*		
Primary Care Physician Office Visit for illness or injury	$10 Copayment per Visit	50% Coinsurance
Specialist Office Visit	$10 Copayment per Visit	50% Coinsurance
Allergy Testing and Therapy (serum, testing, injections) (Office visit copay may apply)	$0 Copayment	50% Coinsurance*
Maternity Services Provided By a Physician *(Self Referral to HPM Affiliated OB/GYN Provider for Routine Maternity Care is allowed as Level 1 Benefit)*		
Maternity Care including Pre-Natal Care, Counseling, Delivery, Postpartum Care, Miscarriage and other related Obstetrical Services	$0 Copayment (Office visit copay may apply to first physician visit)	50% Coinsurance*
Emergency Medical Care		
Hospital Emergency Room (in or out of Service Area). *(ER Copayment waived if admitted as inpatient or to observation status.)*	$50 Copayment per Visit	$50 Copayment per Visit
Urgent Care Center (in or out of Service Area)	$10 Copayment per Visit	$10 Copayment per Visit
Physician services when billed separately from facility charge	$0 Copayment	$0 Copayment
Ambulance Services – when medically necessary *(Copay waived for immediate transportation in conjunction with an accident or life threatening situation, or when authorized in advance by HealthPlus)*	$25 Copayment per occurrence	$25 Copayment per occurrence
Diagnostic Services *(Use of Affiliated Providers is allowed as Level 1 Benefit. Prior Authorization may be required.)*		
Laboratory and Pathology Services	$0 Copayment	50% Coinsurance
Diagnostic and Therapeutic Radiological Services such as EKG, EEG, Diagnostic X-rays, Radiation Therapy and other medically acceptable diagnostic or therapeutic procedures	$0 Copayment	50% Coinsurance
High Tech Radiological Services (such as MRI, Cat Scan or Nuclear Medical Tests)	$0 Copayment	50% Coinsurance*

Services	Member Responsibility Level 1 (PCP-Directed)	Member Responsibility Level 2 (Self-Directed)
Hospital Care/Ambulatory Surgical Facility Care *(All hospital admissions must be authorized in advance by HPM or within 24 hours of an emergency admission. Some services may require a prior authorization. Please refer to your Benefit Rider.)*		
Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies	$0 Copayment	50% Coinsurance*
Outpatient Services at a hospital or Ambulatory Surgical Facility including use of operating, recovery and treatment rooms, lab test, X-rays, anesthetics, etc.	$0 Copayment	50% Coinsurance*
Alternatives to Hospital Care *(Some services may require a referral or prior authorization. Please refer to your Benefit Rider.)*		
Skilled Nursing Facility	$0 Copayment	Not Covered
Hospice Care	$0 Copayment	Not Covered
Home Health Care (does not cover custodial care or general housekeeping services)	$0 Copayment	50% Coinsurance*
Mental Health Care and Substance Abuse Treatment *(Limited to Medically Necessary treatment; use of Affiliated Provider for Outpatient Services is allowed as Level 1 Benefit)*		
Mental Health Care – Inpatient and Day Treatment	$0 Copayment	50% Coinsurance*
Mental Health Care – Outpatient	$10 Copayment per Visit	50% Coinsurance
Substance Abuse Care – Inpatient and Intermediate care	$0 Copayment	50% Coinsurance*
Substance Abuse Care – Outpatient care	$10 Copayment per Visit	50% Coinsurance
Prescription Drugs (includes birth control pills)		
Select Generic Maintenance/Preventive Medications	$0 Copayment per prescription	$0 Copayment per prescription
Generic	$5 Copayment per prescription	$5 Copayment per prescription
Brand	$10 Copayment per prescription	$10 Copayment per prescription
Mandatory 90-Day supply for select generic maintenance and preventive medications and mandatory specialty drug pharmacy requirements.		
Other Services *(Some services may require a referral or prior authorization. Please refer to your Benefit Rider.)*		
Family Planning Services	$0 Copayment	Not Covered
Outpatient Physical, Speech and Occupational Therapy	$0 Copayment	50% Coinsurance*
Durable Medical Equipment, Orthotic and Prosthetic Appliances	$0 Copayment	Not Covered
Human Organ and Tissue Transplants	$0 Copayment	50% Coinsurance*
Hearing Aids	$0 Copayment	Not Covered

Level 1 (PCP-Directed to In-Network Providers)
To utilize the Level 1 benefit option, you must obtain your health care services through, or under the direction of, your Primary Care Physician. Your Primary Care Physician will coordinate all of your health care, and, when medically necessary, refer you to a specialist or other health care provider at little or no cost to you. This option provides you with the highest level of benefits and the lowest out-of-pocket costs.

Level 2 (Self-Directed to Out-of-Network Providers)
Under the Level 2 benefit option, you may choose to self-refer for some, or all, of your health care services outside of the HealthPlus affiliated provider network. When you utilize Level 2, you agree to pay a percentage of the bill for services rendered. The difference between the physician's charge and the fee HealthPlus considers reasonable may also be your responsibility.
***Certain services, as noted with asterisk, require prior authorization. If authorization is not obtained by member or ordering physician, member may be responsible for entire cost of services.**

Not Covered: (For a more complete list, please see your Benefit Rider; Benefit Limitations and Exclusions Section)

- Charges in excess of Reasonable Charges. All other benefit limitations and exclusions listed in the HealthPlus Subscriber Contract and applicable Rider(s).
- Dental care, Cosmetic surgery, Custodial care, Experimental Treatments, Vocational Rehabilitation
- Eye glasses or contact lenses (except for the initial pair prescribed after cataract surgery)
- Exams for employment, licensing, insurance, travel, education, or sport purposes
- Services to the extent benefits are received or payable under Workers' Compensation, any insurance plan or state or federal laws
- Personal or comfort items, such as television set or telephone
- Orthopedic footwear (unless attached to a brace, or outflow shoes)
- Sex transformation surgery and all expenses connected with that surgery
- Reversals of voluntary sterilization, all forms of in vitro fertilization, transsexual surgery, all services related to surrogate parenting arrangements, and all associated services and preparatory treatment related to any of the above. Artificial insemination is not a benefit except when approved by a Plan Physician for treatment of infertility
- Wigs or prosthetic hair
- Services or supplies from convalescent homes, homes for the aged, or adult foster care facilities
- Drugs, services, or supplies provided on an outpatient basis and not specifically identified as being covered by the plan
- 24-hour skilled nursing care in the home, Private duty nursing services
- Routine foot care

NOTICE: PRIMARY CARE PROVIDER DESIGNATION AND OB/GYN ACCESS

HealthPlus of Michigan HMO plans require the designation of a Primary Care Physician (PCP) for each member of your family. You have the right to choose any affiliated PCP who is accepting new patients. You may designate an affiliated pediatrician as your child's PCP. For information on how to select a PCP or to find a HealthPlus affiliated PCP, please go to our website at www.healthplus.org or call Customer Service at 1-800-332-9161.

You do not need prior authorization from HealthPlus or from your PCP to obtain access to routine obstetrical or gynecological care from an affiliated provider who specializes in obstetrics or gynecology. Your provider will have to comply with all HealthPlus procedures including prior authorizations for certain services and procedures for making referrals. For information on how to access an OB/GYN health care professional please go to our website at www.healthplus.org or call Customer Service at 1-800-332-9161.