

Summary of Benefits for Medicare-Eligible Retirees Enrolled in the State Health Plan PPO (effective January 1, 2010)

Preventive Services		
1	Routine Physical/Health Maintenance Exam	Covered – one every 12-months
2	Pelvic/GYN Exam Screening	Covered – one every 12-months
3	PAP Smear Screening (lab services only)	Covered – one every 12-months
4	Immunizations – Pneumonia & Flu Vaccines	Covered
5	Immunizations – Hepatitis B Vaccine	Covered
6	Other Immunizations	Covered
7	Fecal Occult Blood Screening	Covered – for age 50+
8	Flexible Sigmoidoscopy	Covered – for age 50+
9	Prostate Specific Antigen Screening (PSA)	Covered – for age 50+
Other Preventive Services		
10	Mammography (annual screening)	Covered – no age restrictions
11	Colonoscopy Screening	Covered
Physician Office Services		
12	Office Visits, Consultations and Urgent Care Visits	Covered – up to \$15 member co-pay
13	Outpatient and Home Visits (outpatient hospital visit or physician to member's home)	Covered – after deductible
Emergency Medical Care		
14	Hospital Emergency Room – Medical Emergency or Accidental Injury	\$50.00 Co-pay, if not admitted
15	Ambulance Services	Covered – after deductible
Diagnostic Services		
16	Laboratory & Pathology Tests	Covered – after deductible
17	Diagnostic Tests and X-rays	Covered – after deductible
18	Chiropractic X-rays	Covered – after deductible
19	Radiation Therapy	Covered – after deductible

Based on 2009 benefits. Any benefit changes will continue to be communicated through official Retiree Bulletins issued by the Civil Service Commission. This document is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. Payment amounts are based on the Medicare-approved amount, less any State Health Plan PPO applicable deductible and/or copay amounts required in the official plan document.

Hospital Care

20	Inpatient Hospital Care	Covered – after deductible; unlimited days
21	Inpatient Physician Care	Covered – after deductible
22	Blood – Inpatient and Outpatient	Covered – after deductible
23	Inpatient Consultation	Covered – after deductible
24	Chemotherapy	Covered – after deductible
25	Chemotherapy, Oral Cancer & Oral Anti-Nausea Drugs	Covered – after deductible

Alternatives to Hospital Care

26	Skilled Nursing Facility (SNF) (in a Medicare-certified SNF)	Covered – after deductible 120 visits per admission. Renews after 90 days
27	Hospice Care	Covered – (limited to the life-time dollar maximum adjusted annually)
28	Home Health (includes intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)	Covered – after deductible

Surgical Services

29	Surgery and Related Surgical Services	Covered – after deductible
----	---------------------------------------	----------------------------

Human Organ Transplants

30	Liver, Heart, Lung, Pancreas & Specified Human Organ Transplants (designated facilities only)	Covered - up to \$1 million lifetime max per transplant type
31	Transportation, Lodging & Meals	Covered
32	Bone Marrow	Covered – designated facilities only
33	Cornea and Skin	Covered
34	Kidney Transplant	Covered

Other Services

35	Allergy Testing and Injections	Covered – after deductible
36	Eye Exam Diabetic Retinopathy Glaucoma Screening Macular Degeneration	Covered – up to \$15 member co-pay
37	Glasses After Cataract Surgery	Covered – after deductible
38	Medical Hearing Exam	Covered – up to \$15 member co-pay
39	Chiropractic Spinal Manipulation	Covered – up to \$15 member co-pay
40	Durable Medical Equipment Prosthetic and Orthotic App. Medical Supplies	Covered 100% for Michigan SUPPORT program network; covered 80% for Michigan out-of-network; Covered 90% if outside Michigan
41	Private Duty Nursing	Covered – after deductible with 10% co-pay
42	Renal Dialysis	Covered – after deductible

Based on 2009 benefits. Any benefit changes will continue to be communicated through official Retiree Bulletins issued by the Civil Service Commission. This document is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. Payment amounts are based on the Medicare-approved amount, less any State Health Plan PPO applicable deductible and/or copay amounts required in the official plan document.

Outpatient Physical, Occupational & Speech Therapy		
43	Outpatient Occupational, Physical & Speech Therapy – Facility and Clinic Services	Covered – after deductible; Annual 90-visit limitation combined
44	Outpatient Occupational, Physical & Speech Therapy – Physician’s Office	Covered – after deductible; Annual 90-visit limitation combined
Other Plan Benefits Covered by State of Michigan		
45	Acupuncture	Covered – after deductible with 10% co-pay; Up to 20 visits per calendar year
46	Chiropractic Office Visits	Covered – \$15 co-pay
47	Hearing Aids	Covered – payable every 36 months unless significant hearing loss occurs
48	Routine Hearing Exam	Covered – \$15 co-pay
49	Weight Loss Benefit	Lifetime maximum of \$300
Mental Health and Substance Abuse Treatment - Magellan Behavior Health		
50	Inpatient Mental Health (including Substance Abuse)	Inpatient mental health covered 365 days per year, with no deductible. Inpatient substance abuse limited to two 28 day stays per year with at least 60 days between episodes.
51	Outpatient Mental Health	Outpatient mental health unlimited benefit with 10% co-pay
52	Outpatient Substance Abuse	Member has a 10% co-pay for outpatient substance abuse services with a \$3500 annual maximum
53	Out of Pocket Maximum	Annual co-pay maximums: \$1000 per person \$2000 per family
54	Medical Deductible	\$300 per member \$600 per family
55	Coinsurance	10% private duty nursing, acupuncture, durable medical equipment/prosthetic & orthotic outside of Michigan
56	Co-pays	Up to \$15 copay for office visits, clinic visits, office consultation, urgent care, osteopathic manipulations, chiropractic manipulations and medical hearing exam. \$50 co-pay for emergency room (waived if admitted).

Based on 2009 benefits. Any benefit changes will continue to be communicated through official Retiree Bulletins issued by the Civil Service Commission. This document is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. Payment amounts are based on the Medicare-approved amount, less any State Health Plan PPO applicable deductible and/or copay amounts required in the official plan document.