

Comparison Chart For Members of the State Police Enlisted Unit

	State Health Plan Advantage	State Health Plan PPO Effective October 2004		HMO Benefits
		In-network	Out-of-network	
Preventive Services	\$500 max for 1/1/04 – 9/30/04	\$750 max as of 10/1/04		
Health maintenance exam	Covered 100%, one per year	Covered 100%, one per calendar year	Not covered	100% covered after \$10 office visit co-payment.
Annual Gynecological Exam –	Covered 100% , one per year	Covered 100%, one per calendar year		
Pap smear screening – Laboratory services only *	Covered 100% one per year, not subject to \$500 max	Covered 100%, one per calendar year		
Well-baby and child care	Covered 100% up to age 19, Not subject to \$500 max	Covered 100% <ul style="list-style-type: none"> • 6 visits per year through age 1 • 2 visits per year, age 2 - 3 • 1 visit per year, age 4 - 15 		
Immunizations and annual flu shot (age 17 and older)	Flu shots – at risk only.	Covered 100%		
Hepatitis C Screening covered for those at risk	Hepatitis screening not covered.	Covered 100%		
Fecal occult blood screening *	Covered 100% starts at age 50	Covered 100%, one per calendar year		
Flexible Sigmoidoscopy *	Covered 100% starts at age 50	Covered 100%, one every 5 years		
Prostate specific antigen screening *	Covered 100% not subject to \$500 max	Covered 100% one per calendar year		
Preventive Services Not Subject to Maximum Limit				
Childhood Immunizations	Covered 100% for children up to 19 and infants	Covered 100% for children through age 16	Covered 90% after deductible	100% covered after \$10 office visit co-payment.
Colonoscopy Exam*	Covered 100%	Covered 100%	Covered 90% after deductible	
		Beginning at age 50. One every 10 years.		
Mammography screening *	Covered 100% Not subject to \$500 max	Covered 100%	Covered 90% after deductible	Covered 100%
		One per calendar year		

* American Cancer Society guidelines apply

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Physician Office Services

Office visits, consultations & urgent care visits	Covered 90% after deductible	Covered \$10 copay	90% after deductible	\$10 co-payment.
Outpatient and home visits		Covered 100% after deductible		

Emergency Medical Care

Hospital emergency room - approved diagnosis, prudent person rule	Covered 100%	Covered 100% (for medical emergency or accidental injury)	\$50 co-payment, if not admitted
Ambulance services – medically necessary	Service covered in full up to first \$25. Balance is subject to deductible and copay.	Covered 100% after deductible	Covered 100%

Diagnostic Services

Laboratory and pathology tests	Covered 100%	Covered 100% after deductible	Covered 90% after deductible	Covered 100%
Diagnostic tests and x-rays				
Radiation therapy				

Maternity Services - (includes care by a certified nurse midwife)

Pre-natal and post-natal care	Covered 90% after deductible	Covered 100% after deductible	Covered 90% after deductible	Office visit: \$10 co-payment.
Delivery and nursery care	Covered 100%			Covered 100%

Hospital Care

Semi-private room, inpatient physician care, general nursing care, hospital services, blood storage and supplies	Covered 100% up to 365 days	Covered 100% after deductible, unlimited days	Covered 90% after deductible, unlimited days	Covered 100%, unlimited days
Inpatient consultations	Covered 100%	Covered 100% after deductible	Covered 90% after deductible	Covered 100%
Chemotherapy				

Alternatives to Hospital Care

Skilled nursing care	Covered 100% up to 730 days per confinement	Covered 100% after deductible up to 730 days per confinement	Covered 100%
Hospice care	Covered 100% to 210 days/lifetime	Covered 100% Limited to the lifetime dollar maximum that is adjusted annually by the state	Covered 100%
Home health care	Covered 100% to 120 visits per calendar year	Covered 100% after deductible, unlimited visits	

Surgical Services

Surgery – includes related surgical services	Covered 100%	Covered 100% after deductible	Covered 90% after deductible	Covered 100%
Voluntary sterilization				

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Human Organ Transplants

Liver, heart, lung, pancreas and other specified organ transplants - covered in designated facilities only. Preauthorization is required.	Covered 100% in designated facilities only. Up to \$1 million lifetime maximum for each organ transplant	Covered 100% (in designated facilities only) Up to \$1 million maximum per transplant type		Covered 100%, in designated facilities
Bone marrow — specific criteria apply	Covered 100% specific criteria applies	Covered 100% (in designated facilities only)		Covered 100% in designated facilities
Kidney, cornea and skin	Covered 100%	Covered – 100% After deductible	Covered – 90% After deductible	Covered 100%, subject to medical criteria

Other Services

Allergy testing and therapy	Covered 100%	Covered 100% after deductible	Covered 90% after deductible	Office visits: \$10 co-payment; Injections: 100% covered.
Acupuncture	Covered 90% after deductible, only if performed by M.D., D.O. 20 visit limit	Covered - 90% after deductible if performed by or under the supervision of a M.D. or D.O. 20 visit limit		Check with your HMO
Rabies treatment after initial emergency room visit	Not covered	Covered 100% after deductible	Covered 90% after deductible	Office visit: \$10 co-payment. Injections: 100% covered.
Hearing Care Program	Covered 90% after deductible once every 36 month	\$10 office visits; more frequent than 36 months if standards met		Check with HMO
Chiropractic spinal manipulation	Covered 90% after deductible	Covered 90% after deductible Up to 24 visits per calendar year		Check with HMO.
Durable medical equipment (Covered by DME Vendor)	Covered 90% after deductible	Covered 100%	Covered 80% (plus the difference allowed amount and charge)	Covered 100%
Prosthetic and orthotic appliances (Covered by DME Vendor)	Covered 90% after deductible			
Private duty nursing	Covered 90% after deductible	Covered 90% after deductible		Covered 100%
Wig, wig stand, adhesives (Covered by DME Vendor)	Not Covered	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth.)		Check with your HMO
Outpatient physical, speech & occupational therapy – facility and clinic services	Covered 90% after deductible (Not subject to visit max)	Covered 100% after deductible (Combined maximum of 60 visits per calendar year)		Covered 100%
Outpatient physical therapy - physician's office	Covered 90% after deductible (Not subject to visit max)	Covered 100% after deductible	Covered 90% after deductible	Office visit: \$10 co-payment

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Mental Health/Substance Abuse Services

Inpatient substance abuse	Covered 100% - 28 days with a 60 day renewal and only 2 admissions per calendar year. (No dollar max)	Covered 100% - 28 days with a 60-day renewal and only 2 admissions per calendar year. (No dollar maximum)	Check with HMO
Inpatient Psychiatric	Covered 100% (No dollar max)	Covered 100% (No dollar maximum)	
Outpatient Substance Abuse	Covered 90% after deductible (\$3500 annual max)	Covered 90% for services rendered by a participating BCBS provider. Covered at 90% of BCBS's approved amount for services rendered by a non-participating BCBS provider. Subject to a \$3,500 maximum per member per calendar year.	
Outpatient (office) Psychiatric	Covered 90% after deductible	Covered 90% for services rendered by a participating BCBS provider. Covered at 90% of BCBS's approved amount for services rendered by a non-participating BCBS provider	
Residential Care Facility	Covered 100% for the standard length of treatment program.	Covered 100% for the standard length of treatment program.	
Acute Care Hospital (using acute care beds)	Covered 67% of semi-private room and board charges and 100% of covered miscellaneous fees for the standard length of treatment program.	Covered 67% of semi-private room and board charges and 100% of covered miscellaneous fees for the standard length of treatment program.	
Detoxification	Covered 100% for semi-private room and board and miscellaneous fees.	Covered 100% for semi-private room and board and miscellaneous fees.	

Deductible, copays and out-of-pocket dollar maximums

Deductible	\$150 per member \$300 per family	\$200 per member \$400 per family	\$500 per member \$1,000 per family	None
Copays	Not Applicable	\$10 for office visits, office consultations, urgent care visits	Not applicable	\$10 for office visits \$50 for emergency room visits, if not admitted
<ul style="list-style-type: none"> Fixed dollar copays (does not apply toward deductible) Percent copays 	10% copay for most services	10% for chiropractic manipulation, chiropractic office visits, private duty nursing and acupuncture	10% for most services	None
Annual dollar maximums <ul style="list-style-type: none"> Fixed Dollar Co-pays (do not apply toward out-of-pocket maximum) Percent Co-pays (private duty nursing co-pays do not apply toward out-of-pocket maximum) 	\$1,000 per member, no family limit	N/A	None	None
Annual Dollar Maximum		\$5 million lifetime per member for all covered services and as noted above for individual services	\$1,000 per member \$2,000 per family	\$2,000 per member \$4,000 per family

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Mental Health Copayment

Deductible		N/A	N/A	
Percentage copayment	10% for outpatient psychiatric and outpatient substance abuse.	10% for outpatient psychiatric and outpatient substance abuse.	10% for outpatient psychiatric and outpatient substance abuse. Non-participating providers are reimbursed according to BCBS's allowed amount minus the 10%.	

Prescription Drug Copayment

Prescription Drugs (Covered by Express Scripts, Inc)	Generic	\$ 5.00	Generic	\$ 5.00	Generic	\$ 5.00
	Brand Name	10.00	Brand Name	15.00	Brand Name	10.00

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. For an official description of benefits, please see the applicable Blue Cross Blue Shield certificate and riders. Payment amounts are based on the Blue Cross Blue Shield approved amount, less any applicable deductible and/or co-pay amounts required by the plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and shall be construed under the jurisdiction and according to the laws of the State of Michigan.