2018 U-M HEALTH PLAN PROFILES

PLAN TYPE	MANAGED CARE PLANS		TRADITIONAL PLAN	PPO
	GradCare Only Available to U-M Graduate Students	**U-M Premier Care**	**Comprehensive Major Medical**	**Blue Cross Blue Shield of Michigan Community Blue PPO**
Address	20500 Civic Center Dr. Southfield, MI 48076	20500 Civic Center Dr. Southfield, MI 48076	600 Lafayette East Detroit, MI 48226	600 Lafayette East Detroit, MI 48226
Questions?	800-658-8878	800-658-8878	877-790-2583	877-790-2583
Directory or Contact Information	On the Web at: hr.umich.edu or call: 800-658-8878	On the Web at: hr.umich.edu or call: 800-658-8878	On the Web at: bcbsm.com or call: 877-790-2583	On the Web at: bcbsm.com or call: 877-790-2583
Type of Plan	Plan for U-M graduate students only	Managed Care Plan	Traditional fee-for-service plan	PPO
Group Number	001243160002	001243160001	7005187	7005187
Number of Members	6,747	71,358	More than 4 million	More than 4 million
Number of PCPs	Network 1 1,358	Network 1 1,358	National network. Contact plan for provider information.	National network. Contact plan for provider information.
Number of Specialists	18,046	18,046	National network. Contact plan for provider information.	National network. Contact plan for provider information.
Number of Hospitals	42	42	National network. Contact plan for provider information.	National network. Contact plan for provider information.
Percentage of Board Certified PCPs	91.4%	91%	National network. Contact plan for provider information.	National network. Contact plan for provider information.
Percentage of Board Certified Specialists	86.5%	86%	National network. Contact plan for provider information.	National network. Contact plan for provider information.
Policy for Selecting and Changing PCPs or Physicians	GradCare Level 1, contact BCN Customer Service or visit bcbsm.com	Contact BCN Customer Service or visit bcbsm.com	Not applicable	Not applicable
Three Reasons You Should Choose this Plan (Provided by the Plan)	1. Excellent medical care for graduate students at a fair and reasonable price. 2. Worldwide access to care. 3. Access to outstanding provider network, great customer service, money saving programs, and award winning health management programs.	1. Dedicated customer service line. 2. Worldwide access to care. 3. Access to outstanding provider network, great customer service, money saving programs, and award winning health management programs.	1. Blue ID card access to all hospitals and doctors nationwide. 2. Valuable online resources, including health management programs and member discounts. 3. Worldwide access to care.	1. Blue ID card access to all hospitals and doctors nationwide. 2. Valuable online resources, including health management programs and member discounts. 3. Worldwide access to care.

2018 U-M HEALTH PLAN COVERAGE COMPARISON CHART

PLAN TYPE	MANAGED CARE PLANS		TRADITIONAL PLAN	PREFERRED PROVIDER ORGANIZATION (PPO)	
Plan Name	**GradCare** Only Available to U-M Graduate Students	**U-M Premier Care[1,3] Provider Network 1**	**Comprehensive Major Medical[1]**	**Blue Cross Blue Shield of Michigan Community Blue PPO In-Network[1]**	**Blue Cross Blue Shield of Michigan Community Blue PPO Out-of-Network[1]**
Preventive Services					
Routine Physical Exams	Covered[10]	Covered[10]	Covered[10]	Covered[10]	Not covered
Routine Pediatric Exams	Covered[10]	Covered[10]	Covered[10]	Covered[10]	Not covered
Pap Smears – Lab and Pathology	Covered[10]	Covered[10]	Covered[10]	Covered[10]	Not covered
Routine Mammograms	Covered	Covered	Covered	Covered	Not covered
PSA (Prostate) Test	Covered[10]	Covered[10]	Covered[10]	Covered[10]	Not covered
Outpatient Services					
Office Visits	Covered with a $25 co-pay if in-network PCP is used, except students pay no co-pay at University Health Service.	Covered with a $25 co-pay	Partially covered	Covered with a $25 co-pay	Covered at 50%
Outpatient Physical, Occupational and Speech Therapy	Covered with a $25 co-pay per visit; major diagnoses limited to 60 visits per calendar year; minor diagnoses limited to 15 visits per calendar year. Major and minor diagnoses are determined by the plan.[6]	Covered with a $25 co-pay per visit; major diagnoses limited to 60 visits per calendar year; minor diagnoses limited to 15 visits per calendar year. Major and minor diagnoses are determined by the plan.[6]	Partially covered for unlimited treatments[6]	Covered with a $25 co-pay (co-pay applies to professional billed services only); limited to 60 visits per year (facility & professional services combined)[6]	Covered at 50%; limited to 60 visits per year (facility and professional services combined)[6]
Therapeutic Radiology	Covered	Covered	Partially covered	Covered	Covered at 50%
Diagnostic Lab, X-Ray, EKGs	Covered	Covered	Partially covered	Covered	Covered at 50%
Outpatient Surgery	Covered	Covered	Partially covered	Covered	Covered at 50%
Routine Immunizations	Covered[10]	Covered[10]	Coverd[10]	Covered[7]	Not covered
Allergy Testing	Covered with a $30 co-pay	Covered with a $30 co-pay	Partially covered	Covered; a $30 co-pay may apply	Covered at 50%
Allergy Injections	Covered; a $30 co-pay may apply	Covered; a $30 co-pay may apply	Partially covered	Covered; a $30 co-pay may apply	Covered at 50%
Other Injections	$30 office visit co-pay may apply	$30 office visit co-pay may apply	Partially covered	Covered; a $30 co-pay may apply	Covered at 50%

[1] These plans will coordinate with Medicare. The benefits listed show your costs after Medicare has paid its portion to your physician or hospital.

[3] Coverage described applies to the U-M Premier Care Provider Network 1. Additional providers are available through BCN's statewide network, (Provider Network 2). Network 2 providers are covered with a $2,000 annual deductible for individual, $4,000 annual deductible per family. A Network 1 PCP referral is required to access Network 2 providers.

[6] Physical, occupational, and speech therapies are covered for acute conditions and subject to prior plan authorization. Administrative guidelines and interpretations may vary among plans. Contact plan for specific coverage provisions before commencing treatment.

[7] Inoculations for travel are not covered.

[10] Your doctor may provide a preventive service, such as a cholesterol screening test, as part of an office visit. Be aware that **your plan can require you to pay some costs** of the office visit, if the preventive service is not the primary purpose of the visit, or if your doctor bills you for the preventive services separately for the office visit.

PLAN TYPE	MANAGED CARE PLANS		TRADITIONAL PLAN	PREFERRED PROVIDER ORGANIZATION (PPO)	
Plan Name	**GradCare** Only Available to U-M Graduate Students	**U-M Premier Care[1,3] Provider Network 1**	**Comprehensive Major Medical[1]**	**Blue Cross Blue Shield of Michigan Community Blue PPO In-Network[1]**	**Blue Cross Blue Shield of Michigan Community Blue PPO Out-of-Network[1]**
Emergency Care					
In Area	Covered for accidental or acute medical emergency. Outpatient hospital treatment covered with a $100 co-pay; co-pay waived if patient admitted.	Covered for accidental or acute medical emergency. Outpatient hospital treatment covered with a $100 co-pay; co-pay waived if patient admitted.	Partially covered	Covered for accidental or acute medical emergency. Outpatient hospital treatment covered with a $100 co-pay; co-pay waived if patient admitted or due to accidental injury.	Covered for accidental or acute medical emergency. Outpatient hospital treatment covered with a $100 co-pay; co-pay waived if patient admitted or due to accidental injury.
Out of Area	Covered for accidental or acute medical emergency. Outpatient hospital treatment covered with a $100 co-pay; co-pay waived if patient admitted.	Covered for accidental or acute medical emergency. Outpatient hospital treatment covered with a $100 co-pay; co-pay waived if patient admitted.	Partially covered	Covered for accidental or acute medical emergency. Outpatient hospital treatment covered with a $100 co-pay; co-pay waived if patient admitted or due to accidental injury.	Covered for accidental or acute medical emergency. Outpatient hospital treatment covered with a $100 co-pay; co-pay waived if patient admitted or due to accidental injury.
Ambulance	Covered for emergencies when medically necessary	Covered for emergencies when medically necessary	Partially covered for transfer to or from hospital; includes ground and air when medically necessary.	Covered for emergency transportation when medically necessary	Covered for emergency transportation when medically necessary
Mental Health Care					
Preauthorization Required	All mental health care services must have prior authorization from BCN.	All mental health care services must have prior authorization from BCN.	Contact BCBSM for specific coverage requirements before mental health care services are provided. These services must be obtained through an approved or participating provider or facility.	Contact BCBSM for specific coverage requirements before mental health care services are provided. These services must be obtained through an approved or participating provider or facility.	No
Inpatient Days of Care	Covered for acute conditions	Covered for acute conditions	Partially covered	Covered for acute conditions	Covered at 50% for acute conditions
Outpatient Individual Psychiatric Care	Covered with a $25 co-pay for acute conditions	Covered with a $25 co-pay for acute conditions	Partially covered	Covered with a $25 co-pay	Covered at 50%
Group Therapy	Covered with a $25 co-pay for acute conditions	Covered with a $25 co-pay for acute conditions	Partially covered	Covered with a $25 co-pay	Covered at 50%
Psychological Testing	Covered with a $25 co-pay for acute conditions	Covered with a $25 co-pay for acute conditions	Partially covered	Covered with a $25 co-pay	Covered at 50%
Substance Abuse Care					
Preauthorization Required	All substance abuse care services must have prior authorization from BCN.	All substance abuse care services must have prior authorization from BCN.	Contact BCBSM for specific coverage requirements before these services are provided. Inpatient care for these services is covered when care is received in a participating facility having an approved substance abuse program or an approved non-hospital residential program.	Contact BCBSM for specific coverage requirements before these services are provided. Inpatient care for these services is covered when care is received in a participating facility having an approved substance abuse program or an approved non-hospital residential program.	No

[1] These plans will coordinate with Medicare. The benefits listed show your costs after Medicare has paid its portion to your physician or hospital.

[3] Coverage described applies to the U-M Premier Care Provider Network 1. Additional providers are available through BCN's statewide network, (Provider Network 2). Network 2 providers are covered with a $2,000 annual deductible for individual, $4,000 annual deductible per family. A Network 1 PCP referral is required to access Network 2 providers.

PLAN TYPE	MANAGED CARE PLANS		TRADITIONAL PLAN	PREFERRED PROVIDER ORGANIZATION (PPO)	
Plan Name	**GradCare** Only Available to U-M Graduate Students	**U-M Premier Care[1,3] Provider Network 1**	**Comprehensive Major Medical[1]**	**Blue Cross Blue Shield of Michigan Community Blue PPO In-Network[1]**	**Blue Cross Blue Shield of Michigan Community Blue PPO Out-of-Network[1]**
Substance Abuse Care *(continued)*					
Inpatient Days of Care	Covered	Covered	Partially covered	Covered	Covered at 50%
Outpatient Individual Therapy	Covered with a $25 co-pay per visit	Covered with a $25 co-pay per visit	Partially covered	Covered with a $25 co-pay per visit	Covered at 50%
Group Therapy	Covered with a $25 co-pay per visit	Covered with a $25 co-pay per visit	Partially covered	Covered with a $25 co-pay per visit	Covered at 50%
Maternity Care					
Parental Care, Delivery, Postnatal Care	Covered	Covered	Partially covered	Covered	Covered at 50%
Skilled Nursing Facility					
(Non-Custodial Care)	Covered up to 45 days per calendar year if preauthorized by BCN	Covered up to 120 days per calendar year when arranged and authorized by BCN	Partially covered up to 120 days per calendar year	Covered up to 120 days per calendar year	Covered up to 120 days per calendar year
Hearing Care					
Examinations	Covered with a $30 co-pay; once every 36 months	Covered with a $30 co-pay; once every 36 months	Office visit partially covered only if treated for a medical condition	Covered	Not covered
Tests	Covered with a $30 co-pay; once every 36 months	Covered with a $30 co-pay; once every 36 months	Not covered	Covered	Not covered
Hearing Aids	Covered; monaural or binaural hearing aid every 36 months[8, 9]	Covered; monaural or binaural hearing aid every 36 months[8, 9]	Covered; monaural or binaural hearing aid every 36 months[8, 9]	Covered; monaural or binaural hearing aid every 36 months[8, 9]	Not covered
Vision Care					
Eye Examinations	Covered at plan vision providers — one exam per year; at non-plan providers, covered up to $40. Dilation not covered.	Covered at plan vision providers — one exam per year; at non-plan providers, covered up to $40. Dilation not covered.	Covered; one exam per year. Dilation not covered.	Covered; one exam per year. Dilation not covered.	Covered up to $40; one exam per year. Dilation not covered.
Eyeglasses	Not covered	Not covered	Not covered	Not covered	Not covered

[1] These plans will coordinate with Medicare. The benefits listed show your costs after Medicare has paid its portion to your physician or hospital.

[3] Coverage described applies to the U-M Premier Care Provider Network 1. Additional providers are available through BCN's statewide network, (Provider Network 2). Network 2 providers are covered with a $2,000 annual deductible for individual, $4,000 annual deductible per family. A Network 1 PCP referral is required to access Network 2 providers.

[8] Hearing aid administration guidelines may differ by plan. Contact plan for specific provisions before commencing treatment.

[9] Includes ordering and fitting of hearing aids.

PLAN TYPE	MANAGED CARE PLANS		TRADITIONAL PLAN	PREFERRED PROVIDER ORGANIZATION (PPO)	
Plan Name	**GradCare[12]** Only Available to U-M Graduate Students	**U-M Premier Care[1, 3, 12] Provider Network 1**	**Comprehensive Major Medical[1, 4, 11, 12]**	**Blue Cross Blue Shield of Michigan Community Blue PPO In-Network[1, 4, 11, 12]**	**Blue Cross Blue Shield of Michigan Community Blue PPO Out-of-Network[1, 4, 12]**
Nursing Care					
Preauthorization Required	These services must be medically necessary and recommended by your Primary Care Physician or approved by your plan.	These services must be medically necessary and recommended by your Primary Care Physician or approved by your plan.	These services must be medically necessary and recommended by the plan physician. Coverage for home health aide services must be provided by a BCBSM-approved agency. Contact BCBSM for specific coverage requirements before these services are provided.	These services must be medically necessary and recommended by the plan physician. Coverage for home health aide services must be provided by a BCBSM approved agency. Contact BCBSM for specific coverage requirements before these services are provided.	Not applicable
Visiting Nurse Home Care	Covered with a $20 co-pay when medically necessary and approved by the plan.	Covered when medically necessary and approved by the plan.	Partially covered under a BCBSM-approved Home Care Program; no visit limits	Covered	Not covered
Private Duty Nursing	Not covered	Not covered	Partially covered with a 50% co-insurance for authorized services	Covered at 50%[11]	Covered at 50%
Home Health Aides	Covered with a $20 co-pay when medically necessary and approved by the plan.	Covered when medically necessary and approved by the plan.	Partially covered under an approved Home Care Program	Covered	Not covered
Other Services					
Hospice Care	Covered when authorized by BCN	Covered when authorized by BCN	Contact BCBSM for specific coverage levels before these services are provided.	Covered; contact BCBSM for specific coverage levels before these services are provided.	Not covered
Durable Medical Equipment, Prosthetic Appliance	Covered when authorized by BCN	Covered when authorized by BCN	Partially covered	Covered when medically necessary	Not covered
Voluntary Sterilization	Covered	Covered	Covered	Covered	Covered at 50%
Chiropractic Spinal Manipulation	Not covered	Not covered	Partially covered; maximum of 38 visits per calendar year	Covered with a $25 co-pay; limited to 24 visits per year	Covered at 50%; limited to 24 visits per year
Reproductive Services	Contact plan	Contact plan	Contact plan	Contact plan	Contact plan

[1] These plans will coordinate with Medicare. The benefits listed show your costs after Medicare has paid its portion to your physician or hospital.

[3] Coverage described applies to the U-M Premier Care Provider Network 1. Additional providers are available through BCN's statewide network, (Provider Network 2). Network 2 providers are covered with a $2,000 annual deductible for individual, $4,000 annual deductible per family. A Network 1 PCP referral is required to access Network 2 providers.

[4] The out-of-pocket maximum does not include non-covered charges, and costs that exceed the plan's fee allowance for a particular service for all plans.

[11] Any expense paid at 50% does not apply to the out-of-pocket maximum for the CMM plan. Private duty nursing expenses do not apply to the out-of-pocket maximum under the BCBSM Community Blue PPO plan.

[12] In Vitro Ferilization – Services can be obtained only at University of Michigan Health System for women through age 42 who have been diagnosed with infertility. Individuals contribute a co-insurance of 20 percent of the cost, and the remainder by the plan up to a $20,000 lifetime maximum.