

Summary of Benefits



State of Michigan Employees - 10/05/08

This summary does not serve as a substitute for your Certificate of Coverage (COC). To request a complete COC, contact customer service at 800 446-5674.

Physician services	Copay	Coverage
Primary Care Provider (PCP) office visit ¹	\$10	100% after copay
Specialist office visit ²	\$10	100% after copay
Routine pre and post-natal care	\$10 - \$60 maximum per pregnancy	100% after copay
Allergy care (Injections and serum)	\$10 - may apply for testing	100% after copay

Hospital services	Copay	Coverage
Inpatient services ³ (Non-emergency)	\$0	100%
Outpatient surgery ⁴	\$0	100%
Diagnostic laboratory and X-ray	\$0	100%
Chemotherapy	\$0	100%
Radiation therapy	\$0	100%
Hemodialysis	\$0	100%

Emergency services	Copay	Coverage
Emergency Room (ER)	\$50 - waived if admitted	100%
Urgent care center	\$10	100%
Ambulance (Land or air)	\$0	100%

Pharmacy	Copay	Coverage
Prescription drugs ⁵	\$5 generic - \$10 brand	100% after copay
Infertility drugs	\$0	100%
Mail order prescriptions ⁶	\$5 generic - \$10 brand	100% after copay

Therapy services	Copay	Coverage
Physical and occupational therapy (Including spinal manipulation) ⁷	\$10	100% after copay
Speech therapy ⁷	\$10	100% after copay
Cardiac and pulmonary rehabilitation ⁷	\$10	100% after copay

Family planning / infertility services	Copay	Coverage
Vasectomy ⁸	\$0	100%
Tubal ligation ⁹	\$0	100%
Diaphragm	\$0	50%
Infertility counseling and treatment ¹⁰	\$0	100%

[Learn More](#)

For more information about your benefits, contact our Customer Service Department at 800 446-5674, or visit priorityhealth.com/som.

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Mental health / substance abuse services ¹¹	Copay	Coverage
Inpatient mental health (max. 45 days per contract year)	\$0	100%
Outpatient mental health (max. 20 visits per contract year)	\$10	100% after copay
Substance abuse ¹²	\$10	100% after copay

Other services	Copay	Coverage
Durable medical equipment (DME)	\$0	100%
Prosthetics and orthotics	\$0	100%
Skilled nursing, subacute, long-term acute, inpatient rehabilitation and hospice facility ¹³	\$0	100%
Private duty nursing (No day limit)	\$0	100%
Home health care ¹⁴	\$0	100%
Temporomandibular Joint Syndrome (TMJS)	\$0	50%
Port wine stains	\$0	50%
Orhtognathic surgery	\$0	50%
Vision care - Medical / diseases of the eye	\$0	100%
Hearing care ¹⁵	\$0	100%

Eligibility Information

Dependent children are covered until the end of the month in which dependent turns age 19.

Unmarried college students may be covered until they are no longer an unmarried dependent college student or turn 25, whichever is first.

Retiree coverage is available.

Notes

- Services provided by a PCP during an office visit for health maintenance and preventive care, such as a routine physical, or for the diagnosis and treatment of a covered illness or injury.*
- Referral care provided by a physician other than your PCP with appropriate referral from your PCP and prior approval from Priority Health if necessary.*
- Semi-private room and intensive care, surgery and all related surgical services while inpatient, professional services. Non-emergency inpatient hospital admissions, other than for normal labor and delivery, must be approved in advance by Priority Health.*
- Surgery and all related surgical services, professional services. Covered surgeries include, but are not limited to, bariatric surgery, blepharoplasty of upper eyelids, breast reduction, panniculectomy, surgical treatment of male gynecomastia and procedures to correct obstructive sleep apnea.*
- Includes contraceptive medications. Infertility drugs covered at 100% after copay. (Limitations apply)*
- Prescription drugs filled for up to 90 days. Prescription drug coverage is based on the usage of the Priority Health approved drug list (formulary).*
- Up to a benefit maximum of 30 visits per contract year. Deductible applies.*
- When performed in provider's office or when in connection with other covered inpatient or outpatient surgery.*
- Outpatient: 100% coverage. Inpatient: 100% coverage only when performed in connection with delivery or other covered inpatient surgery.*
- Prescription drugs for infertility treatment covered only with prescription drug rider.*
- All Mental Health and Substance Abuse services must be approved in advance by Priority Health's Behavioral Health Department at 616-464-8500 or 800 673-8043. Treatment may be covered as deemed clinically necessary by our Behavioral Health Department.*
- Treatment for alcohol and drug dependency. Max. inpatient of 45 days, renews 60 days after discharge. Max. outpatient of 35 visits.*
- Maximum 730 days per contract year (combined benefit for all services).*
- For rehabilitative therapy provided in the home. Refer to rehabilitative hospital services for copayment information.*
- Covered for hearing exam - once every 36 consecutive months. And hearing aid - one per ear. Max. \$500 per hearing aid.*