

Grand Rapids Community College Benefit Comparison

	Deductible Applies - \$100 for Single and \$200 for Family	Deductible Applies - \$50 for Single and \$150 for Family	No Deductibles	No Deductibles
	(Deductible does not apply to any 100% coverage)			
	(Not Available for Meet & Confer Group)	(For Meet & Confer Group Only)	Out-of-Area (Students) - Covered at 70% - Employee portion 30%	
Plan	MESSA Super Care I Revised	W MI Health Insurance Pool	Priority Health HMO	Grand Valley Health
<u>SERVICES IN HOSPITAL</u>	<i>Panel and Non-Panel (Participating and Non-Participating)</i>	<i>Panel and Non-Panel (Participating and Non-Participating)</i>	<i>Panel. Non-panel covered when authorized by Priority Health.</i>	<i>Panel. Non-panel covered when authorized by GVHP.</i>
Number of Days of Care	Unlimited, covered in full	Unlimited, covered in full	Unlimited, covered in full	Unlimited, covered in full
Private Room	Covered if medically necessary	Covered if medically necessary	Covered if medically necessary	Covered if medically necessary
Semi-Private Room	100% of approved amount	100% of approved amount	Covered in full	Covered in full
Intensive Care	100% of approved amount	100% of approved amount	Covered in full	Covered in full
Necessary Ancillary Services	100% of approved amount	100% of approved amount	Covered in full	Covered in full
Physician Services, Including Consultation	100% of approved amount, preadmission review is required	100% of approved amount. Preadmission review is required.	Covered in full	Covered in full
Surgery	100% of approved amount, certain surgeries require a second opinion	100% of approved amount	Covered in full	Covered in full
Anesthesia	100% of approved amount for medically necessary surgeries.	100% of approved amount	Covered in full	Covered in full
Drugs/Medications	100% of approved amount	100% of approved amount	Covered in full	Covered in full
Hemodialysis	100% of approved amount	100% of approved amount	Covered in full	Covered in full
Laboratory Services	100% of approved amount	100% of approved amount	Covered in full	Covered in full
X-ray Services	100% of approved amount	100% of approved amount	Covered in full	Covered in full
Physical Therapy	100% of approved amount	100% of approved amount (In-Patient) - 90% of approved amount (Out-Patient)	Covered in full	Covered in full up to 60 visits.
Inpatient Mental Health	100% if medically necessary	100% of approved amount. Benefits are limited to 45 days (lifetime) for all Inpatient Mental Health and Inpatient Substance Abuse.	30 days per contract year covered at 100% when authorized by PH Behavioral Health Dept.	30 Days/contract year at 100%, when authorized through GVHP.

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Inpatient Substance Abuse				
* Acute Detoxification	100% if licensed facility	100% of approved amount. Benefits are limited to the lesser of the State of Michigan mandated dollar amount (adjusted annually) applied on an annual basis to all substance abuse care <u>or</u> 45 days (lifetime) for all Inpatient Mental Health and Inpatient Substance Abuse.	80% coverage up to state mandated amount when authorized by PH Behavioral Health Dept.	Provided up to the state mandated amount in a 12-month period, with GVHP authorization
* Rehabilitation	100% if approved facility	100% of approved amount. Benefits are limited to the lesser of the State of Michigan mandated dollar amount (adjusted annually) applied on an annual basis to all substance abuse care <u>or</u> 45 days (lifetime) for all Inpatient Mental Health and Inpatient Substance Abuse.	See above	See above
EMERGENCY MEDICAL CARE				
Hospital Emergency Room (including physician charges)	Accidental injuries 100% Medical emergencies 90%	100% of approved amounts for all facility- and physician-billed charges	\$75 co-pay per visit, waived if admitted	\$50 co-pay per visit, waived if admitted.
Emergency Ambulance	90% of approved amount after deductible	Approved amount paid at 90% after deductible	Covered in full for ground or air ambulance	\$50 co-pay for ground or air ambulance services.
Physician's Office Visit	90% of approved amount after deductible	Approved amount paid at 90% after deductible	\$10 co-pay per visit	Covered in full, no co-pay
Referral Physician's Office Visit	90% of approved amount after deductible	Approved amount paid at 90% after deductible	\$10 co-pay per visit	Covered in full, no co-pay
Office Surgical Procedures	100% of approved amount	100% of approved amount	Included in office visit	Covered in full
Diagnostic Laboratory Tests	100% of approved amount	100% of approved amount	Included in office visit	Covered in full
Diagnostic X-ray Tests	100% of approved amount	100% of approved amount	Included in office visit	Covered in full
Periodic Health Maintenance Exams	Covered per rider	100% of approved amount. Benefits are limited to \$500 paid per year.	Included in office visit	Covered in full
Pap Smears	100% of approved amount, one per calendar year	100% of approved amount. If 21 years of age or older, one per year exempt from the above \$500 max. If under 21, or if 21 or older and performed more than once per year, will be subject to the above \$500 max.	Included in office visit	Covered in full

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Maternity, including Pre & Postnatal Care	100% of approved amount	100% of approved amount	\$10 co-pay per visit. Maximum co-pay of \$60 per pregnancy.	Covered in full with no office visit co-pays
Well Child Care	Covered per rider up to \$300.00	Included under Periodic Health Maintenance Exams, above	Included in office visit	Covered in full
Health Education Classes	Diabetes education (ADA approved) at qualified facility	Approved amount paid at 90% after deductible for diabetes self-management training	Many Healthy Encounters Classes offered free of charge. Check www.priorityhealth.com for schedule & details.	Covered in full through GVHP
Immunizations	Covered per rider (Flu shots given on Campus are covered)	Included under Periodic Health Maintenance Exams, above, not subject to \$500 annual max.	Included in office visit (Flu shots given on Campus are not covered)	Covered in full (Flu shots given on Campus are not covered) Must meet medical criteria for flu shot coverage.
Allergy Injections	90% of approved amount after deductible	Approved amount paid at 90% after deductible	Covered in full	Covered in full
Allergy Testing	90% of approved amount after deductible for scratch tests	100% of approved amount	May require office visit co-pay	Covered in full
Allergy Serum	90% of approved amount after deductible	Approved amount paid at 90% after deductible	Covered in full	Provided, \$500 per member/year
Voluntary Sterilization	100% of approved amount	100% of approved amount	Covered in full. See PH summary for details.	Provided up to \$500 per member
Nutritional Counseling	Not covered	Approved amount paid at 90% after deductible when necessary for diabetes self-management	Dietician services covered w/referral up to 6 visits per contract year. Dietician must be employed by participating provider.	Covered in full
<u>OUTPATIENT SERVICES</u>				
Physical, Speech & Occupational Therapy	90% of approved amount after deductible	Approved amount paid at 90% after deductible	Physical and Occupational Therapy- \$10 Copayment up to a maximum of 30 visits per Contract Year. Speech Therapy - \$10 Copayment up to a maximum of 30 visits per Contract Year. Cardiac and Pulmonary Rehabilitation - \$10 Copayment up to a maximum of 30 visits per Contract Year.	60 combined visits per member per contract year
Chemotherapy	100% of approved amount	Approved amount paid at 90% after deductible	Covered in full	Covered in full
Hemodialysis	90% of approved amount after deductible	Approved amount paid at 90% after deductible	Covered in full	Covered at 80% for Out-Patient

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Chiropractic Services	90% of approved amount after deductible for manipulations. 100% of approved amount for x-rays.	Approved amount paid at 90% after deductible	Combined benefit with Physical and Occupational Therapy.	20 visits/member/contract year @ GV Holistic Health Cntr. Also includes acupuncture and massage therapy.
Prescription Drugs	Covered with \$5.00/\$10.00 co-payment including oral contraceptives.	Generic:\$5, Brand: \$10; most contraceptives covered	Covered with \$10 Generic/\$20 Brand co-pay including oral contraceptives.	Covered with \$10 Generic/\$20 Brand co-pay including oral contraceptives
Prescription Mail Order	Filled for up to 90 days - \$2 for Generic and \$5 for Brand Name Co-payment	Filled for up to 90 days with \$5/\$10 co-payment including most contraceptives	Filled for up to 90 days - \$20 Generic and \$40 Brand Name co-pay	One co-pay for a 90-day supply when provided by GVHP
Mental Health Visits	90% of approved amount after deductible up to 50 visits per year.	Approved amount paid at 90% after deductible. Benefits are limited to 50 counseling sessions per year for all Outpatient Mental Health and Outpatient Substance Abuse.	20 visits with \$20 co-pay per visit when authorized by PH Behavioral Health Dept.	20 visits per contract year for short term individual and/or group crisis Intervention. No co-pay.
Infertility Services	Coverage for medical condition; artificial insemination & in-vitro are not covered	Diagnostic testing only; 100% of approved amount.	50% co-payment. Limitations apply. Artificial insemination and invitro not covered.	50% co-payment up to \$2000 per lifetime. Artificial insemination and invitro not covered.
<u>OTHER BENEFITS</u>				
Durable Medical Equipment	90% of approved amount after deductible	Approved amount paid at 90% after deductible	20% co-payment limitations apply	Covered in full
Prosthetic/orthotic appliances	90% of approved amount after deductible	Approved amount paid at 90% after deductible	20% co-payment limits apply (shoe inserts not covered)	Prosthetics are covered in full. Orthotics are covered at 50%.
Skilled Nursing Facility (after being discharged from hospital)	90% of approved amount after deductible	Approved amount paid at 90% after deductible	Covered at 100% up to 45 days per contract year.	Covered at 100% up to 45 days per contract year.
Coordinated Home Health Care	100% by an approved home health care agency as an alternative to hospital or nursing home.	100% of approved amount	Covered in full.	Covered in full, in lieu of hospitalization
Hearing Coverage	Covered up to \$1,684.00 for a hearing aid for "each" ear during 36 month period. If medically necessary, you must be referred by your Physician to a Physician-Specialist.	One hearing exam covered per year at 100%, deductible waived. Hearing Aid approved amount paid at 100%. Must be medically necessary and purchased from an approved provider.	One hearing exam, one audiometric exam and one basic hearing aid per ear every 36 months. Hearing and audiometric exams covered in full. Hearing aid covered in full to a maximum of \$500 per hearing aid.	Covered in full up to \$100 per exam (Audiometric exam and evaluation). Maximum \$700 per ear every 36 months. Basic models only.

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OTHER CONSIDERATIONS				
Layoff benefits	MESSA health coverage may be continued upon layoff depending on length of continuous coverage (e.g., if member had MESSA health for 10 years, s/he may have health coverage continued for up to 12 months upon layoff)		N/A	N/A
Basic term life insurance	\$5,000 included on life of employee. (MESSA unique benefit)	N/A	N/A	N/A
Waiver of health premium in event of disability	Up to 24 months of health coverage is available without premium for employees covered under the MESSA health plan and who are receiving benefits from a MESSA Negotiated Long-Term Disability plan. The waiver is a feature of the MESSA Negotiated Long-Term Disability plan.	N/A	N/A	N/A
Claim forms	None	None	None	None
Conversion Privileges	Yes	None	Yes	Yes
Dependent Children	Unmarried children to end of the calendar year of their 25th birthday if dependent for majority of support. Unmarried children beyond their 25th birthday who are full-time students or who are mentally retarded or physically handicapped and incapable of self-sustaining employment.	If over age 25 then student would have to be enrolled w/12.0 credit hours	Covered to the end of the calendar year in which they turn 19. Additionally covered between ages 19 & 25 if dependent is a full time student. Coverage continues until dependent is no longer a full time college student or reaches age 25. Over 25 if incapacitated dependent.	Dependent children, as defined by the IRS, are covered until the age 25, does not need to be a student. Out-of-area sick and emergency care covered up to 70% of GVHP fee schedule.

Priority Health: *Effective 8/01/06 - Priority Health moved to an "Open Network Model", providing members with the flexibility from a Specialist in the Priority Health Network without first getting a referral from their Primary Care Physician (PCP).

GVHP: Affiliated hospitals include St. Mary's, Spectrum and Metropolitan.

GRCC BENEFIT Comparison/MESSA/West Michigan Health Insurance Pool (WMHIP)/Priority Health/GVHP Revised 10/12/2009