

Available. Affordable. Comprehensive.

HIP Michigan is a lifeline for vulnerable people who have been previously uninsured due to medical problems. Premium payments for HIP Michigan are about the same as what subscribers typically pay in the individual health insurance market and will vary by age. It provides peace of mind and support for those with a serious illness. With comprehensive coverage, HIP Michigan reduces the stress and anxiety of going without health insurance.

Age	Plan 1	Plan 2	Plan 3
Children 0-18	\$171.65	\$123.59	\$103.85
19 – 24	181.60	130.75	109.87
25 – 29	240.65	173.27	145.60
30 – 34	255.83	184.19	154.77
35 – 39	260.06	187.24	157.34
40 – 44	295.83	213.00	178.98
45 – 49	350.08	252.06	211.80
50 – 54	447.08	321.90	270.48
55 – 59	563.27	405.56	340.78
60 +	686.61	494.36	415.40
Payment Maximums			
Annual Deductible	\$1,000	\$2,500	\$3,500
Annual Maximum of Deductible and Co-Insurance	\$2,500	\$4,000	\$5,000
Total Annual Maximum for Deductible, Co-insurance and Copays.	\$5,950	\$5,950	\$5,950
Note: The total out-of-pocket for all covered services, including copays, will not exceed \$5,950.			

Age Specific Premium Rates: May 1, 2011 through December 31, 2011

Network Providers Across Michigan

Most Michigan medical providers and pharmacies participate in HIP Michigan. The HIP Michigan website at HIPMichigan.com/Provider will identify the participating providers throughout Michigan. This information is also available by calling HIP Michigan Customer Service at **877-459-3113**.

HMO Summary of Benefits

In order to be covered, eligible services must be provided by Network provider. Services provided by a non-Network provider are not covered without prior approval from PHPMM.

Physician Services	Amount Covered
Physician office visits for injury, illness	Primary Care Physician: 100% after \$20/visit, deductible waived Specialist: 100% after \$30/visit, deductible waived
Maternity care (pre- and postnatal services)	100%, deductible waived
Injections/infusions	100%, deductible waived
Preventive Services	
Including but not limited to:	100%, deductible waived
<ul style="list-style-type: none">• Periodic physical exams• Well baby & child care• Family planning services	<ul style="list-style-type: none">• Pap smears• Hearing exams• Immunizations
Inpatient Hospital Services	
Unlimited days in semi-private room	80% after deductible
Special care units	80% after deductible
Necessary ancillary hospital services	80% after deductible
Surgery and related services	80% after deductible
Anesthesia and its administration	80% after deductible
Transplant services	80% after deductible
Maternity care (hospital services)	80% after deductible
Physician services including consultation	80% after deductible
Physician obstetrical services	100%, deductible waived
Emergency Care	
At hospital emergency department (network or non-network)	100% after \$100/visit, deductible waived (<i>Copay waived if admitted</i>)
At network urgent care facility	100% after \$20/visit, deductible waived (<i>After-hours services</i>)
Outpatient Hospital Services	Amount Covered
Laboratory tests	100%, deductible waived
Diagnostic X-rays (including mammograms)	100%, deductible waived
Outpatient CT scans, PET scans, MRA, MRI and nuclear medicine	80% after deductible
Outpatient surgery	80% after deductible

For additional information about exclusions, contact our Customer Service Department, or review the HIP Michigan Certificate of Coverage for this benefit plan.

Member materials, including the PHPMM Certificate of Coverage, can be found online at our Member Packet Portal. Members may use their member ID number to access benefit information on the Member Packet Portal through the PHPMM website at www.phpmm.org.

For additional information, visit our web site at www.phpmm.org or contact our Customer Service Department.

NOTE: This policy is not subject to a pre-existing condition limitation.

Covered health services must be medically necessary as determined by PHPMM medical policy and nationally recognized guidelines.

Behavioral Health Services	
Inpatient/intermediate treatment for mental health disorders	80% after deductible (<i>Limited to 30 days per calendar year</i>)
Outpatient treatment for mental health disorders	100% after \$20/visit, deductible waived (<i>Limited to 20 visits per calendar year</i>)
Inpatient detoxification treatment	80% after deductible
Intermediate/residential treatment for substance use disorders	80% after deductible (<i>Limitations apply</i>)
Outpatient treatment for substance use disorders	100% after \$20/visit, deductible waived (<i>Limitations apply</i>)
Other Services	
Home health agency services	80% after deductible (<i>Limited to 60 visits per calendar year</i>)
Skilled nursing facility	80% after deductible (<i>Limited to 100 days per calendar year</i>)
Hospice care	80% after deductible
Ambulance services	80% after deductible
Prosthetics	80% after deductible
Durable medical equipment	80% after deductible
Outpatient rehabilitation services	100% after \$20/visit, deductible waived (Limits apply)
Prescription Drugs	
Copay:	\$10 generic \$30 preferred formulary brand \$50 non-formulary brand
Important Information	
<i>Exclusions include, but are not limited to:</i>	<ul style="list-style-type: none">• Chiropractic services• Obesity-related surgery• Abortion services except when the life of the woman would be endangered or when the pregnancy is the result of an act of rape or incest• Custodial care, bed care, convenience care, day care, domiciliary care

Except in an emergency, medically necessary and preventive healthcare services must be provided, arranged or authorized through PHPMM and its participating physicians.

Certain services must be authorized in advance to receive full coverage. Failure to obtain prior authorization when required may result in reduced or no benefit. Complete details are found in the HIP Michigan Certificate of Coverage.

This Summary of Benefits is intended only to highlight the benefits provided by PHPMM and should not be relied upon to fully determine coverage. This health plan may not cover all healthcare expenses. Please refer to the HIP Michigan Certificate of Coverage for a complete listing of covered services, limitations and exclusions and a description of all the terms and conditions of coverage. For answers to questions about information that appears in the summary, call toll free 877-459-3113 between 9:00 a.m. and 5:00 p.m. weekdays.