

# INSURANCE LIST PARTICIPATING AND NON-PARTICIPATING CARRIERS



The following list applies only to laboratory services. For services referred by Michigan Medicine physicians or clinics, or for other than laboratory services, please contact Michigan Medicine at 855.855.0863 for assistance. Note that laboratory testing benefits, copays, referral and prior authorization requirements may vary by individual policy. The patient should check with his or her insurance provider for specific details regarding covered laboratory services and approved testing facilities. Michigan Medicine Laboratories (MLabs) service claims are billed as outpatient hospital services, which may be adjudicated differently than independent laboratory claims.

## Participating Carriers

- AARP (UNITED HEALTHCARE) (MEDICARE)
- AETNA BETTER HEALTH OF MI (COVENTRYCARES) (MEDICAID & DUAL) <sup>1</sup>
- AETNA MEDICARE HMO & PPO <sup>1</sup>
- AETNA STUDENT HEALTH PLAN (formerly CHICKERING)
- AETNA U.S. HEALTHCARE
- ALLIANCE HEALTH AND LIFE
- ALLIED BENEFIT SYSTEMS (AETNA or CIGNA)
- AMBETTER MICHIGAN HMO
- AMERIHEALTH CARITAS VIP CARE PLUS (MEDICARE-MEDICAID DUAL) <sup>1</sup>
- APWU HEALTH PLAN (CIGNA)
- ASR HEALTH BENEFITS (ALLIANCE HEALTH & LIFE or PHYSICIANS CARE)
- BENESYS AHL HAP PPO
- BCBSM BLUE CHOICE PPO (TRUST) <sup>2</sup>
- BCBSM BLUE PREFERRED / COMMUNITY BLUE PPO (TRUST) <sup>2</sup>
- BCBSM BLUE PREFERRED PLUS (BPP) PPO <sup>2</sup>
- BCBSM MEDICARE PLUS BLUE PPO <sup>1</sup>
- BCBSM SIMPLY BLUE (TRUST) <sup>2</sup>
- BEAUMONT HEALTH EXTENDED (UNITED HEALTHCARE PPO) (TIER 2)
- BLUE CARE NETWORK (BCN) ADVANTAGE (MEDICARE) <sup>1</sup>
- BLUE CARE NETWORK (BCN) HMO <sup>1</sup>
- BLUE CROSS BLUE SHIELD of MICHIGAN TRADITIONAL
- BLUE CROSS COMPLETE (MEDICAID) (formerly BLUECAID) <sup>1</sup>
- CHOICECARE NETWORK PPO (COFINITY)
- CIGNA
- CIGNA HEALTHPARTNERS
- COFINITY (formerly PPOM)
- COVENTRY HEALTH CARE PPO (AETNA)
- CSHCS (CHILDREN'S SPECIAL HEALTHCARE SERVICE)
- FIRST HEALTH
- FLEXIBLE BLUE (TRUST) <sup>2</sup>
- FORD COMPREHENSIVE MEDICAL PLAN (BCBSM) <sup>2</sup>
- FORD NATIONAL PPO PLAN (NPP) (BCBSM) <sup>2</sup>
- FRONTPATH HEALTH COALITION (formerly WLEC)
- GOLDEN RULE (UNITED HEALTHCARE) <sup>1</sup>
- GREAT WEST HEALTHCARE (GWH) (CIGNA)
- HAP (HEALTH ALLIANCE PLAN) HMO & POS
- HAP EMPOWERED (formerly MIDWEST) ADVANTAGE (MEDICARE)
- HAP CARESOURCE (formerly EMPOWERED) (MEDICAID) <sup>1</sup>
- HAP PREFERRED PPO, POS, & EPA
- HAP SENIOR PLUS (MEDICARE)
- HEALTHY KIDS
- HEALTHLY MICHIGAN PLAN (MEDICAID)
- HUMANA CHOICE MEDICARE PPO & GOLDCHOICE MEDICARE ADV <sup>1</sup>
- HUMANA GOLD PLUS MEDICARE ADVANTAGE HMO
- HUMANA PREFERRED PPO (COFINITY)
- HURON VALLEY PACE
- LUMINARE CORESOURCE (AETNA or COFINITY)
- MAIL HANDLERS BENEFIT PLAN (MHBP) (AETNA CHOICE POS II)
- MCLAREN ADVANTAGE HMO SNP
- MCLAREN HEALTH ADVANTAGE PPO (MEDICARE) <sup>1</sup>
- MCLAREN HEALTH PLAN (HMO and MEDICAID) <sup>1</sup>
- MEDICAID (mihealth) (MICHIGAN and OHIO ONLY)

# INSURANCE LIST PARTICIPATING AND NON-PARTICIPATING CARRIERS



- MEDICARE (TRADITIONAL AND PFFS PLANS)
- MEDIGOLD HMO (TRINITY HEALTH PLAN) (MEDICARE ADVANTAGE)
- MEIJER PREMIER HEALTH NETWORK (BCN) <sup>1</sup>
- MERIDIAN CHOICE
- MERIDIAN HEALTH PLAN OF MICHIGAN (MEDICAID and DUAL) <sup>1</sup>
- MERITAIN HEALTH (AETNA)
- MESSA (MICHIGAN EDUCATION SPECIAL SERVICES) (BCBSM) <sup>2</sup>
- METRO CARE
- MOLINA HEALTHCARE OF MICHIGAN (MEDICAID)
- MOLINA MEDICARE OPTIONS HMO & OPTIONS PLUS HMO SNP
- MPSERS (MI PUBLIC SCHOOL EMPLOYEES RETIREMENT SYS) (BCBSM) <sup>2</sup>
- MULTIPLAN PPO (PHCS)
- MVP HEALTH CARE OPEN ACCESS PLUS (CIGNA)
- NALC (CIGNA)
- NIPPON LIFE BENEFITS (AETNA or COFINITY)
- PARAMOUNT HMO, PPO, & POS
- PHCS (PRIVATE HEALTHCARE SYSTEMS) PPO
- PLAN FIRST
- PRIORITY HEALTH HMO & POS <sup>1</sup>
- PRIORITY HEALTH MEDICARE ADVANTAGE <sup>1</sup>
- PROVIDER NETWORK OF AMERICA (PNOA)
- SMARTHEALTH (BLUE PREFERRED) (TIER 2) <sup>2</sup>
- STANDARD CARE NETWORK (SCN) (BCBSM) <sup>2</sup>
- TRADITIONAL CARE NETWORK (TCN) (BCBSM) <sup>2</sup>
- UM HEALTH PLAN (formerly PHYSICIAN'S HEALTH PLAN) HMO & PPO <sup>1</sup>
- UM PREMIER CARE (BCN) & U-M GRADCARE (BCN)
- UNITED HEALTHCARE <sup>1</sup>
- UNITED HEALTHCARE COMMUNITY PLAN (MEDICAID) (MI ONLY) <sup>1</sup>
- UNITED HEALTHCARE DUAL COMPLETE (MEDICARE) <sup>1</sup>
- UNITED HEALTHCARE STUDENT RESOURCES
- UNITED HEALTHCARE VA COMMUNITY CARE NETWORK
- WASHTENAW HEALTH PLAN
- WELLCARE OF MICHIGAN (MERIDIANCARE) (MEDICARE) <sup>1</sup>
- ZING HEALTH (MEDICARE ADVANTAGE)

## Participating Carriers for Clinical Laboratory Services Only

- COMMUNITY CARE ASSOCIATES (WAYNE CO. HEALTH CHOICE) <sup>1,3</sup>
- HAP INTEGRATED (HENRY FORD or GENESYS) <sup>1,3</sup>
- HUMANA X (HMOx) <sup>1,3</sup>

## Non-Participating Carriers

- AARP MEDICARE HMO & PPO
- AETNA MEDICARE ADVANTAGE HMO
- AMERICAN HEALTH GROUP
- BEAUMONT EMPLOYEE HEALTH PLAN
- BEECH STREET PPO
- BLUE CROSS BLUE SHIELD OUT-OF-STATE HMO
- BUCKEYE COMMUNITY HEALTH PLAN
- CAREFIRST PLUS (WAYNE COUNTY)
- CARESOURCE OF OHIO
- CIGNA HEALTHSPRING MEDICARE HMO
- COMMUNITY CARE PLAN
- CONNECTCARE PPO
- EMERALD HEALTH NETWORK
- FOUR STAR HEALTH (WAYNE COUNTY)
- GRAND VALLEY HEALTH PLAN
- HARBOR HEALTH PLAN (MEDICAID)
- HEALTHCARE VALUE MGMT PPO
- HEALTHSCOPE
- HUMANA HMO & POS
- MED MUTUAL OF OHIO

# INSURANCE LIST PARTICIPATING AND NON-PARTICIPATING CARRIERS



- MEDBASIC (WAYNE COUNTY)
- MIDWEST HEALTH AKM HEALTHCHOICE
- NORTHERN HEALTH PLAN
- PARAMOUNT MEDICAID HMO
- PHYSICIAN'S HEALTH PLAN FAMILY CARE (MEDICAID)
- PHYSICIANS OF WEST MICHIGAN (POWM)
- ppoNEXT
- PRIORITY HEALTH MEDICAID
- SECURE HORIZONS (MEDICARE)
- TENCON HEALTH PLAN
- TOTAL HEALTH CARE
- TOTAL HEALTH CHOICE
- TRICARE
- UPPER PENINSULA HEALTH PLAN
- WEYCO

## Questions

Call **800.862.7284** or **mlabs.umich.edu**

1 MLABS PARTICIPATION IS THROUGH JOINT VENTURE HOSPITAL LABORATORIES (JVHL) AGREEMENT.

2 COPAYMENTS AND DEDUCTIBLES MAY APPLY TO BCBSM GROUPS SELECTING THE PLUS LAB, CAP LAB (QUEST), OR OTHER RESTRICTED LAB ARRANGEMENT. BCBSM GROUPS INCLUDE: DELPHI BPP (72100), DELPHI TCN (72137, 72200), DELPHI PPO (72240, 72540), FORD BPP (87951, 87961, 87973), GM BPP (83100), GM TCN (83200, 83500), GM PPO (83240, 83540), AND MPSERS PPO (59000).

3 JVHL OR MLABS (FACILITY) ARE PARTICIPATING FOR THIS PLAN, BUT PATHOLOGIST (PROFESSIONAL) SERVICES ARE EXCLUDED. PROFESSIONAL CHARGES WILL BE CONSIDERED OUT OF NETWORK; THEREFORE, MLABS DOES NOT RECOMMEND SENDING TESTING FOR THIS PLAN UNLESS YOU ARE CERTAIN THAT ONLY FACILITY SERVICES WILL BE PROVIDED OR HAVE OBTAINED PRIOR AUTHORIZATION FROM THE PLAN.