



MID-MICHIGAN HEALTH PLAN

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Questions and Answers



What is Mid-Michigan Health Plan (MMHP), Plan A?

- A County program that provides medical services
- Eligibility determined by Department of Human Services (DHS)
- Residents of Clinton, Gratiot, or Montcalm County who are eligible for the State's Adult Benefits Waiver (ABW) program are enrolled in MMHP, Plan A
- Services must be provided by a MMHP member's assigned doctor.

Is MMHP insurance?

- It is NOT insurance.

What services are covered by MMHP, Plan A? (Summary ONLY – not a complete list)

Coverage	Co-pay	Card Used
Office visits	\$3	MMHP
Outpatient Lab & X-ray	\$0	MMHP
Ambulance & Emergency room (must be medically necessary)	\$0	MMHP
Outpatient hospital services	\$0	MMHP
Most prescription medications	\$1–generic \$1–brand	MMHP
Prescription medications not covered by MMHP	\$1–generic \$1–brand	mihealth
Walk-in/Urgent care	\$3	MMHP
Mental health & Substance abuse services (through Community Mental Health Services Program)	\$0	mihealth

Services available through other programs:

- Birth control
- Mammograms (exceptions may apply)

How does the program work?

- Members receive a green mihealth card from the State of Michigan AND a white card from MMHP
- Must get all care at the doctor's office they are assigned to
- Other care must be ordered by the MMHP doctor at the office
- Prescriptions must be written for medications from the MMHP approved list
- If a member goes to a non-participating doctor they may get a bill
- Some medications and services may need prior authorization.

What is NOT covered?

(Summary ONLY – not a complete list)

- Inpatient hospitalization
- Chiropractic care
- Physical therapy
- Durable medical equipment except for blood glucose monitor machines
- Prosthetics and orthotics
- Oxygen
- Cosmetic surgery
- Home health and hospice services
- Vision screening, glasses and contact lenses
- Dental care
- Travel shots.

Who do I call if I have questions?

- Contact your assigned doctor's office for medical advice and appointments
- Call Customer Service at 1-866-291-8691 for coverage questions.

Please Note: More information is in the Member Guidebook. Call Customer Service to see if a service is covered or visit our website at www.communityhealthplans.org.