

THE FOLLOWING LIST APPLIES **ONLY TO LABORATORY SERVICES**. FOR SERVICES REFERRED BY UMHS PHYSICIANS OR CLINICS, OR FOR OTHER THAN LABORATORY SERVICES, PLEASE CONTACT UMHS AT 800-914-8561 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.** MLABS CLINICAL LABORATORY SERVICE CLAIMS ARE BILLED AS OUTPATIENT HOSPITAL SERVICES, WHICH MAY BE ADJUDICATED DIFFERENTLY THAN INDEPENDENT LABORATORY CLAIMS.

PARTICIPATING CARRIERS

AETNA (except MEDICARE ADVANTAGE HMO) ¹	HUMANA CHOICE MEDICARE PPO & GOLDCHOICE MEDICARE ADV ¹
AETNA BETTER HEALTH OF MI (COVENTRYCARES) (MEDICAID) ¹	HUMANA GOLD PLUS MEDICARE ADVANTAGE HMO
AETNA STUDENT HEALTH PLAN (formerly CHICKERING) ¹	HUMANA PREFERRED PPO (COFINITY)
ALLIANCE HEALTH AND LIFE	HURON VALLEY PACE
APWU HEALTH PLAN	MAIL HANDLERS BENEFIT PLAN (MHBP) (AETNA CHOICE POS II)
ASR HEALTH BENEFITS (ALLIANCE HEALTH & LIFE or PHYSICIANS CARE)	MCLAREN ADVANTAGE HMO SNP
ASSURANT HEALTH (except HEALTH EOS or PREFERRED ONE)	MCLAREN HEALTH ADVANTAGE PPO (MEDICARE)
BCBSM MEDICARE PLUS BLUE PPO ¹	MCLAREN HEALTH PLAN (HMO and MEDICAID) ¹
BCBSM SIMPLY BLUE (TRUST) ²	MEDICAID (mihealth) (MICHIGAN and OHIO ONLY)
BEAUMONT EMPLOYEE HEALTH PLAN ¹	MEDICARE (TRADITIONAL AND PFFS PLANS)
BLUE CARE NETWORK (BCN) ADVANTAGE (MEDICARE) ¹	MEIJER PREMIER HEALTH NETWORK (BCN) ¹
BLUE CARE NETWORK (BCN) HMO ¹	MERIDIAN HEALTH PLAN OF MICHIGAN (MEDICAID and MEDICARE) ¹
BLUE CHOICE PPO (TRUST) ²	MESSA (MICHIGAN EDUCATION SPECIAL SERVICES) (BCBSM) ²
BLUE CROSS BLUE SHIELD TRADITIONAL	MOLINA HEALTHCARE OF MICHIGAN (MEDICAID) ¹
BLUE CROSS COMPLETE (MEDICAID) (formerly BLUECAID)	MOLINA MEDICARE OPTIONS HMO & OPTIONS PLUS HMO SNP ¹
BLUE PREFERRED / COMMUNITY BLUE PPO (TRUST) ²	MPSERS (MI PUBLIC SCHOOL EMPLOYEES RETIREMENT SYSTEM) (BCBSM) ²
BLUE PREFERRED PLUS (BPP) PPO ²	MULTIPLAN PPO (PHCS)
CHOICECARE NETWORK PPO (COFINITY)	NALC HEALTH BENEFIT PLAN (FIRST HEALTH)
CIGNA	PARAMOUNT PPO
CIGNA GREAT WEST	PHCS (PRIVATE HEALTHCARE SYSTEMS) PPO
COFINITY (formerly PPO)	PHYSICIAN'S HEALTH PLAN HMO & PPO
CONNECTCARE PPO	PLAN FIRST!
CONSUMER'S MUTUAL INSURANCE OF MICHIGAN ¹	PRIORITY HEALTH HMO & POS ¹
CSHCS (CHILDREN'S SPECIAL HEALTHCARE SERVICES)	PRIORITY HEALTH MEDICAID ¹
FIRST HEALTH	PRIORITY HEALTH MEDICARE ADVANTAGE ¹
FLEXIBLE BLUE (TRUST) ²	SMARTHEALTH (BLUE PREFERRED) (TIER 2) ²
FORD COMPREHENSIVE MEDICAL PLAN (BCBSM) ²	STANDARD CARE NETWORK (SCN) (BCBSM) ²
FORD NATIONAL PPO PLAN (NPP) (BCBSM) ²	TRADITIONAL CARE NETWORK (TCN) (BCBSM) ²
FRONTPATH HEALTH COALITION (formerly WLEC)	U-M PREMIER CARE (BCN) & U-M GRADCARE (BCN)
HAP (HEALTH ALLIANCE PLAN) HMO & POS	UNITED HEALTHCARE ¹
HAP MIDWEST ADVANTAGE (MEDICARE)	UNITED HEALTHCARE COMMUNITY PLAN (MEDICAID) ¹
HAP MIDWEST HEALTH PLAN (MEDICAID) ¹	UNITED HEALTHCARE DUAL COMPLETE (MEDICARE) ¹
HAP PREFERRED PPO, POS, & EPA	VALUEOPTIONS, BCN MEMBERS ONLY
HAP SENIOR PLUS (MEDICARE)	WASHTENAW HEALTH PLAN
HEALTH PLUS OF MICHIGAN ¹	

PARTICIPATING CARRIERS for CLINICAL LABORATORY SERVICES ONLY

COMMUNITY CARE ASSOCIATES (WAYNE CO. HEALTH CHOICE) ^{1,3}	HARBOR HEALTH PLAN ^{1,3} (MEDICAID) (formerly PROCARE HEALTH PLAN)
DMC CARE ^{1,3}	HUMANA X (HMOx) ^{1,3}
HAP INTEGRATED (HENRY FORD or GENESYS) ^{1,3}	

NON-PARTICIPATING CARRIERS

AARP MEDICARE HMO & PPO	HUMANA HMO & POS
AETNA MEDICARE ADVANTAGE HMO	MEDBASIC (WAYNE COUNTY)
AMERICAN HEALTH GROUP	MIDWEST HEALTH AKM HEALTHCHOICE
ASSURANT HEALTHEOS OR PREFERRED ONE	NORTHERN HEALTH PLAN
BEECH STREET PPO	PARAMOUNT HMO
BOTSFORD HEALTH PLAN	PHYSICIAN'S HEALTH PLAN FAMILY CARE (MEDICAID)
CAREFIRST PLUS (WAYNE COUNTY)	PHYSICIANS OF WEST MICHIGAN (POWM)
CARESOURCE ADVANTAGE	ppoNEXT
COMMUNITY CARE PLAN	SECURE HORIZONS (MEDICARE)
EMERALD HEALTH NETWORK	TENCON HEALTH PLAN
FOUR STAR HEALTH (WAYNE COUNTY)	TOTAL HEALTH CARE
GRAND VALLEY HEALTH PLAN	TOTAL HEALTH CHOICE
HARBOR HEALTH PLAN MEDICARE	TRICARE
HEALTHCARE VALUE MGMT PPO	UPPER PENINSULA HEALTH PLAN
HEALTHSCOPE	WEYCO

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.

June 6, 2016