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)
- AETNA BETTER HEALTH OF MI (COVENTRYCARES) (MEDICAID)
- AETNA STUDENT HEALTH PLAN (formerly CHICKERING)
- ALLIANCE HEALTH AND LIFE
- APWU HEALTH PLAN
- ASR HEALTH BENEFITS (ALLIANCE HEALTH & LIFE or PHYSICIANS CARE)
- ASSURANT HEALTH (except HEALTH EOS or PREFERRED ONE)
- BCBSM MEDICARE PLUS BLUE PPO
- BCBSM SIMPLY BLUE (TRUST)
- BEAUMONT EMPLOYEE HEALTH PLAN
- BLUE CARE NETWORK (BCN) ADVANTAGE (MEDICARE)
- BLUE CROSS NETWORK (BCN) HMO
- BLUE CHOICE PPO (TRUST)
- BLUE CROSS BLUE SHIELD TRADITIONAL
- BLUE CROSS COMPLETE (MEDICAID) (formerly BLUECAID)
- BLUE PREFERRED / COMMUNITY BLUE PPO (TRUST)
- BLUE PREFERRED PLUS (BPP)
- CHOICECARE NETWORK PPO (COFINITY)
- CIIGNA
- CIIGNA GREAT WEST
- COFINITY (formerly PPO)
- CONNECTCARE PPO
- CONSUMER'S MUTUAL INSURANCE OF MICHIGAN
- CSHCS (CHILDREN'S SPECIAL HEALTHCARE SERVICES)
- FIRST HEALTH
- FLEXIBLE BLUE (TRUST)
- FORD COMPREHENSIVE MEDICAL PLAN (BCBSM)
- FORD NATIONAL PPO PLAN (NPP) (BCBSM)
- FRONTPATH HEALTH COALITION (formerly WLEC)
- HAP (HEALTH ALLIANCE PLAN) HMO & POS
- HAP MIDWEST ADVANTAGE (MEDICARE)
- HAP MIDWEST HEALTH PLAN (MEDICAID)
- HAP PREFERRED PPO, POS, & EPA
- HAP SENIOR PLUS (MEDICARE)
- HEALTH PLUS OF MICHIGAN

### PARTICIPATING CARRIERS for CLINICAL LABORATORY SERVICES ONLY

- COMMUNITY CARE ASSOCIATES (WAYNE CO. HEALTH CHOICE)
- DMC CARE
- HAP INTEGRATED (HENRY FORD or GENESYS)

### NON-PARTICIPATING CARRIERS

- AARP MEDICARE HMO & PPO
- AETNA MEDICARE ADVANTAGE HMO
- AMERICAN HEALTH GROUP
- ASSURANT HEALTHEONS OR PREFERRED ONE
- BEECH STREET PPO
- BOTSFORD HEALTH PLAN
- CAREFIRST PLUS (WAYNE COUNTY)
- CARESOURCE ADVANTAGE
- COMMUNITY CARE PLAN
- EMERALD HEALTH NETWORK
- FOUR STAR HEALTH (WAYNE COUNTY)
- GRAND VALLEY HEALTH PLAN
- HARBOR HEALTH PLAN MEDICARE
- HEALTHCARE VALUE MGMT PPO
- HEALTHSCOPE

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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