



HASLETT PUBLIC SCHOOLS 2017-18 - TRANS CUST MAINT FDSERV OFFICE

BCBSM 2000/4000 0% HSA

BCN 1350/2700 0% HSA

MESSA 1300/2600 0% HSA

DEDUCTIBLE, COPAYMENTS, COINSURANCE, AND OUT-OF-POCKET MAXIMUMS			
Annual Deductible	\$2,000/\$4,000 (embedded)	\$1,350/\$2,700 (embedded)	\$1,300/\$2,600 (aggregate)
HPS HSA Contribution	\$2,000/\$4,000	\$1,350/\$2,700	\$1,300/\$2,600
HSA Custodian	Health Equity (www.healthequity.com)	Health Equity (www.healthequity.com)	Health Equity (www.healthequity.com)
Coinsurance	Covered at 100% after deductible	Covered at 100% after deductible	Covered at 100% after deductible
Retail Prescription Drug Copays	\$10/\$40/\$80	\$10/\$30/\$60/\$80/20% (\$200)/20% (\$300)	\$10/\$20/\$40
Out-of-Pocket Maximum	\$3,000/\$6,000	\$2,350/\$4,700	\$2,300/\$4,600
PREVENTIVE CARE SERVICES			
Routine Physical Exam, mammography, etc	Covered - 100% (Healthcare Reform)	Covered - 100% (Healthcare Reform)	Covered - 100% (Healthcare Reform)
Well Baby & Well Child	Covered - 100% (Healthcare Reform)	Covered - 100% (Healthcare Reform)	Covered - 100% (Healthcare Reform)
Immunizations	Covered - 100% (Healthcare Reform)	Covered - 100% (Healthcare Reform)	Covered - 100% (Healthcare Reform)
Voluntary Sterilization for females	Covered - 100% (Healthcare Reform)	Covered - 100% (Healthcare Reform)	Covered - 100% (Healthcare Reform)
Prescription Contraceptives (incl IUD)	Covered - 100% (Healthcare Reform)	Covered - 100% (Healthcare Reform)	Covered - 100% (Healthcare Reform)
PHYSICIAN OFFICE VISITS			
Office visits for illness or injury	Covered - 100% after deductible	Covered - 100% after deductible	Covered - 100% after deductible
Specialist Care	Covered - 100% after deductible	Covered - 100% after deductible	Covered - 100% after deductible
MATERNITY SERVICES			
Pre Natal	Covered - 100%	Covered - 100%	Covered - 100%
Post Natal	Covered - 100% after deductible	Covered - 100%	Covered - 100% after deductible
Delivery/Nursery Care	Covered - 100% after deductible	Covered - 100% after deductible	Covered - 100% after deductible
EMERGENCY MEDICAL CARE			
Emergency care (worldwide)	Covered - 100% after deductible	Covered - 100% after deductible	Covered - 100% after deductible
Ambulance Grd/Air	Covered - 100% after deductible	Covered - 100% after deductible	Covered - 100% after deductible
Urgent Care	Covered - 100% after deductible	Covered - 100% after deductible	Covered - 100% after deductible
DIAGNOSTIC SERVICES			
Laboratory Tests	Covered - 100% after deductible	Covered - 100% after deductible	Covered - 100% after deductible
High Tech Imaging (MRI, CAT, PET)	Covered - 100% after deductible	Covered - 100% after deductible	Covered - 100% after deductible
INPATIENT HOSPITAL CARE			
Hospital Care	Covered - 100% after deductible	Covered - 100% after deductible	Covered - 100% after deductible
Surgery	Covered - 100% after deductible	Covered - 100% after deductible	Covered - 100% after deductible
Chemotherapy	Covered - 100% after deductible	Covered - 100% after deductible	Covered - 100% after deductible



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MENTAL HEALTH CARE			
Mental Health (Inpatient)	Covered - 100% after deductible	Covered - 100% after deductible	Covered - 100% after deductible
Substance Abuse (Inpatient)	Covered - 100% after deductible	Covered - 100% after deductible	Covered - 100% after deductible
Mental Health (outpatient)	Covered - 100% after deductible	Covered - 100% after deductible	Covered - 100% after deductible
Substance Abuse (outpatient)	Covered - 100% after deductible	Covered - 100% after deductible	Covered - 100% after deductible
ALTERNATIVES TO HOSPITAL CARE			
Skilled Nursing Care	Covered - 100% after deductible (90 days max)	Covered - 100% after deductible (45 days max)	Covered - 100% after deductible (120 days max)
Home Health Care	Covered - 100% after deductible	Covered - 100% after deductible	Covered - 100% after deductible (30+ days max)
Hospice Care	Covered - 100% after deductible	Covered - 100% after deductible	Covered - 100% after deductible
OTHER SERVICES			
Allergy Testing & Treatment	Covered - 100% after deductible	Covered - 100% after deductible	Covered - 100% after deductible
24/7 Online Health Care (NEW 7/1/16)	Covered - 100% after deductible	Covered - 100% after deductible	Not Covered
Chiropractic Manipulation/Treatment	Covered - 100% after deductible (12 visits max)	Covered - 100% after deductible (30 visits max)	Covered - 100% after deductible (38 visits max)
Outpatient Phys, Speech & Occ Therapy	Covered - 100% after deductible (30 visits max)	Covered - 100% after deductible (60 visits max)	Covered - 100% after deductible (60 visits max)
Private Duty Nursing	Covered - 100% after deductible	Covered - 100% after deductible	Covered - 90% after deductible
Durable Medical Equipment	Covered - 100% after deductible	Covered - 50% after deductible	Covered - 100% after deductible
Prosthetics, Orthotics & Corrective Devices	Covered - 100% after deductible	Covered - 50% after deductible	Covered - 100% after deductible
Hearing Aids & Services	Not covered	Not Covered	Covered - 100% after deductible (limits apply)
Voluntary Sterilization for males	Covered - 100% after deductible	Covered - 50% after deductible	Covered - 100% after deductible
Infertility/Reproductive Care	Covered - 100% after deductible	Covered - 50% after deductible	Covered - 100% after deductible
NETWORK (DOCTORS, HOSPITALS, ETC)			
In-Network	BCBSM PPO, BlueCard Nationwide & Worldwide	BCN HMO, BlueCard Nationwide & Worldwide	BCBSM PPO, BlueCard Nationwide & Worldwide
Provider Search	www.bcbsm.com (Employer Group PPO Plans)	www.bcbsm.com (Employer Group HMO Plans)	www.messa.org
EMPLOYEE ANNUAL RATES 2017-18 - HARD CAP (included in rates: medical/Rx premium + ACA taxes/fees + HSA contribution)			
Single	\$180.77	\$85.52	\$297.97
2-Person	\$530.40	\$323.46	\$725.37
Family	\$519.84	\$288.25	\$783.40

PUBLIC EMPLOYER CONTRIBUTIONS TO MEDICAL BENEFIT PLANS ANNUAL COST LIMITATIONS (HARD CAP) - CALENDAR YEAR 2017

1 PERSON COVERAGE	\$6,344.80
2 PERSON COVERAGE	\$13,268.93
FAMILY COVERAGE	\$17,304.02