

**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  | <a href="http://www.bcbsm.com">www.bcbsm.com</a> (Employer Group PPO Plans) | <a href="http://www.bcbsm.com">www.bcbsm.com</a> (Employer Group HMO Plans) | <a href="http://www.messa.org">www.messa.org</a> |
| EMPLOYEE ANNUAL RATES 2017-18 - HARD CAP (included in rates: medical/Rx premium + ACA taxes/fees + HSA contribution) |   |   |  |
| Single   | \$157.54  | \$85.52   | \$297.97   |
| 2-Person   | \$474.65  | \$323.46  | \$725.37   |
| Family   | \$450.16  | \$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 |