



**2021 83/84 Retiree Health Plan Design – Post 65
(Medicare eligible retirees – Medicare is always primary for health)**

BCBSM Medical Plan Coverage	Retiree HuskyCare 2	
	In-Network	Out-of-Network
Annual Deductible	\$1,500/\$3,000	\$3,000/\$6,000
Out-of-Pocket Max (includes deductible)	\$3,000/\$6,000	\$6,000/\$12,000
In-Patient Hospitalization/Surgery	10% after deductible	30% after deductible
Office Visit	35% your copay	35% after deductible
Lab & X-Ray	10% your copay	30% after deductible
Mental Health	35% your copay	35% after deductible
Physical Therapy	35% your copay	35% after deductible
Chiropractic	35% your copay	40% after deductible
Massage Therapy	35% your copay	40% after deductible
Durable Medical Equipment	35% your copay	35% after deductible
Acupuncture	35% your copay	40% after deductible
Emergency Room Visit	\$75 your copay	\$75
Retail Rx	Generic 10% copay (Min/Max) \$5/\$20 Brand 25% copay (Min/Max) \$10/\$40	25% after deductible
Mail Order Rx/3 months	Generic – 2x's copay & Brand – 2x's copay	

Delta Dental Coverage – In network benefit	HuskyCare Dental 2
Class I – preventative – Twice a calendar year	100% coverage, in network
Class II – fillings, extractions, root canals	50% coverage
Class III – crowns, gold fillings, dentures	50% coverage
Class IV – orthodontic – dependents under 19	Not Available
Dollar Maximum	\$1,500 per person per year

Davis Vision Coverage – In network benefit
Office Visit (Eye Exam) \$10 copay – once per calendar year 200 allowance for lenses or contacts – once every calendar year \$200 allowance for frames – once every 2 calendar years