



**2021 Retiree Health Plan Design – Pre & Post 65**  
**(Medicare eligible retirees – Medicare is always primary for health)**

<b>Medical Plan Coverage</b>	<b>Retiree HuskyCare 1</b>		<b>Retiree HuskyCare 2</b>	
<p>A detailed <i>Summary of Benefits Coverage</i> is available at <a href="http://www.mtu.edu/hr/retirees/benefits/">http://www.mtu.edu/hr/retirees/benefits/</a></p> <p>Dollar amounts and percentages listed reference employee cost.</p>	<p><u>Healthcare Coverage</u> Blue Cross Blue Shield of Michigan (BCBSM)</p> <p><u>Prescription Coverage</u> Express Scripts</p> <p>Preventative Exam covered at 100% one per calendar year</p>		<p><u>Healthcare Coverage</u> Blue Cross Blue Shield of Michigan (BCBSM)</p> <p><u>Prescription Coverage</u> Express Scripts</p> <p>Preventative Exam covered at 100% one per calendar year</p>	
	<b>In-Network</b>		<b>In-Network</b>	
	<b>Out-of-Network</b>		<b>Out-of-Network</b>	
Annual Deductible	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000
Out-of-Pocket Max (Individual/Family) (deductible is included)	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000
In-Patient Hospitalization/Surgery	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Office Visit	35%	35% after deductible	35%	35% after deductible
Lab & X-Ray	10%	30% after deductible	10%	30% after deductible
Mental Health	35%	35% after deductible	35%	35% after deductible
Physical Therapy	35%	35% after deductible	35%	35% after deductible
Chiropractic	35%	40% after deductible	35%	40% after deductible
Massage Therapy	35%	40% after deductible	35%	40% after deductible
Durable Medical Equipment	35%	35% after deductible	35%	35% after deductible
Acupuncture	35%	40% after deductible	35%	40% after deductible
Emergency Room Visit	\$75	\$75	\$75	\$75
Retail Rx	Generic 10% (Min/Max) \$5/\$20 Brand 25% (Min/Max) \$10/\$40	25% after deductible	Generic 10% (Min/Max) \$5/\$20 Brand 25% (Min/Max) \$10/\$40	25% after deductible
Mail Order Rx / 3 months	Generic – 2x's copay & Brand – 2x's copay		Generic – 2x's copay & Brand – 2x's copay	

<b>DENTAL COVERAGE</b>	<b>HuskyDental 1</b>	<b>HuskyDental 2</b>
Delta Dental in-network benefits shown		
Class I – preventative – Twice a calendar year	0%	0%
Class II – fillings, extractions, root canals	20%	50%
Class III – crowns, gold fillings, dentures	50%	50%
Class IV – orthodontic – dependents under 19	50% to a lifetime max of \$1,500	Not Available
Dollar Maximum	\$1,500 per person per year	\$1,500 per person per year

<b>VISION COVERAGE</b> Davis Vision in-network benefits shown	
Davis Vision in-network benefits shown:	Office visit \$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